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EXTENDED TO AUGUST 17, 2015 Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

Form '990-PF ▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

For c	alendar year 2014 or tax year deginning		, and ending		
	ne of foundation			A Employer identification	number
	WIFT CHARITY, INC.			04 6052150	
	O RUSSELL BRIER & CO. LLI		15	04-6052150	· · · · · · · · · · · · · · · · · · ·
	nber and street (or PO box number if mail is not delivered to street a	•	Room/suite	B Telephone number	1004
		TH FLOOR		(617)523-7	
	r or town, state or province, country, and ZIP or foreign po OSTON,MA 02109	ostal code		C If exemption application is p	pending, check here
	theck all that apply Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organizations	s check here
u c	Final return	Amended return	inici public chanty	1. Foreign organization.	S, CHOCK HOTO
	Address change	Name change		Foreign organizations me check here and attach co	eeting the 85% test,
H C	theck type of organization X Section 501(c)(3) exe			E If private foundation sta	
	_	Other taxable private founda		under section 507(b)(1	_ 1 - 1
I Fa	Ir market value of all assets at end of year J Accounting		Accrual	F If the foundation is in a	
	·	ner (specify)		under section 507(b)(1	
Ì		nn (d) must be on cash b	pasis.)	, , ,	
Pa	Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)
	1 Contributions, gifts, grants, etc., received			N/A	
	2 Check ► X If the foundation is not required to attach Sch. B				
	Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	17,429.	17,429.		STATEMENT 1
	5a Gross rents		······································		
	D Net rental income or (loss)				
<u>a</u>	6a Net gain or (loss) from sale of assets not on line 10	88,319.			
eun	b Gross sales price for all 425,620.		00 010		
Revenue	7 Capital gain net income (from Part IV, line 2)		88,319.		
-	8 Net short-term capital gain				
	9 Income modifications Gross sales less returns				
	10a and allowances			<u> </u>	
	b Less Cost of goods sold	***************************************			
	c Gross profit or (loss)				
	11 Other income	105,748.	105,748.		
	12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc	0.	0.		0.
	13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages				
	15 Pension plans, employee benefits		·		,
ses	16a Legal fees STMT 2	1,035.	776.		259.
ens		2,800.	2,100.		700.
χ̈́	c Other professional fees STMT 4	4,179.	3,245.		934.
Š	17 Interest		•		
rati	18 Taxes STMT 5	106.	106.		0.
ist	19 Depreciation and depletion				
Ē	20 Occupancy				
and Administrative Expens	21 Travel, conferences, and meetings				
Pue	22 Printing and publications				
ng	23 Other expenses STMT 6	10,053.	5,112.		4,941.
Operating	24 Total operating and administrative			†	
be	expenses Add lines 13 through 23	18,173.	11,339.		6,834. 40,000.
U	25 Contributions, gifts, grants paid	40,000.			40,000.
	26 Total expenses and disbursements.	E0 173	11 220		46 024
	Add lines 24 and 25	58,173.	11,339.		46,834.
	27 Subtract line 26 from line 12	A7 575			
	Excess of revenue over expenses and disbursements	47,575.	94,409.		
	b Net investment income (if negative, enter -0-)		34,4U3.	N/A	-
4235 11-2	C Adjusted net income (if negative, enter -0-) 501 4-14 LHA For Paperwork Reduction Act Notice, see	instructions	L	1 11/12	Form 990-PF (2014)
11.2	MAN LONG FULL PAPERWOLK REQUESTION ACT NOTICE, SEE	manucioilà.			1 UIIII 23U-17 (2014)

'SWIFT CHARITY, INC. CO. LLP

р	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	f year
	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	2,496.	1,354.	1,354.
	2	Savings and temporary cash investments	46,799.	6,578.	6,578.
	3	Accounts receivable			
		Less allowance for doubtful accounts			
	4	Pledges receivable ►			
		Less allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less allowance for doubtful accounts			
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ä	10a	Investments - U.S. and state government obligations STMT 9	25,531.	0.	0.
		Investments - corporate stock STMT 10	369,406.	482,994.	538,893.
	C	Investments - corporate bonds STMT 11	83,976.	114,488.	119,485.
	l	Investments - land, buildings, and equipment basis			
		Less accumulated decreciation		·	
	12	Investments - mortgage loans			
	13	Investments - other STMT 12	28,117.	0.	0.
	14	Land, buildings, and equipment basis		1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	
		Less accumulated depreciation		j	
	15	Other assets (describe ►			-
	1	Total assets (to be completed by all filers - see the			
		instructions Also, see page 1, item !)	556,325.	605,414.	666,310.
	17	Accounts payable and accrued expenses	•		•
	18	Grants payable			
ģ	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
abi	21	Mortgages and other notes payable			
Ï	22	Other liabilities (describe			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
ces	24	Unrestricted			
<u>a</u>	25	Temporarily restricted			
Ba	26	Permanently restricted			
핕		Foundations that do not follow SFAS 117, check here			
Ē		and complete lines 27 through 31.			
S	27	Capital stock, trust principal, or current funds	0.	0.	
set	28	Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.	
As	29	Retained earnings, accumulated income, endowment, or other funds	556,325.	605,414.	STATEMENT 8
Net Assets or Fund Balanc	30	Total net assets or fund balances	556,325.	605,414.	
_	31	Total liabilities and net assets/fund balances	556,325.	605,414.	
F	art	Analysis of Changes in Net Assets or Fund Ba	alances		
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30		
		st agree with end-of-year figure reported on prior year's return)		1	556,325.
2	•	r amount from Part I, line 27a		2	47,575.
3		er increases not included in line 2 (itemize)	SEE STA	TEMENT 7 3	1,514.
4		lines 1, 2, and 3		4	605,414.
5		reases not included in line 2 (itemize)		5	0.
<u>6</u>	Tota	i net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6	605,414.

