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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.

b Accounting fees b Accounting fees c Other professional fees 17 Interest 17 Interest 18 Jaxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 2 7, 592 .	Fo													
ROWLAND T. & JANE F. MORIARTY, TRUSTES 1.9 DARTMOUTH STREET Oby or town, state for provenes, country, and 2P or foreign postal code WEST NEWTON, MA 02465 6 Check all that spriy. Instal return Amended return Amended return MET check type of organization: 2.1 Section 50 (c)(2) exempt provide town of a former public charry Section 497(a)(1) nonexempt charriable trust Other trasshe practe foundation I fair market wide of all seases at and of year I Accordal (from Part II), col. (c), hon 16) S 3, 80 (1, 39 5). ((Part) Country (git must be on ceath Dassa) Part II) Analysis of Reverse and Expenses. 1 Contributions, only, grants, etc., received 2 Check by provided and insteas the antique of the country of the c	N	lam	ie oţ	foundation							A Employer identification	n number		
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Check all that apply:	C	ity	or to	own, state or province, co	untry, and ZI	P or foreign p	ostal co	de			C If exemption application is i	pending, check here		
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Part Analysis of Revenue and Expenses (c) Adjusted net income (c) (A djusted net income to close d) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A				Part II, col. (c), line 16)							under section 507(b)(1)(B), check here $ ightharpoonup$		
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15			2	- —	-	attach Sch B								
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Description			4	Dividends and interest fro	om securities	1		2,184.		2,184.	,	STATEMENT 2		
State game of closes from sale of assests not on line 10 State			5a	Gross rents										
Day Cross states prine for all assets or line field assets or line f			þ	Net rental income or (loss)										
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C Adjusted net income (if negative, enter -0-)							 	303,101.		n	 	 		
523501 11324 1s LHA For Panerwork Reduction Act Notice see instructions Form 990-PF (2015												 		
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MORIARTY FAMILY CHARITABLE FOUNDATION TR ROWLAND T. & JANE F. MORIARTY, TRUSTEES

04-6834127

Page 2

Form **990-PF** (2015)

Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only Beginning of year End of year (a) Book Value (b) Book Value (c) Fair Market Value 130. 1,098. 1,098. 1 Cash - non-interest-bearing 586,743. 152,154. 152,154. 2 Savings and temporary cash investments 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 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments - U.S. and state government obligations 1,740,394. 2,242,754. 3,011,970. STMT 6 **b** Investments - corporate stock c Investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans 696,526. 636,173. STMT 7 462,084. 13 Investments - other 14 Land, buildings, and equipment; basis Less accumulated depreciation 15 Other assets (describe ▶ 16 Total assets (to be completed by all filers - see the 3,092,532. instructions. Also, see page 1, item I) 2,789,351. 3,801,395. 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe > 0. 23 Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. **Net Assets or Fund Balances** Unrestricted 25 Temporarily restricted 26 Permanently restricted $\triangleright \mathbf{x}$ Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds 0. 28 Paid-in or capital surplus, or land, bldg., and equipment fund 0. 2,789,351 3,092,532 29 Retained earnings, accumulated income, endowment, or other funds 2,789,351. 3,092,532 30 Total net assets or fund balances 2,789,351. 3,092,532 31 Total liabilities and net assets/fund balances Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2,789,351**.** 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 4 5 Decreases not included in line 2 (itemize) 3,092,532. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

ROWLAND T. & JANE F. MORIARTY, 04-6834127 TRUSTEES Page 3 Form 990-PF (2015) Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase D - Donation (a) List and describe the kind(s) of property sold (e.g., real estate. (c) Date acquired (d) Date sold (mo., day, yr.) (mo., day, yr.) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) NEW GENERATION TURNAROUND FUND K-1 P 1a VIA P b VIA NEW GENERATION TURNAROUND FUND K-1 C d e (g) Cost or other basis (h) Gain or (loss) (f) Depreciation allowed (e) Gross sales price plus expense of sale (e) plus (f) minus (g) (or allowable) 16,143. <16,143. a 48,266 <48,266.> b C d e 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 (k) Excess of col. (i) (i) Adjusted basis Losses (from col. (h)) (i) F.M.V. as of 12/31/69 as of 12/31/69 over col. (1), if any <16,143.> а <48,266.> b C d e If gain, also enter in Part I, line 7 <64,409.> 2 Capital gain net income or (net capital loss) 2 If (loss), enter -0- in Part I, line 7 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). N/A If (loss), enter -0- in Part I, line 8 Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income (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 🗶 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. 1 Enter the appropriate amount in each column for each year; see the instructions before making any entries. (d)
Distribution ratio
(col. (b) divided by col. (c)) (a) Base period years (b) (c) Adjusted qualifying distributions Net value of noncharitable-use assets Calendar year (or tax year beginning in) 133,775 3,152,406 .042436 2014 66,421. 2,045,051 .032479 2013 122,220. 1,135,165. .107667 2012 68,450. 1,095,323 .062493 2011 126,916 824,866 .153863 2010 2 .398938 2 Total of line 1, column (d) Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years .079788 the foundation has been in existence if less than 5 years 3 3,245,941. 4 Enter the net value of noncharitable-use assets for 2015 from Part X, line 5 258,987. Multiply line 4 by line 3 5 Enter 1% of net investment income (1% of Part I, line 27b) 6 0. 258,987. 7 Add lines 5 and 6 7 115,550. 8 Enter qualifying distributions from Part XII, line 4 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 Part VI instructions.

