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Form **990-PF**

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

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

Ē		alenda e of four	ar year 2014 or tax year beginning 09/01/14, nation	and ending 08/3	1/15	A Emplo	yer identification num	ber	
	_						2402404		
-			son Family Trust street (or P O box number if mail is not delivered to street address)	Тр	om/suite		-3493404 none number (see instruc	otions\	
			Lftwood Way	100	omsule		0-882-208		
-			state or province, country, and ZIP or foreign postal code						
	Ro	ckr	ort <u>MA 01966</u>			C If exen	nption application is pen	ding, chi	eck here
C	C C	neck a	Il that apply Initial return Initial retu	rn of a former public cha	arity	D 1 Fo	reign organizations, che	ck here	▶ 🗌
			Final return Amended	return		2 Fo	reign organizations mee	ting the	
			Address change Name cha	ange		859	% test, check here and a	attach co	omputation >
F	1 Cr	neck ty	ype of organization X Section 501(c)(3) exempt private	foundation		E If priva	ite foundation status wa	s termini	ated under
	s	ection	4947(a)(1) nonexempt charitable trust Other taxab	le private foundation		section	n 507(b)(1)(A), check he	re	▶ [_]
ī	Fai	ır marl	ket value of all assets at J Accounting method	Cash X Acc	rual	F If the f	oundation is in a 60-mor	nth termi	ination
	end	d of ye	ear (from Part II, col. (c), Other (specify)			under	section 507(b)(1)(B), ch	eck here	• <u> </u>
_		16)	\$ 2,656,219 (Part I, column (d) must	be on cash basis)		<u> </u>			
•••	Pa	rt l	Analysis of Revenue and Expenses (The total of	(a) Revenue and	(b) Net in	vestment	(c) Adjusted net		(d) Disbursements for chantable
2016			amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	expenses per books	inco	me	ıncome		purposes (cash basis only)
<u>ت</u> -		1	Contributions, gifts, grants, etc., received (attach schedule)	40,806	 		· · · · · · · · · · · · · · · · · · ·		(000.1.000.001.1)
6	İ	2	Check ▶ ☐ if the foundation is not required to attach Sch B						······································
·		3	Interest on savings and temporary cash investments	130		130		130	······································
JAN	1	4	Dividends and interest from securities	76,690		76,690	76,0	690	
		5a	Gross rents						· · · · · · · · · · · · · · · · · · ·
	9	b	Net rental income or (loss)						
Z	ᆵ	6a	Net gain or (loss) from sale of assets not on line 10	35,658					
SCANNED	Š	b	Gross sales price for all assets on line 6a 145,465	5					
	<u> </u>	7	Capital gain net income (from Part IV, line 2)		1	21,764			
		8	Net short-term capital gain		<u> </u>		85,:	154	
		9	Income modifications						
	1	10a	Gross sales less returns and allowances		ļ				
		b	Less Cost of goods sold						·
		C	Gross profit or (loss) (attach schedule) Other income (attach schedule) Stmt 1	187	 			187	
		11 12	Childring (analon contestiny)	153,471	 	98,584	162,		
•		13	Total. Add lines 1 through 11 Compensation of officers, directors, trustees, etc	133,471	†	.50,504	102,		
	es	14	Other employee salaries and wages						· ·
	penses	15	Pension plans, employee benefits						
		16a	Legal fees (attach schedule)		ļ				
	ш	b	Accounting fees (attach schedule) Stmt 2	3,415					
	ĭve	С	Other professional fees (attach schedule)						
	rat	17	Interest			CEIV	ED.		
	ist	18	Taxes (attach schedule) (see instructions) Stmt 3	2,880					· · · · · · · · · · · · · · · · · · ·
	ni I	19	Depreciation (attach schedule) and depletion		ACOA JA	kl 1 2 2	SS		
	þ	20	Occupancy		X JA	N 1 3 2			
	þ	21	Travel, conferences, and meetings				8		······
	an	22	Printing and publications	12		DEN,	UT	\rightarrow	
	ng	23	Other expenses (att sch) Stmt 4	134				\dashv	
	Operating and Administrative Ex	24	Total operating and administrative expenses.	6,429	,	0	[اه	0
	ber	25	Add lines 13 through 23	134,600					134,600
	ō	25 26	Contributions, gifts, grants paid Total expenses and disbursements. Add lines 24 and 25	141,029		0	†	0	134,600
		27	Subtract line 26 from line 12	1-31,023	1	······································			134,000
		a	Excess of revenue over expenses and disbursements	12,442	1			I	
		Ь	Net investment income (if negative, enter -0-)			198,584			
		C	Adjusted net income (if negative, enter -0-)		7	<i>'</i>	162,	161	