423511 11-24-14

' SWIFT CHARITY, INC. '
Form 990-PF (2014) C/O RUSSELL BRIER & CO. LLP
Part IV Capital Gains and Losses for Tax on Investment Inc.

Part IV Capital Gain	s and Lo	sses for Tax on Ir	nvestment	Income			,		
2-story brick	warehouse, o	nd(s) of property sold (e g or common stock, 200 sh	, real estate, s MLC Co)		P -	w acquired Purchase Donation		ate acquired , day, yr)	(d) Date sold (mo , day, yr)
1a PUBLICLY TRAD	ED SEC	CURITIES				P			
<u>b</u>									
<u>C</u>									
<u>d</u>				-					
<u> </u>	(f) [Depreciation allowed	(n) Cost	or other basis	ТТ-		(h) Gain or (loss)	
(e) Gross sales price		(or allowable)		pense of sale	_			plus (f) minus ((g)
a 425,620	7 •			337,30	1.				88,319.
<u>b</u>	-		 						-
d d	-							· -	
e	1	· · · · · · · · · · · · · · · · · · ·			İ				
Complete only for assets sho	wing gain in i	column (h) and owned by	the foundation	on 12/31/69			(I) Gains	s (Col (h) gain	minus
(i) F M V as of 12/31/69		j) Adjusted basis as of 12/31/69	(k) Exc	cess of col (I)		c	ol (k), b Loss	ut not less than ses (from col. (1 -0-) or h))
		40 0, 12,0 1,00		(),,,					88,319.
<u>a</u> b			 						00/0250
C	<u> </u>								
d		 							
8									
2 Capital gain net income or (ne	t capital loss)	If gain, also ente	er in Part I, line 7 N- in Part I, line 3	, ,	}	2			88,319.
3 Net short-term capital gain or		•							_
If gain, also enter in Part I, line			114 (0)		Ĵ				
If (loss), enter -0- in Part I, lin	e 8					3		N/A	
<u> </u>		ection 4940(e) fo					ncome	9	
(For optional use by domestic pri	vate foundati	ons subject to the section	4940(a) tax on	net investment ir	ncome))			
If section 4940(d)(2) applies, lear	ve this part bl	ank							
									Yes X No
Was the foundation liable for the					tiog 2				Yes A INO
If "Yes," the foundation does not 1 Enter the appropriate amount	quality under	section 4940(e) Do not c	omplete this pai	n Ore making any e	entries				
(a)	Till Cach Cold	(b)	Wietraetiene eer	oro making any c	(c)	<u></u>			(d)
Base period years Calendar year (or tax year beg	וחטוטט וט)	Adjusted qualifying di	stributions	Net value of no		able-use asse	ets	(col (b) div	oùtión ratio vided by col. (c))
2013	y/		51,807.			654,81	8.		.079117
2012		Ţ.	54,919.	·		665,51	.7.		.082521
2011			74,871.			721,69			.103743
2010			14,489.			730,11			.060934
2009			46,271.			683,37	78.		.067709
2 Total of line 1, column (d)							<u> </u>	2	.394024
3 Average distribution ratio for	the 5-year ba	se period - divide the total	on line 2 by 5,	or by the numbe	r of yea	rs			070005
the foundation has been in ex	istence if less	than 5 years					<u> </u>	3	.078805
4 Enter the net value of noncha	ritable-use as	sets for 2014 from Part X	, line 5					4	665,359.
5 Multiply line 4 by line 3								5	52,434.
6 Enter 1% of net investment in	ncome (1% of	Part I, line 27b)					-	6	944.
7 Add lines 5 and 6								7	53,378.
8 Enter qualifying distributions	from Part XII	, line 4						8	46,834.
If line 8 is equal to or greater See the Part VI instructions			ie 1b, and comp	elete that part usi	ng a 1%	6 tax rate			