MORIARTY FAMILY CHARITABLE FOUNDATION TR ROWLAND T. & JANE F. MORIARTY TRUSTEES 04-6834127 Form 990-PF (2015) Page 4 Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions 1a Exempt sperating foundations described in section 4940(d)(2), check here
and enter "N/A" on line 1. (attach copy of letter if necessary-see instructions) Date of ruling or determination letter: 0. b Domestic foundations that meet the section 4940(e) requirements in Part V, check here

and enter 1% 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). 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 0. 3 Add lines 1 and 2 0. Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-5 6 Credits/Payments: a 2015 estimated tax payments and 2014 overpayment credited to 2015 6b b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) 6c d Backup withholding erroneously withheld 6d 7 Total credits and payments. Add lines 6a through 6d Enter any penalty for underpayment of estimated tax. Check here _____ If Form 2220 is attached 8 0. Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed q Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 11 Enter the amount of line 10 to be: Credited to 2016 estimated tax Part VII-A Statements Regarding Activities Yes No 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in 1a X any political campaign? b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? Х 1b 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. c Did the foundation file Form 1120-POL for this year? 1c X d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: 0 • (2) On foundation managers. > \$ 0. (1) On the foundation. > \$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation 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 bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 3 X 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4a N/A b If "Yes," has it filed a tax return on Form 990-T for this year? Х 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 5 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 conflict with the state law remain in the governing instrument? X 7 Х 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 8a Enter the states to which the foundation reports or with which it is registered (see instructions) 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 8ь X 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 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV

Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

MORIARTY FAMILY CHARITABLE FOUNDATION TR ROWLAND T. & JANE F. MORIARTY, TRUSTEES 04-6834127 Form 990-PF (2015) Page 5 Part VII-A Statements Regarding Activities (continued) Yes No 11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes." attach schedule (see instructions) 11 Х 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 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 13 Website address ► N/A The books are in care of ROWLAND T. MORIARTY Telephone no. $\triangleright 617 - 425 - 3550$ ZIP+4 **▶**02465 Located at ▶ 19 DARTMOUTH STREET, WEST NEWTON, MA Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here N/A and enter the amount of tax-exempt interest received or accrued during the year 16 At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank. Yes No 16 X securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the Part VII-B | Statements Regarding Activities for Which Form 4720 May Be Required No File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. Yes 1a During the year did the foundation (either directly or indirectly): Yes X No (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) Yes X No a disqualified person? Yes X No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available Yes X No for the benefit or use of a disqualified person)? (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 Yes X No termination of government service, if terminating within 90 days.) b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? 16 Organizations relying on a current notice regarding disaster assistance check here c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected X before the first day of the tax year beginning in 2015? 1c 2 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)): a At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? If "Yes," list the years

b 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) to all years listed, answer "No" and attach N/A statement - see instructions.) 2b c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time 🗌 Yes 🗶 No during the year? b If "Yes," did it have excess business holdings in 2015 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 the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, N/A Form 4720, to determine if the foundation had excess business holdings in 2015.) 3b X 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 4a b 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 2015?