	Part II	Balance Sheets Attached schedules and amounts in the description column		Beginning of year	End of	уеаг
_'	- art u	should be for end-of-year amounts only (See instructions)		(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing				
-1	2	Savings and temporary cash investments		345,114	207,037	207,037
	3	Accounts receivable ▶			1	
		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 (attach schedule) (see				
		instructions)				
	7	Other notes and loans receivable (att. schedule)				,
1		Less allowance for doubtful accounts ▶	0			
တ္ခ	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges			3,014	3,014
\S	10a	Investments – U.S and state government obligations (attach schedule)				
	b	Investments – corporate stock (attach schedule) See Stmt 5	•	2,018,539	2,166,054	2,446,168
-	С	Investments – corporate bonds (attach schedule)				
	11	Investments – land, buildings, and equipment basis				
		Less accumulated depreciation (attach sch.)				····
-	12	Investments – mortgage loans				<u></u> -
1	13	Investments – other (attach schedule)				
	14	Land, buildings, and equipment basis			-	
		Less accumulated depreciation (attach sch) ▶				
ı	15	Other assets (describe ▶)			
	16	Total assets (to be completed by all filers – see the				
4		instructions. Also, see page 1, item I)		2,363,653	2,376,105	2,656,219
ı	17	Accounts payable and accrued expenses		3,405	3,415	
<u>ر</u>	18	Grants payable				
Liabilities	19	Deferred revenue				
≣	20	Loans from officers, directors, trustees, and other disqualified persons				
ä	21	Mortgages and other notes payable (attach schedule)				
	22	Other liabilities (describe ▶)	2 405		
\dashv	23	Total liabilities (add lines 17 through 22)		3,405	3,415	
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.	· 🗀			
Net Assets or Fund Balances					•	
au	24	Unrestricted Townsorship contracted				
Bal	25 26	Temporarily restricted Permanently restricted		· · · · · · · · · · · · · · · · · · ·		
ק	20	Foundations that do not follow SFAS 117, check here	X			
교		and complete lines 27 through 31.				
Ь	27	Capital stock, trust principal, or current funds				
şţ	28	Paid-in or capital surplus, or land, bldg , and equipment fund				
SS	29	Retained earnings, accumulated income, endowment, or other funds		2,360,248	2,372,690	
t A	30	Total net assets or fund balances (see instructions)		2,360,248	2,372,690	
Š	31	Total liabilities and net assets/fund balances (see				
		instructions)		2,363,653	2,376,105	
_	Part I		S	· · · · · · · · · · · · · · · · · · ·		······································
_		net assets or fund balances at beginning of year - Part II, column (a), line 30 (agree with		
	end-	of-year figure reported on prior year's return)			1	2,360,248
2	: Ente	amount from Part I, line 27a			2	12,442
3	Othe	r increases not included in line 2 (itemize) ▶			3	
4	Add	ines 1, 2, and 3			4	2,372,690
5		eases not included in line 2 (itemize) ▶			5	
_6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, colum	nn (b),	line 30		2,372,690
						Form 990-PF (2014)