	SWIFT CHARITY, INC.		. ^		
	990-PF (2014) C/O RUSSELL BRIER & CO. LLP 04-60 rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - se			F Fior	age 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - se Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1	<i>3</i> 2 11151	ruc	LIOI	15)
14	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)				
h	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%		1	. 8	88.
J	of Part I, line 27b				
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)				
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)				0.
	Add lines 1 and 2		1	, 8	88.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		1	, 88	88.
6	Credits/Payments		•		
a	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 800.				
b	Exempt foreign organizations - tax withheld at source				
C	Tax paid with application for extension of time to file (Form 8868) 6c 1,000.				
d	Backup withholding erroneously withheld 6d		_	_	
	Total credits and payments Add lines 6a through 6d		1	, 80	00.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8				
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				88.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				
	Enter the amount of line 10 to be Credited to 2015 estimated tax ▶ Refunded ▶ 11				
	rt VII-A Statements Regarding Activities			/00	No
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in			<u>es</u>	X
	any political campaign? Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?	1	_		X
U	If the answer is "Yes" to 1aor 1b, attach a detailed description of the activities and copies of any materials published or	- ' '	-		
	distributed by the foundation in connection with the activities.				
r	Did the foundation file Form 1120-POL for this year?	1		1	X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
•	(1) On the foundation \blacktriangleright \$ 0 . (2) On foundation managers \blacktriangleright \$				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	1		1	
	managers ▶ \$ 0.				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		_X_
	If "Yes," attach a detailed description of the activities.				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			1	
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	<u> [</u>	3		<u>X</u>
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4	<u>a</u>		X
	If "Yes," has it filed a tax return on Form 990-T for this year?		b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	<u> </u>	i		<u>X</u>
_	If "Yes," attach the statement required by General Instruction T.			1	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			1	
	By language in the governing instrument, or By the the governing instrument, or	ĺ		1	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law	, ا	5	x	
7	remain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV		, +	$\frac{x}{x}$	
7	bid the loundation have at least \$5,000 in assets at any time during the year in tes, complete Part II, cor (c), and Part XV		<u> </u>		
R2	Enter the states to which the foundation reports or with which it is registered (see instructions)				
Ja	MA	_			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)	_			
_	of each state as required by General Instruction G? If "No," attach explanation	_ 8	b	Х	
9	is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar				
	year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV		9		<u>X</u>
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses		0		X
		Form 9	90-	PF(2014)

11-24-14

423541 11-24-14

of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form 4720, to determine if the foundation had excess business holdings in 2014.)

had not been removed from jeopardy before the first day of the tax year beginning in 2014?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

N/A

3b

4a

4b

Form **990-PF** (2014)

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Form 990-PF (2014)

Total number of other employees paid over \$50,000

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	>	0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Ex	penses
1 GRANT MAKING		
		40,000.
^		40,000.
2		
3		
4		
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Δr	mount
1 N/A		nount
2		
All other program-related investments. See instructions		
3		
Total. Add lines 1 through 3	D	0.
Total, Add lines 1 tillough 5		990-PF (2014)

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

04-6052150 C/O RUSSELL BRIER & CO. LLP Page 8 Form 990-PF (2014) Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes 672,187. Average monthly fair market value of securities 1a 3,304. 1b Average of monthly cash balances 10 c Fair market value of all other assets 675,491.1d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1e_ 1c (attach detailed explanation) Acquisition indebtedness applicable to line 1 assets 3 Subtract line 2 from line 1d 10,132 4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 665,359 5 Net value of noncharitable-use assets Subtract line 4 from line 3 Enter here and on Part V, line 4 33,268 Minimum investment return. Enter 5% of line 5 6 Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here | and do not complete this part) 33,268. Minimum investment return from Part X, line 6 1,888. Tax on investment income for 2014 from Part VI, line 5 2a Income tax for 2014 (This does not include the tax from Part VI) 2b b 1,888 2¢ Add lines 2a and 2b 380. Distributable amount before adjustments. Subtract line 2c from line 1 3 4 Recoveries of amounts treated as qualifying distributions 31,380 5 5 Add lines 3 and 4 6 Deduction from distributable amount (see instructions) 380 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1 7 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes 46,834. a Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 1a 1b Program-related investments - total from Part IX-B b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 2 Amounts set aside for specific charitable projects that satisfy the 3 3a Suitability test (prior IRS approval required) 3b Cash distribution test (attach the required schedule) b

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

Form 990-PF (2014)

46,834.

46,834.