Form 990-PF (2015)

MORIARTY FAMILY CHARITAB Form 990-PF (2015) ROWLAND T. & JANE F. MOR	IARTY, TRUSTE	ES	04-68341	27 Page 6
Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be F	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to:		_		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			es X No	
(2) Influence the outcome of any specific public election (see section 4955); of	r to carry on, directly or indire			
, any voter registration drive?			s X No	1 1
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section			
4945(d)(4)(A)? (see instructions)		Y€	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary, the prevention of cruelty to children or animals?	or educational purposes, or f		es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the excentions described i	 :-		
section 53.4945 or in a current notice regarding disaster assistance (see instru		ii riogalationo	N/A	5b
Organizations relying on a current notice regarding disaster assistance check h	•			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		unad		}
expenditure responsibility for the grant?			es 🗀 No	
. , , ,		1/A	's 8:	}
If "Yes," attach the statement required by Regulations section 53.494:	• •			1
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		es X No	
a personal benefit contract?		Y6		.
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		<u> </u>	Sb X
If "Yes" to 6b, file Form 8870.		<u> </u>	[]	
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	es 🗓 No	
b If Yes, did the foundation receive any proceeds or have any net income attributions and the foundation receive any proceeds or have any net income attributions.			,,	7b
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors		nagers, Higniy	,	
1 List all officers, directors, trustees, foundation managers and their		1	I (also in the little of	
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ROWLAND T. MORIARTY	TRUSTEE			
19 DARTMOUTH STREET				
WEST NEWTON, MA 02465	1.00	0.	0.	0.
	TRUSTEE			
19 DARTMOUTH STREET				
WEST NEWTON, MA 02465	1.00	0.	0.	0.
2 Compensation of five highest-paid employees (other than those inc	cluded on line 1). If none	enter "NONF."		
	(b) Title, and average		(d) Contributions to	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	(e) Expense account, other allowances
ROWLAND T. MORIARTY - 19 DARTMOUTH	TRUSTEE	1		
STREET, WEST NEWTON, MA 02465	1.00	0.	0.	0.
JANE F. MORIARTY - 19 DARTMOUTH	TRUSTEE			
STREET, WEST NEWTON, MA 02465	1.00	0.	0.	0.
	j			
				······································
****	1			
*			-	
	1	1		
Total number of other employees paid over \$50,000		1		0
Total manipol of other employees paid over quotood			Form	990-PF (2015)

Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)		-683 41 27 Page 7
3 Five highest-paid independent contractors for professional services. If none, ent	er "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 stati number of organizations and other beneficiaries served, conferences convened, research papers pro	stical information such as the oduced, etc.	Expenses
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 of ${\bf 1}{\bf N/A}$	n lines 1 and 2.	Amount
		0.
		<u> </u>
All other program-related investments. See instructions.		

Total. Add lines 1 through 3

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Form 990-PF (2015)

ROWLAND T. & JANE F. MORIARTY, TRUSTEES

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations,	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	3,295,372.
	Average of monthly cash balances	1b	
	Fair market value of all other assets	1c	
đ	Total (add lines 1a, b, and c)	1d	3,295,372.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	3,295,372.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	49,431.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	3,245,941.
6	Minimum investment return. Enter 5% of line 5	6	162,297.
Р	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	162,297.
	Tax on investment income for 2015 from Part VI, line 5		
b	Income tax for 2015. (This does not include the tax from Part VI.)		
	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	162,297.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	162,297.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	162,297.
P	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		44
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	115,550.
þ	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
		3a	
þ	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	115,550.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		_
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	115,550.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation (4940(e) reduction of tax in those years.	qualifies fo	or the section

Form **990-PF** (2015)

Form 990-PF (2015)

Part XIII Undistributed Income (see in	structions)			
	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7		1		162,297.
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only			0.	
b Total for prior years:	·····			
		0.		
3 Excess distributions carryover, if any, to 2015:				
a From 2010 85,941.				
b From 2011 13,913.				
c From 2012 67, 180.				
d From 2013				
e From 2014	1			
f Total of lines 3a through e	167,034.			
4 Qualifying distributions for 2015 from				
Part XII, line 4: ▶\$ 115,550.				
a Applied to 2014, 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				
	0.			
(Election required - see instructions)				115,550.
d Applied to 2015 distributable amount	0.			113,330.
e Remaining amount distributed out of corpus	46,747.			46,747.
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a).)	40,747.			40,747.
6 Enter the net total of each column as indicated below:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	120,287.			
b Prior years' undistributed income. Subtract				
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 previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2014. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2015. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2016				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	1			
may be required - see instructions)	0.			
8 Excess distributions carryover from 2010				
not applied on line 5 or line 7	39,194.			
9 Excess distributions carryover to 2016.				
Subtract lines 7 and 8 from line 6a	81,093.			
10 Analysis of line 9:				
a Excess from 2011 13, 913.				
b Excess from 2012 67,180.				
c Excess from 2013				
d Excess from 2014	ļ			
e Excess from 2015			1	