Form 990-PF (2014) Carlson Family Trust 04-3493404 Part IV Capital Gains and Losses for Tax on Investment Income (b) How acquired (a) List and describe the kind(s) of property sold (e.g. real estate, (c) Date acquired (d) Date sold P - Purchase 2-story bnck warehouse, or common stock, 200 shs MLC Co) (mo , day, yr) (mo day yr) D - Donation See Worksheet 1a b C d е (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) а b c d е Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Gains (Col. (h) gain minus col (k) but not less than -0-) or (j) Adjusted basis (i) F M V as of 12/31/69 as of 12/31/69 Losses (from col (h)) over col (i), if any b d е If gain, also enter in Part I, line 7 2 Capital gain net income or (net capital loss) 121,764 If (loss), enter -0- in Part I, line 7 2 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in 85,154 Part I, line 8 Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income Part V (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income) If section 4940(d)(2) applies, leave this part blank Yes X No Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part Enter the appropriate amount in each column for each year, see the instructions before making any entries (d) (a) (b) (c) Base period years Distribution ratio Adjusted qualifying distributions Net value of nonchantable-use assets (col (b) divided by col (c)) Calendar year (or tax year beginning in) 121,500 2,763,198 0.043971 2013 120,091 2,506,555 0.047911 2012 112,656 2,327,465 0.048403 2011 2,431,480 95,500 0.039276 2010 2,221,248 103,500 0.046595 2009 0.226156 2 2 Total of line 1, column (d) 3 Average distribution ratio for the 5-year base period – divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years 3 0.045231 4 Enter the net value of noncharitable-use assets for 2014 from Part X, line 5 2,833,743 4 128,173 5 5 Multiply line 4 by line 3 6 1,986 6 Enter 1% of net investment income (1% of Part I, line 27b) 130,159 7

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the

134,600

8

7 Add lines 5 and 6

Part VI instructions

8 Enter qualifying distributions from Part XII, line 4

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Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)					
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1	1				
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)	1			<u>.</u>	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1			1,	986
	here ▶ X and enter 1% of Part I, line 27b	1				
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of					
_	Part I, line 12, col (b)	_				_
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2		-	-	306
3	Add lines 1 and 2	3			Ι,:	986
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4			1 (006
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5				986
6	Credits/Payments 2014 estimated tax payments and 2013 overpayment credited to 2014 5,000	1				
a	· · · · · · · · · · · · · · · · · · ·					
b	Exempt foreign organizations – tax withheld at source Tax paid with application for extension of time to file (Form 8868) 6c 6b	1				
C						
d	Backup withholding erroneously withheld Total credits and payments Add lines 6a through 6d	7			5 (000
7	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8			<u> </u>	000
8 9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				
9 10		10			3 (014
11	Enter the amount of line 10 to be Credited to 2015 estimated tax 3,014 Refunded	11				<u> </u>
	rt VII-A Statements Regarding Activities				·	
<u></u> 1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it				Yes	No
14	participate or intervene in any political campaign?			1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see					
~	Instructions for the definition)?					X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials					
	published or distributed by the foundation in connection with the activities					
С	Did the foundation file Form 1120-POL for this year?			1c		X
d	and the second s					
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	_			1	
	on foundation managers \$				-	
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				1	
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		<u> </u>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		<u> </u>
b	If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		<u> </u>
	If "Yes," attach the statement required by General Instruction T					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					
	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that				7.7	
	conflict with the state law remain in the governing instrument?			6	X	
7	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			7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
ı.						
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			8b	X	
Δ	(or designate) of each state as required by General Instruction G? If "No," attach explanation			ียม	42	
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		х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			۲		
10	names and addresses			10		х
	100.000				90-PF	(2014)