4

5

6

income Enter 1% of Part I, line 27b

Adjusted qualifying distributions Subtract line 5 from line 4

4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part X		- 10-10-10	-7.111	
line 7	''			31,380.
2 Undistributed income, if any, as of the end of 2014	1		· · · · · · · · · · · · · · · · · · ·	
a Enter amount for 2013 only			0.	
b Total for prior years	1			4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		0.		
3 Excess distributions carryover, if any, to 20	014			
a From 2009 12,43	34.			
b From 2010 8, 46	51.			
c From 2011 39,36	0.			
d From 2012 22, 49	99.			
e From 2013 20,66				
f Total of lines 3a through e	103,420.			
4 Qualifying distributions for 2014 from				
Part XII, line 4 ▶ \$ 46,83	34.			
a Applied to 2013, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions))	0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2014 distributable amount				31,380.
e Remaining amount distributed out of corp	us 15,454.			
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount	ount 0.			0.
must be shown in column (a)) 6 Enter the net total of each column as				
· indicated below:	110 074			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	118,874.			
b Prior years' undistributed income. Subtrac	ct [
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previous		0.		
assessed d Subtract line 6c from line 6b Taxable				
amount - see instructions		0.		
e Undistributed income for 2013 Subtract I	ine			
4a from line 2a Taxable amount - see insi	Ę.		0.	
f Undistributed income for 2014 Subtract				
lines 4d and 5 from line 1. This amount m	nust			
be distributed in 2015				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed b	oy .			
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2009				
not applied on line 5 or line 7	12,434.	, , , , , , , , , , , , , , , , , , , ,		
9 Excess distributions carryover to 2015.				
Subtract lines 7 and 8 from line 6a	106,440.			· ''''!!'
10 Analysis of line 9				
a Excess from 2010 8, 4 b Excess from 2011 39, 3	61.			
c Excess from 2012 22, 4				
d Excess from 2013 20, 6				
e Excess from 2014 15, 4	54.	<u></u>	<u> </u>	1
423581 11-24-14				Form 990-PF (2014)

SWIFT CHARITY, INC.

F(2014) C/O RUSSELL BRIER & CO. LLP

Part XIV Private Operating Fo	oundations (see ins		I-A, question 9)	N/A	32130 Tage 10
1 a If the foundation has received a ruling or					
foundation, and the ruling is effective for			▶		
b Check box to indicate whether the foundation			in section	4942(J)(3) or 4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed		· 			
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities				<u> </u>	
e Qualifying distributions made directly					
for active conduct of exempt activities					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test - enter				1	
(1) Value of all assets			 		
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return					
shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter					
(1) Total support other than gross					
investment income (interest, dividends, rents, payments on			ļ		
securities loans (section					
512(a)(5)), or royalties)					-
(2) Support from general public and 5 or more exempt					
organizations as provided in					
section 4942(j)(3)(B)(III)	<u>.</u>	<u></u>		-	
(3) Largest amount of support from an exempt organization					
(4) Gross investment income			 		
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundatio	n had \$5,000 or m	ore in assets
at any time during t				,	
1 Information Regarding Foundatio			· ·		
a List any managers of the foundation who		than 2% of the total cor	tributions received by th	e foundation before the cl	ose of any tax
year (but only if they have contributed m	iore than \$5,000) (See s	ection 507(d)(2))			
NONE					···
b List any managers of the foundation who other entity) of which the foundation has	o own 10% or more of th s a 10% or greater interes	e stock of a corporation st	(or an equally large por	tion of the ownership of a	partnership or
NONE					
2 Information Regarding Contributi	on, Grant, Gift, Loan,	Scholarship, etc., F	rograms:		
Check here ▶ ☐☐ If the foundation o	nly makes contributions t	to preselected charitable	e organizations and does	not accept unsolicited rec	
the foundation makes gifts, grants, etc	(see instructions) to indiv	viduals or organizations	under other conditions,	complete items 2a, b, c, ar	nd d
a The name, address, and telephone num	ber or e-mail address of t	the person to whom app	lications should be addr	essed	
SEE STATEMENT 14					
b The form in which applications should b	e submitted and informa	tion and materials they	should include		
c Any submission deadlines	-				- 7
d Any restrictions or limitations on award	s such as by geographic	al areas, charitable field	s, kinds of institutions, o	r other factors	
a Any restrictions of initiations on dward.	-, o, goograpino				

C/O RUSSELL BRIER & CO. LLP Form 890-PF (2014) C/O RUSSELL BRIER & Part XV Supplementary Information (continued)

Part XV Supplementary Informa Grants and Contributions Paid During t		Payment		
3 Grants and Contributions Paid During t Recipient		rayment		
Name and address (home or business)	if recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	Of Substantial Contributor	recipient		
a raid doming the year				
PATRICIA ARRIGAL	NONE			
257 BLUE PRWY #2 MILTON, MA 02186				2,000
MARIE BOSQUET 1 BRANDON ST #2	NONE			
MILTON, MA 02186				1,000
DARLINE BRUTUS 20 BRUSH HILL ROAD	NONE			
MILTON, MA 02186				2,000
	NOVE.			
NOUBI CHEGANG 7 COLUMBIA PKWY #1	NONE			
MILTON, MA 02186				1,500
JESSI CONLEY	NONE			
2 COLUMBIA PKWY #1	NONE			
MILTON, MA 02186				500
	CONTINUATION SHEE	T(S)	▶ 3a	40,000
b Approved for future payment				
NONE				
	İ			
Total		1	▶ 3b	0
10.01			Fo	rm 990-PF (201

Part XVI-A Analysis of Income-Produ		ousiness income	Evaluate to	w applies 512 512 or 514	
Enter gross amounts unless otherwise indicated	(a) Business	(b) Amount	(C) Exclu- sion	(d)	(e) Related or exempt
1 Program service revenue	code	Aillouilt	code	Amount	function income
a	-		 -		
b	-				
<u> </u>	I I	· · · · · · · · · · · · · · · · · · ·			
d					
e	-	<u> </u>		·	
g Fees and contracts from government agencies					
g Fees and contracts from government agencies 2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities			14	17,429.	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					· · · · · · · · · · · · · · · · · · ·
7 Other investment income					· · · · · · · · · · · · · · · · · · ·
8 Gain or (loss) from sales of assets other			1.0	00 010	
than inventory			18	88,319.	
9 Net income or (loss) from special events				<u> </u>	·
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
ā	_		+ + -		
b	1				
d	l I	 	-		
d				·-·-	
12 Subtotal Add columns (b), (d), and (e)	_	0		105,748.	0.
13 Total. Add line 12, columns (b), (d), and (e)	<u> </u>		. ,	13	105,748.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities		nplishment of l	Exempt P	urposes	
Line No. Explain below how each activity for which in	come is reported in	column (e) of Part XV	I-A contribute	d importantly to the accomp	olishment of
the foundation's exempt purposes (other tha	an by providing fund	s for such purposes)			
	. .	<u> </u>			
			<u> </u>		.
		·· ·			
					·
				· · · · · · · · · · · · · · · · · · ·	
	.				
			_		
					

423621 11-24-14

04-6052150 Page 13

Part XVII	Information Regarding Tran Exempt Organizations	sfers To a	and Transactions a	and Relations	hips With Nonc	haritable	
the Code (d	anization directly or indirectly engage in any other than section 501(c)(3) organizations) or rom the reporting foundation to a noncharita	or in section 52	7, relating to political organ		on 501(c) of		res No
(1) Cash			,			1a(1)	X
(2) Other	assets					1a(2)	X
b Other trans	actions						
(1) Sales	of assets to a noncharitable exempt organiza	tion				1b(1)	X
• •	ases of assets from a noncharitable exempt	organization				1b(2)	X
` '	of facilities, equipment, or other assets					15(3)	X
` '	oursement arrangements					1b(4)	X
	or loan guarantees					1b(5)	X
, ,	mance of services or membership or fundra					1b(6)	$\frac{\lambda}{X}$
	facilities, equipment, mailing lists, other ass er to any of the above is "Yes," complete the			wave chow the fair i	narket value of the god	L	
or services	rer to any of the above is "res," complete the given by the reporting foundation. If the fou) the value of the goods, other assets, or ser	indation receive					13,
			exempt organization	(d) Description	of transfers, transactions	and sharing arra	ngements
		N/A					
							· · · · · · · · · · · · · · · · · · ·
					-		
			-(E:				
	· · · · · · · · · · · · · · · · · · ·						
ın section	ndation directly or indirectly affiliated with, or 501(c) of the Code (other than section 501(c) omplete the following schedule		tion 527?	izations described		Yes	X No
	(a) Name of organization		(b) Type of organization		(c) Description of rela	tionship	
•	N/A						
							