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Form 9	990-PF (2014) Carlson Family Trust 04-349:	3404			P	age (
Par	t VII-A Statements Regarding Activities (continued)					
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the		-			
1	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)			11		_X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified					
	person had advisory privileges? If "Yes," attach statement (see instructions)			12		X
	Did the foundation comply with the public inspection requirements for its annual returns and exemption applicable with the public inspection requirements for its annual returns and exemption applicable \mathbf{N}/\mathbf{A}	ication?		13	X	
14	The books are in care of ▶ C. Richard Carlson	Telephone no ▶	800-8	82-	208	0
	2 Driftwood Way					
	Located at ▶ Rockport MA	ZIP+4 ▶	01966	,		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – Check here					▶ [
	and enter the amount of tax-exempt interest received or accrued during the year	▶	15			<u></u>
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authorit	ty	-		Yes	No
	over a bank, securities, or other financial account in a foreign country?			16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22 1)	f				
	"Yes," enter the name of the foreign country ▶					
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Requi	red				
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.				Yes	No
1a	During the year did the foundation (either directly or indirectly)					
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	X No		-	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		_		. 1	
	disqualified person?	Yes	X No		-	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X No X No X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	_			1	
	the benefit or use of a disqualified person)?	Yes	X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the					
	foundation agreed to make a grant to or to employ the official for a period after					
	termination of government service, if terminating within 90 days)	Yes	X No			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regu	ulations			-	
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?		N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here		▶ 🗍			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		_			
	were not corrected before the first day of the tax year beginning in 2014?		N/A	1c		
	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private					
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))					
	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and					
	6e, Part XIII) for tax year(s) beginning before 2014?	Yes	X No			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20		_			
	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2))				
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)					
	all years listed, answer "No" and attach statement – see instructions)		N/A	2b		
	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here					
	▶ 20 , 20 , 20 , 20					
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise					

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X

4a

X No

N/A

at any time during the year?

foundation had excess business holdings in 2014)

If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?

the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the

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

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Part VIII Information About Officers, Directors, Trustees, Fou	ndation Managers, Highly Paid Em	ployees,
and Contractors (continued)		
3 Five highest-paid independent contractors for professional services (see ins	tructions). If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
otal number of others receiving over \$50,000 for professional services		<u> </u>
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 organizations and other beneficianes served, conferences convened, research papers produced, etc.	such as the number of	Expenses
1 N/A		
2		
	!	
3		
4		
		
Part IX-B Summary of Program-Related Investments (see ins	tructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/A		
2		
2		
All other program-related investments See instructions		
3		
•		
	·	ī

Total. Add lines 1 through 3

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134,600

1,986

3b

4

5

6

b

Cash distribution test (attach the required schedule)

Adjusted qualifying distributions. Subtract line 5 from line 4

qualifies for the section 4940(e) reduction of tax in those years

Enter 1% of Part I, line 27b (see instructions)

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

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

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

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Distributable amount for 2014 from Pert XI,	Part XIII Undistributed Income (see	nstructions)			
Inter 7 2 Undistributed income, if any, as of the end of 2014 3 Enter amount for 2013 only 5 Total for pnor years 20			(b)	(c)	(d)
2 Undistributed moome, famy, as of the end of 2014	1 Distributable amount for 2014 from Part XI,	Corpus	Years pnor to 2013	2013	2014
a Enter amount for 2013 only b Total for prory years 20 20 20 30 3 Excess distributions carryover, if any, to 2014 a From 2010 b From 2010 c From 2011 d From 2012 e From 2015 T Total of lines 3a through e 4 Qualifying distributions for 2014 from Part XII. line 4 \subseteq \su	line 7				139,701
b Total for print years 20	2 Undistributed income, if any, as of the end of 2014	ļ			
3 Excess distributions carryover, if any, to 2014 From 2010 From 2011 From 2011 From 2012 From 2013 Total of lines 3a through e 4 Quelying distributions for 2014 from Part XII, line 4 \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(a Enter amount for 2013 only			126,594	***************************************
a From 2009 b From 2010 c From 2011 d From 2012 e From 2013 f Total of lines 3 at through e 2	b Total for prior years 20 , 20 , 20				
b From 2010 c From 2011 d From 2012 e From 2013 f Total of lines 3a through e 4 Qualifying distributions for 2014 from Part XII. line 4 \rightarrow S 1	3 Excess distributions carryover, if any, to 2014				
C From 2011 d From 2012 e From 2013 f Total of lines 3 through e Qualifying distributions for 2014 from Part XII, line 4 ▶ \$ 134,600 a Applied to 2013, but not more than line 2a b Applied to 2013, but not more than line 2a c Applied to 2013, but not more than line 2a c Applied to 2013, but not more than line 2a d Applied to 2013, but not more than line 2a d Applied to 2014 distributed income of prory ears (Election required – see instructions) d Applied to 2014 distributable amount required – see instructions) d Applied to 2014 distributable amount e Remaining amount distributed out of corpus Excess distributions carryover applied to 2014 (If an amount appears in column (a), the same amount must be shown in column (a)) Enter the net total of each column as indicated below: a Corpus Add lines 31, 4c, and 4e Subtract line 5 b Prory years' undistributed income Subtract line 4b from line 2b c Enter the amount of prory years' undistributed comes from thin abb c time 4b from line 2b c Enter the amount of prory years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed d Subtract line 6c from line 6b Taxable amount – see instructions f Undistributed income for 2013 Subtract line 4 from line 2a Taxable amount – see instructions f Undistributed income for 2014 Subtract lines 4 drom line 2a Taxable amount – see instructions f Undistributed income for 2014 Subtract lines 4 drom line 7a Taxable amount – see instructions f Undistributed income for 2014 Subtract lines 4 drom line 5 or line 7 (see instructions) 8 Excess distributions carryover from 2009 not applied on the 5 or line 7 (see instructions) 9 Excess from 2010 b Excess from 2010 c Excess from 2012	a From 2009			1	
d From 2013 F Total of lines 3s through e 4 Qualitying distributions for 2014 from Part XII, line 4 \ \in \ \frac{3}{2} \frac{1}{2}	b From 2010			1	
From 2013 Total of lines 3 a through e Qualifying distributions for 2014 from Part XII, line 4 ▶ \$ 134,600 126,594 3.44,600 126,594 3.46,600 3.46,600	c From 2011				
Total of lines 3s through e Qualifying distributions for 2014 from Part XII, line 4 P \$ 134,600 126,594 126,	d From 2012			1	
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d Excess from 2013			•		
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<u> </u>	e Excess from 2014			<u> </u>	

Pa	rt XIV Private Operating Fou	indations (see ins	structions and Par	t VII-A, question 9)		
1a	If the foundation has received a ruling or d		•	9		
	foundation, and the ruling is effective for 2		ū		L	
b	Check box to indicate whether the foundat		ng foundation describe		942(j)(3) or 494	2(_J)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years	T	(e) Total
	income from Part I or the minimum	(a) 2014	(b) 2013	(c) 2012	(d) 2011	
	investment return from Part X for					
	each year listed					
b	85% of line 2a					
С	Qualifying distributions from Part XII,					
	line 4 for each year listed					· · · · · · · · · · · · · · · · · · ·
d	Amounts included in line 2c not used directly					
е	for active conduct of exempt activities 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					
а	"Assets" alternative test – enter					
_	(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				<u> </u>	
С	"Support" alternative test – enter					
	(1) Total support other than gross					
	investment income (interest,					
	dividends, rents, payments on 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)					
	(3) Largest amount of support from					
	an exempt organization					<u> </u>
P:	(4) Gross investment income art XV Supplementary Inform	nation (Complete	this part only if t	he foundation ha	d \$5 000 or more	in assets at
•	any time during the ye		-		u 40,000 or more	doodto di
1	Information Regarding Foundation Ma					
а	List any managers of the foundation who	have contributed more	than 2% of the total co	ntributions received by	the foundation	
	before the close of any tax year (but only	f they have contributed	i more than \$5,000) (S	see section 507(d)(2))		
	C. RICHARD CARLSON					\$40,806
b	List any managers of the foundation who	own 10% or more of th	e stock of a corporation	n (or an equally large po	ortion of the	
	ownership of a partnership or other entity	of which the foundation	n has a 10% or greate	r interest		
	N/A					
2	Information Regarding Contribution, G		-			
	Check here ► X if the foundation only			_		
	unsolicited requests for funds If the found		nts, etc (see instruction	ns) to individuals or orga	anizations under	
_	other conditions, complete items 2a, b, c,		the person to whom a	anlications should be as	ddraaaad	
а	The name, address, and telephone numb N/A	er or e-mail address of	the person to whom a	pplications should be at	Jaressea	
	M/ 63					
	The form in which applications should be	submitted and informa	tion and materials they	should include		
_	N/A					
С	Any submission deadlines					
	N/A	· · · · · · · · · · · · · · · · · · ·				
d	Any restrictions or limitations on awards,	such as by geographic	al areas, charitable field	ds, kinds of institutions,	or other	
	factors					
	N/A					000 PF