		 .					
						_	
Sign Here	penalties of penury, I declare that I have examined to elief, it is true, correct, and complete Declaration of penury and the second second second second second second second second second second second second second sec	his return, includii preparer (other tha	in taxpayer) is based on all infor	TRUST	er has any knowledge	May the IRS di return with the shown below (X Yes	preparer
Sigr	Print/Type preparer's name	Preparer's s	Date	Title Date	Check If F	TIN	-
	I thin type preparet a trailie	1 ichaici 3 3			self- employed		
Paid	KEITH P. LAGRAVES	1 of	Y L. Humarca	6-8-15		P00068	702
Preparer	Firm's name > RUSSELL, BR	IER & C	CO., LLP			-17968	
Use Only	Timis name > RODDILLY DR		,				•
	Firm's address ► TEN POST O	FFICE S	QUARE, 6TH	FLOOR			
	BOSTON, MA		-		Phone no 617	-523-70	094
						Form 990	- PF (2014)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
mame and address (nome or business)	any foundation manager	status of	contribution	Amount
Name and address (nome or business)	or substantial contributor	recipient		
CHANISSE DAVIS	NONE			
16 FAIRFIELD RD	İ			
MILTON, MA 02186				500
JOANNE DES JARDINS	NONE			
64 DYER AVE				
MILTON, MA 02186			<u> </u>	2,000
LATICIA DOTTIN	NONE			
2 WEST ST. #1				
MILTON, MA 02186				1,000
		•		
JUNE O ELAM	NONE			
17 HALLEN AVE				2 00/
MILTON, MA 02186				2,000
JENNIFER FARLEY	NONE			
21 HIGH ST				500
MILTON, MA 02186		* * * * . * .		
ULEMA GRAHAM	NONE			
114B CENTRAL AVE MILTON, MA 02186				2,000
MILION, PAR UZIO				
GANDRA I ERRINI	NONE			
SANDRA LEBRUN 17 BELVOIR RD	NON2			
MILTON, MA 02186				2,000
ARITHA MCKENZIE	NONE			
15 SUMMER ST				
MILTON, MA 02186			-	2,000
		i		
STEPHANIE NELSON	NONE			
17 BRIARPIELD ST				
MILTON, MA 02186				2,000
BABARA O'MALLEY	NONE			
84 DECKER ST				3 00
MILTON, MA 02186 Total from continuation sheets			<u> </u>	33,000

3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
HINOYE OMEJE	NONE			
11 DYER AVE				1 00
MILTON, MA 02186			-	1,000
HELEN OMEJE	NONE			
11 DYER AVE	NONE			
MILTON, MA 02186				1,000
CATHARINE OSTERMAN	NONE			
6 WINDSOR RD				2,000
MILTON, MA 02186				2,000
BERNADETTE PIERRE	NONE			
100 PAGODA ST				
MILTON, MA 02186				1,500
CHRSITINE REDDICK	NONE			
81 HOUSTON AVE #1				
MILTON, MA 02186				1,000
	VOVE			
CHRYSTAL REDDICK 81 HOUSTON AVE #2	NONE			
MILTON, MA 02186				1,000
CARLOTTA REIS	NONE			
2 BRECK ST				2 00
MILTON, MA 02186		<u></u>		2,000
MRAGY RIGUARDS	NONE			
TRACY RICHARDS 36 ELIOT ST	HONE			
MILTON, MA 02186				500
ANN THORPE	NONE			
24 CHEEVER ST				1,50
MILTON, MA 02186				1,30
CADAU MPPVC	NONE			
SARAH WEEKS 104 BROOK RD	AONE			
MILTON, MA 02186				1,50
Total from continuation sheets				

Grants and Contributions Paid During the	e rear (Continuation)			
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
ORINNE WILLIAMS 4 FERNCROFT RD	NONE			
ILTON, MA 02186				2,00
HRSITINE WYNN	NONE			
6 CONCORD AVE				
ILTON, MA 02186				2,00
				.
		!		
				ii ii
				

FORM 990-PF	DIVIDENDS	AND INTER	EST FRO	M SECUR	ITIES S	TATEMENT	1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS		(A) VENUE BOOKS	(B) NET INVEST- MENT INCOME		
CAPITAL GAIN DISTRIBUTION CORPORATE BOND	49.	- (0.	49.	49.		
INTEREST DIVIDENDS	1,572. 15,808.		0 . 0 .	1,572. 15,808.			
TO PART I, LINE 4	17,429.		0	17,429.	17,429.		
FORM 990-PF		LEGAL	FEES		S	TATEMENT	2
DESCRIPTION		(A) EXPENSES PER BOOKS	(B NET IN MENT I	IVEST-	(C) ADJUSTED NET INCOME	(D) CHARITAI PURPOSI	
LEGAL EXPENSE	_	1,035.		776.		2:	59.
TO FM 990-PF, PG 1, L	N 16A =	1,035.	· · · · · ·	776.		2!	59.
FORM 990-PF	<u></u>	ACCOUNTI	NG FEES	3	S	TATEMENT	3
DESCRIPTION		(A) EXPENSES PER BOOKS	(E NET IN MENT I	VEST-	(C) ADJUSTED NET INCOME	(D) CHARITA PURPOS	
ACCOUNTING AND TAX PR	EP —	2,800.		2,100.	_	7	00.
TO FORM 990-PF, 'PG 1, LN 16B		2,800.		2,100.		7	00.

FORM 990-PF O	THER PROFES	SIONAL FEES	STATEMENT 4		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
INVESTMENT ADVISOR HEMENWAY & BARNES STATE STREET BANK	3,737. 76. 366.			934. 0. 0.	
TO FORM 990-PF, PG 1, LN 16C	4,179.	3,245.		934.	
FORM 990-PF	TAX	ES	S	PATEMENT 5	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
FOREIGN TAX	106.	106.		0.	
TO FORM 990-PF, PG 1, LN 18	106.	106.		0.	
FORM 990-PF	OTHER E	XPENSES	S	TATEMENT 6	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
FIRST PARISH CHURCH WIRED FUNDS FEE MISCELLANEOUS SUPPLIES	9,883. 25. 3. 142.	25. 3.		4,941. 0. 0. 0.	
TO FORM 990-PF, PG 1, LN 23	10,053.	5,112.		4,941.	

FORM 990-PF OTHER INCREASES IN	NET ASSET	S OR FU	ND BALANCES	STATEMENT	7
DESCRIPTION				AMOUNT	
UNCLEARED CHECKS COST BASIS ADJUSTMENTS				1,00	00.
TOTAL TO FORM 990-PF, PART III,	LINE 3			1,5	14.
FORM 990-PF	OTHER FUN	DS		STATEMENT	8
DESCRIPTION			(A) BEGINNING OF YEAR	(B) END OF YEAR	
ENDOWMENT FUND		-	556,325.	605,4	14.
TOTAL TO FORM 990-PF, PART II, L	556,325.	605,41			
FORM 990-PF U.S. AND STAT	E/CITY GOV	ERNMENT	OBLIGATIONS	STATEMENT	9
DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKE	T
PUBLICLY TRADED SECURITIES	×		0.		0.
TOTAL U.S. GOVERNMENT OBLIGATION	s	•			
TOTAL STATE AND MUNICIPAL GOVERN	MENT OBLIG	ATIONS			
TOTAL TO FORM 990-PF, PART II, L	INE 10A		0.		0.
FORM 990-PF	CORPORATE	STOCK		STATEMENT	10
DESCRIPTION			BOOK VALUE	FAIR MARKE VALUE	Т
DESCRIPTION PUBLICLY TRADED SECURITIES			BOOK VALUE 482,994.		

	CORPORATE BONDS		STAT	EMENT	11
DESCRIPTION		BOOK VALUE		MARKE ALUE	T
PUBLICLY TRADED SECURITIES		114,48	38.	119,4	85.
TOTAL TO FORM 990-PF, PART II	, LINE 10C	114,48	88.	119,4	85.
FORM 990-PF	OTHER INVESTMENTS	5	STAT	EMENT	12
DESCRIPTION	VALUATION METHOD	BOOK VALUE		MARKE ALUE	T
FOREIGN ASSETS	COST		0.		0.
TOTAL TO FORM 990-PF, PART II	, LINE 13		0.		0.
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPEN	
NAME AND ADDRESS JOHN T. HEMENWAY C/O HEMENWAY & BARNES, 60 STATE ST. BOSTON, MA 02109	AVRG HRS/WK PRESIDENT		BEN PLAN	EXPEN	
JOHN T. HEMENWAY C/O HEMENWAY & BARNES, 60 STA ST.	AVRG HRS/WK PRESIDENT TE 2.00 SECRETARY/TRI	SATION 0.	BEN PLAN CONTRIB	ACCOU	TNT
JOHN T. HEMENWAY C/O HEMENWAY & BARNES, 60 STA ST. BOSTON, MA 02109 DAVID H. MORSE C/O HEMENWAY & BARNES, 60 STA ST.	AVRG HRS/WK PRESIDENT 2.00 SECRETARY/TRI 2.00 DIRECTOR	SATION 0. EASURER	BEN PLAN CONTRIB	ACCOU	0.

SWIFT CHARITY, INC. C/O RUSSELL	BRIER &		.04-	-6052150
BONNIE M. HEALY C/O HEMENWAY & BARNES, 60 STATE	DIRECTOR			
ST. BOSTON, MA 02109	2.00	0.	0.	0.
ANNE-MARIE BUCKLAND	DIRECTOR			
C/O HEMENWAY & BARNES, 60 STATE ST. BOSTON, MA 02109	2.00	0.	0.	0.
THOMAS KEMP	DIRECTOR			
C/O HEMENWAY & BARNES, 60 STATE ST. BOSTON, MA 02109	2.00	0.	0.	0.
ROGER GRAY	DIRECTOR			
C/O HEMENWAY & BARNES, 60 STATE ST. BOSTON, MA 02109	2.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6,	PART VIII	0.	0.	0.