Form 990-PF (2014) Carlson Family Trust

Supplementary Information (continued)

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		
a Paid during the year See Statement 6	or substantial contributor			134,600
 Total			▶ 3a	134,600
b Approved for future payment N/A				
N/A				
Total		1	▶ 3b	
, vwi				

Part AVI-A Analysis of Income-Product	ing Activities				
nter gross amounts unless otherwise indicated	Unrelate	d business income	Excluded by	section 512, 513, or 514	(e)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions.)
1 Program service revenue					· · · · · · · · · · · · · · · · · · ·
a					
b			+		
C			+		
d					
e f			 		
g Fees and contracts from government agencies					······································
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	130	
4 Dividends and interest from securities			14	76,690	····
5 Net rental income or (loss) from real estate			++	70,030	······································
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 than inventory		· - - · · · · · · · · · · · · · · · · · ·	18	35,658	
9 Net income or (loss) from special events			 	23,000	
O Gross profit or (loss) from sales of inventory O Gross profit or (loss) from sales of inventory					
1 Other revenue a					
b Other partnership income					187
c					
d					· · · · · · · · · · · · · · · · · · ·
е					
2 Subtotal Add columns (b), (d), and (e)			0	112,478	187
3 Total. Add line 12, columns (b), (d), and (e)	<u> </u>			13	112,665
See worksheet in line 13 instructions to verify calculations)					·
Part XVI-B Relationship of Activities to		ent of Exempt F	urposes		"
Line No. Explain below how each activity for which				importantly to the	
▼ accomplishment of the foundation's exem					1
N/A					
				<u>, </u>	
		<u> </u>			
				·	
					
					
					
	<u> </u>				
	·····				
			- 1,-		

Form 99	0-PF (2014	4) Carlson F	amily :	Trust		04-	3493404		Pag	ge 13
Part	XVII		arding Tran		Transaction	s and Relation	onships With Noncha	ritable		
1 Di		nization directly or indir		n any of the follow	ng with any othe	er organization de	scribed		Yes	No
		1(c) of the Code (other		=	-	=				
	ganizations		triair occitorr	oo r(o)(o) organiza	110110) 01 111 0001	on ozn, relating to	pontiour			É
	-	om the reporting founda	ition to a nonc	haritahla ayamnt r	roanization of					É
) Cash	in the reporting rounds	ition to a none	namable exempt o	iganization of			1a(1)	. 1	х
•) Other as	eete						1a(1)		X
	ther transa							14(2)	·	
		assets to a noncharita	blo avamet ar	ranization				45(4)		х
•	•		,	-				1b(1)		X
		es of assets from a noi						1b(2)	\vdash	X
•	-	f facilities, equipment,	or other assets	5				1b(3)	\vdash	X
•	•	sement arrangements						1b(4)		X
		r loan guarantees						1b(5)		$\overline{}$
	-	ance of services or me	-	=				1b(6)		X
	•	icilities, equipment, ma	-	· · · · · · · · · · · · · · · · · · ·	•			_ 1c	ЦЦ	
		r to any of the above is								
							ved less than fair market			
							sets, or services received			
	Line no	(b) Amount involved	(c) Name	of nonchantable exempt	organization	(d) Desc	emption of transfers, transactions and	shanng arrangemen	ts	
N/A					 		·			
										
			ļ							
										
2a Is	the found	ation directly or indirect	ly affiliated wit	h, or related to, on	e or more tax-ex	kempt organization	ns			
		section 501(c) of the 0	•					☐ Ye	es X	No
b If	"Yes." con	nplete the following sch	nedule	, , ,	.,					,
		a) Name of organization		(b) Type of or	ganization		(c) Description of relationsh	qır		
N/	/A									
										
		- · · · · · · ·								
			-					-		
				·						
	Under per	naities of penury I declare the	at I have examine	d this return, including a	accompanying sched	lules and statements.	and to the best of my knowledge and	belief, it is true.		
		nd complete Declaration of p					knowledge			—
0:							• · · · · · · · · · · · · · · · · · · ·	ne IRS discuss this re ne preparer shown be		
Sign		\mathcal{A}		_		/ ,		• •	Yes	No
Here		(i)	1/2	1 to	t . 1/	6/11	1 - t			
	D _ (- Majello	i we	10		- 110	Tillo			
	Sign	ature of officer or trustee			Date	 	r Tue			
	Print/Ty	pe preparer's name			Preparer's argnatu	re		Date	Check	
Paid	_	- 5 - 0			/ k	m (0 On	entt COA	10/21/15	self-em	ployed

617-367-3250 Form 990-PF (2014)

12/31/15

Firm's EIN ▶

Phone no

P01301528

04-2629635

Preparer

Use Only

James D. Conniff

Firm's name

Firm's address

BacallConniff Inc.

02109-2905

111 State Street

Boston, MA

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

► Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Employer identification number

2014

Carlson Family	Trust	04-3493404					
Organization type (check one)							
Filers of:	Section:						
Form 990 or 990-EZ	501(c)() (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	X 501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
	vered by the General Rule or a Special Rule. (8), or (10) organization can check boxes for both the General Rule and a Special Rule Se	ee					
General Rule							
	ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,00 roperty) from any one contributor. Complete Parts I and II. See instructions for determining ibutions.						
Special Rules							
regulations under secti 13, 16a, or 16b, and th	scribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of tons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II at received from any one contributor, during the year, total contributions of the greater of (1 amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I an	, line)					
contributor, during the	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any o year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and II						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year.							
Caution An organization that i	s not covered by the General Rule and/or the Special Rules does not file Schedule B (Form	200					

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

age 2

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization
Carlson Family Trust

Employer identification number 04-3493404

Part I	Contributors (see instructions). Use du	plicate copies of Part I if additional space is nee	ded
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	C. RICHARD CARLSON 2 DRIFTWOOD WAY ROCKPORT MA	01966	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Name, address, and zir 14	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.13.	Training additions, and all 1. T	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Page 3

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization
Carlson Family Trust

Employer identification number 04-3493404

Part II	Noncash Property (see instructions) Use duplic	ate copies of Part II if additional spa	ce is needed
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	250 shares of Covedien		
		\$ 25,987	01/07/15
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	125 shares of ADT Corp.		
		\$ 14,819	05/26/15
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Form 990-PF		Capital Gains and Loss				2014
	For calend	ar year 2014, or tax year beginning	09/01/1	4 , and ending	08/31/15	
lame '					Employer Iden	tification Number
Carlson Fam	ilv Tr	ust			04-3493	404
		the kind(s) of property sold, e.g., real estate, shouse or common stock, 200 shs MLC Co		(b) How acquired P-Purchase D-Donation	(C) Date acquired (mo , day, yr)	(d) Date sold (mo day yr)
) Rockport	Natl B	ancorp		P	08/31/14	09/02/14
2) Covidien				P	01/07/15	01/12/15
ADT Corp				P	05/27/15	07/21/15
4) Tyco	ند حند	atuibutian	<u> </u>	P	05/27/15	07/21/15
5) Capital G 5) The Black		stribution Group LP	-, 			-
7)		<u> </u>	- ,			
3)						
9)						
10)					-	
11) 12)						
13)						
14)						
15)						
						
(e) Gross sales pric		(f) Depreciation allowed (or allowable)	(g) Cost or oth plus expense	of sale	(h) Gain (e) plus (f)	minus (g)
	290			16,165		53,125
2) 26,	011			3,606 1,516		22,512 2,495
	436			2,414		7,022
5) 35,						35,539
	071					1,071
7)						
8)						<u>.</u> .
9)						
10) 11)						
12)						
13)						
14)						
15)					1	
Complete only for as	sets showing	gain in column (h) and owned by th	ne foundation on 12/31/60		T	
(i) FMV as of 12/31.		(j) Adjusted basis as of 12/31/69	(k) Excess over col (j)	of col (ı)), ıf any	(I) Gains (Col col (k), but not less Losses (from	(h) gain minus s than -0-) Of col (h))
1)						53,125
2)						22,512
3)						2,495
4)						7,022
5) 6)				 		35,539 1,071
6) 7)						2,0,2
8)						
9)						
10)						
11)						
12) 13)					+	
14)						
15)				·-·		