14

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

DAVID MORSE C/O HEMENWAY & BARNES, 60 STATE STREET BOSTON, MA 02109

TELEPHONE NUMBER

617-557-9718

FORM AND CONTENT OF APPLICATIONS

SEE QUESTION 2D BELOW

ANY SUBMISSION DEADLINES

SEE QUESTION 2D BELOW

RESTRICTIONS AND LIMITATIONS ON AWARDS

THE FOUNDATION MAKES GRANTS AND DISTRIBUTIONS TO NEEDY INDIVIDUALS AND ORGANIZATIONS WHICH HAVE OR PREVIOUSLY HAD A RELATIONSHIP TO THE TOWN OF MILTON, MASSACHUSETTS. THE FUNDS ARE MOST OFTEN USED TO PAY FOR CURRENT EXPENSES RELATED TO PEOPLE'S RENT, GAS, ELECTRICITY, TELEPHONE, FOOD, FUEL, MEDICAL, DENTAL, COUNSELING, TAXES, HOME REPAIR AND CHILDCARE.

Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868

OMB No. 1545-1709

If you :	If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box						
If you	are filing for an Additional (Not Automatic) 3-Month Ext	tension, c	complete only Part II (on page 2 of	this form).			
Do not d	complete Part II unless you have already been granted a	an automa	itic 3-month extension on a previous	sly filed Fo	rm 8868.		
Electron	ic filing (e-file) You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tin	ne to file (6	6 months	for a corporation	
required	to file Form 990-T), or an additional (not automatic) 3-mor	nth extens	sion of time. You can electronically fi	ile Form 8	368 to req	uest an extension	
of time to	file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for 7	Transfers A	Associate	d With Certain	
Personal	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions) For more details of	on the elec	tronic filir	ig of this form,	
visit www	v.irs.gov/efile and click on e-file for Charities & Nonprofits						
Part I	Automatic 3-Month Extension of Time	. Only s	submit original (no copies ne	eded).			
A corpor	ation required to file Form 990-T and requesting an auton	natic 6-mo	onth extension - check this box and	complete			
Part I onl	у					▶ □	
All other	corporations (including 1120-C filers), partnerships, REM	ICs, and ti	rusts must use Form 7004 to reques	st an exten	sion of tin	пе	
to file inc	ome tax returns			Enter file	er's identi	fying number	
Type or	Name of exempt organization or other filer, see instru-	ctions.		Employe	r identifica	tion number (EIN) or	
print	SWIFT CHARITY, INC.						
•	C/O RUSSELL BRIER & CO. LLE	2			04 - 6	052150	
File by the due date foi	Number, street, and room or suite no. If a P.O. box, se	ee instruct	tions.	Social se	curity nun	nber (SSN)	
filing your	· · · · · · · · · · · · · · · · · · ·	CH FLO			•		
return See instructions		reign add	ress, see instructions	•		<u>-</u>	
	BOSTON, MA 02109						
Enter the	Return code for the return that this application is for (file	a separa	te application for each return)			0 4	
Applicat	ion	Return	Application			Return	
ls For		Code	Is For			Code	
	or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990		02	Form 1041-A			08	
	20 (individual)	03	Form 4720 (other than individual)			09	
Form 99		04	Form 5227			10	
	O-T (sec. 401(a) or 408(a) trust)	05	Form 6069		-	11	
	O-T (trust other than above)	06	Form 8870			12	
	HEMENWAY & BARI					<u>, </u>	
• The b	ooks are in the care of > 60 STATE STREET	г – во	OSTON, MA 02109				
	hone No. ► 617-227-7940		Fax No. ▶				
	organization does not have an office or place of business	s in the Ur				▶ □	
	is for a Group Return, enter the organization's four digit			lf this is fo	r the whol	e aroup, check this	
	. If it is for part of the group, check this box	1					
	equest an automatic 3-month (6 months for a corporation						
	4	•	tion return for the organization name		The exter	ision	
IS 1	or the organization's return for	.					
	X calendar year 2014 or						
•	tax year beginning	. an	nd endina				
_		,					
2 f t	he tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return	Final retui	'n		
	Change in accounting period	.,					
3a If t	his application is for Forms 990-BL, 990-PF, 990-T, 4720	or 6069.	enter the tentative tax, less any				
	nrefundable credits. See instructions.	,,		3a	\$	1,800.	
_	his application is for Forms 990-PF, 990-T, 4720, or 6069), enter an	v refundable credits and	1.5	<u> </u>		
	timated tax payments made. Include any prior year overg			3ь	\$	800.	
	lance due. Subtract line 3b from line 3a. Include your pa			"			
	using EFTPS (Electronic Federal Tax Payment System).			30	s	1,000.	
	. If you are going to make an electronic funds withdrawal				 		
Instruction	•						

Form 8868 (Rev. 1-2014)

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

LHA 423841 05-01-14