· ·	<u> </u>									·····
12/31/2015 11:05 AM	·	Adjusted Net Income		Charitable Purpose		Charitable Purpose		Charitable Purpose	n	1-4
	er Income	Net Investment Income	unting Fees	Adjusted Net	<u> [axes</u>	Adjusted Net	Expenses	Adjusted Net	n v	
Federal Statements	Statement 1 - Form 990-PF, Part I, Line 11 - Other Income	Revenue per Books	Statement 2 - Form 990-PF, Part I, Line 16b - Accounting Fees	Net Investment	- Form 990-PF, Part I, Line 18 - Taxes	Investment	990-PF, Part I, Line 23 - Other Expenses	Net Investment	n w	
Federal S	nent 1 - Form 990-PF,		nt 2 - Form 990-PF, P.	Total \$ 3,415	Statement 3 - Form 990	Total \$ 2,880 \$ \$ 2,880	- Form	Total	\$ 134 \$ 134	
CAR3404 Carlson Family Trust 04-3493404 FYE: 8/31/2015	Statem	Description Other partnership income Total	Statemen	Description Accounting services Total	Sta	Description Foreign and federal income taxes Total	Statement 4	Description	Expenses Miscellaneous Total	

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CAR3404 Carlson Family Trust

Federal Statements

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04-3493404 FYE: 8/31/2015

Investments
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Fair Market Value	\$ 681,083 1,765,085 \$ 2,446,168
Basis of Valuation	Cost
End of Year	\$ 418,314 1,747,740 \$ 2,166,054
Beginning of Year	\$ 422,991 1,595,548 \$ 2,018,539
Description	COMMON, PREFERRED & OTHER EQUITY MUTUAL FUNDS

CAR3404 Carlson Family Trust 04-3493404

Federal Statements

12/31/2015 11:05 AM

FYE: 8/31/2015

Form 990-PF, Part XV, Line 1a - Managers Who Contributed Over 2% or \$5,000

		Name of Manager	 <u> </u>	<u>unt</u>
C.	RICHARD	CARLSON	\$ 4	0,806
	Total		\$ 4	0,806

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## CAR3404 Carlson Family Trust

04-3493404 FYE: 8/31/2015

### Federal Statements

# Statement 6 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year

Name	Ac	Address		
Address	Relationship	Status	Purpose	Amount
Brewster Academy	80 Academy Place	Place		12,000
BU Met Scholarship	595 Commonwealth Ave	ealth Ave		000 [
BOSTON MA UZZIS Camp O-AT-KA	Route 114			0000
East Sebago ME 04029				10,000
Cape Ann Historical Museu	27 Pleasant	asant Street		2,000
YMCA of the North Shore	Cabot Street	Ų		
Beverly MA 01915				13,000
Pathways for Children	29 Emerson Ave	Ave		
Gloucester MA 01930				2,000
Gloucester Maritime Herit	19 Duncan S	Street		000000000000000000000000000000000000000
Gloucester MA 01930				20,000
Joslin Diabetes Center	One Joslin	Place		1
Boston MA 02215				1,600
Peabody Essex Museum	East India	Square		
Salem MA 01970				25,000
Perkins School for Blind	175 N. Beacon	on Street		1
Watertown MA 02472				25,000
Wellspring House	302 Essex Ave	Ve		
Gloucester MA 01930				1,000
Rockport Art Association	12 Main Street	eet		
Rockport MA 01966				3,000
FamilyAid Boston	Atlantic Ave	Φ.		(
Boston MA 02215				10,000
Fairfield Hospice				7
The chor Island Association				000'T
IIIACIIAL LULAIIG BUUCCLACLOI				2,000

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12/31/2015 11:05 AM			134, 600	
	Statement 6 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)		Purpose	
Federal Statements	/, Line 3a - Grants Year (continued)	Address	Status	
Fe	orm 990-PF, Part XV	<b>A</b>	Relationship	
CAR3404 Carlson Family Trust 04-3493404 FYE: 8/31/2015	Statement 6 - Fc	Name	Address	

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