MORIARTY FAMILY CHARITABLE FOUNDATION TR Form 990-PF (2015) & JANE F. MORIARTY Page 10 ROWLAND T. 04-6834127 Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling 4942(j)(5) 4942(j)(3) or b Check box to indicate whether the foundation is a private operating foundation described in section Prior 3 years 2 a Enter the lesser of the adjusted net Tax year (b) 2014 (a) 2015 (c) 2013 (d) 2012 (e) Total income from Part I or the minimum 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 e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "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 c "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 (4) Gross investment income Part XV | Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. NONE Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here LX if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds, if the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d. a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed: b The form in which applications should be submitted and information and materials they should include: c Any submission deadlines: d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

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Supplementary Information (continued) Part XV 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual. Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year HARVAD GRADUATE SCHOOL OF EDUCATION N/A NON-PROFIT GIFT 13 APPIAN WAY, 101 LONGFELLOW HALL 15,000, CAMBRIDGE MA 02138 NON-PROFIT GIFT CARDINAL CUSHING CENTERS N/A C/O RITA HARRIS, 300 SOUTH POINTE 1,000. DRIVE, #2503 MIAMI BEACH, FL 33139 CODMAN ACADEMY CHARTER PUBLIC SCHOOL N/A NON-PROFIT GIFT 637 WASHINGTON STREET DORCHESTER, MA 02124 10,000. N/A NON-PROFIT GIFT HAMILTON COLLEGE BASEBALL FUND 198 COLLEGE HILL ROAD CLINTON, NY 13323-9899 GIFT 100. KIPP DC-COLLEGE PREP N/A NON-PROFIT GIFT 2600 VIRGINIA AVE, SUITE 900 5,000. WASHINGTON DC 20037 SEE CONTINUATION SHEET(S) ▶ 3a Total 115,550. b Approved for future payment DIRECT RELIEF (EBOLA) (TAX ID N/A NON-PROFIT GIFT 95-1831116) 27 S. LA PATERA LANE SANTA BARBARA, CA 93117 N/A GIFT EAST ANGLIA CHILDREN'S HOSPITAL NON-PROFIT C/O DR. JOHN BATESON, 1 ATWELL PLACE LONDON UNITED KINGDOM HAMILTON COLLEGE SENIOR FUND N/A NON-PROFIT GIFT 198 COLLEGE HILL ROAD CLINTON NY 13323-9899 CONTINUATION SHEET(S) SEE Total ➤ 3b

MORIARTY FAMILY CHARITABLE FOUNDATION TR ROWLAND T. & JANE F. MORIARTY, TRUSTEES

Unrelated business income Excluded by section 512, 513, or 514

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Form 990-PF (2015) Part XVI-A

Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelate	d business income		ded by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code	Amount	code	Alliount	Turicon moonie
a	_				
b			_1 1		
c	1				
d	1 1				
e	1 1		1		
•	-				
g Fees and contracts from government agencies	-		1 1		
2 Membership dues and assessments	 		 		
· · · · · · · · · · · · · · · · · · ·			+		
3 Interest on savings and temporary cash			14	10 602	
investments			$\frac{14}{14}$	19,693. 2,184.	
4 Dividends and interest from securities			14	2,184.	
5 Net rental income or (loss) from real estate:					·
a Debt-financed property			1-1		
b Not debt-financed property			\perp		
6 Net rental income or (loss) from personal					
property					
7 Other investment income			14	223.	
8 Gain or (loss) from sales of assets other					
than inventory			14	<64,409.	>
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory				-	
11 Other revenue:					······································
			1		
b	1 1		1		
C	1 1		1	·····	
d	_		1		
e 12 Subtotal. Add columns (b), (d), and (e)		0	+	<42,309.	> 0.
	<u>!</u>	<u> </u>	• 1 1		<42,309.
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.	`			13_	V42,303.
Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in the foundation's exempt purposes (other the	ncome is reported i	ın column (e) of Part XVI-			plishment of
			_		
			····		
				<u> </u>	
l I					
					Form 990-PF (2015)

ROWLAND T. & JANE F. MORIARTY, TRUSTEES 04-6834127 Form 990-PF (2015) Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of Yes No the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash 1a(1) X (2) Other assets 1a(2) **b** Other transactions: (1) Sales of assets to a noncharitable exempt organization 1b(1) X (2) Purchases of assets from a noncharitable exempt organization 1b(2) (3) Rental of facilities, equipment, or other assets 1b(3) (4) Reimbursement arrangements 1b(4) X (5) Loans or loan guarantees 1b(5) (6) Performance of services or membership or fundraising solicitations 1b(6) c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (b) Amount involved (c) Name of noncharitable exempt organization (a) Line no (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes X No If "Yes," complete the following schedule. (b) Type of organization (c) Description of relationship (a) Name of organization declare that I have examined this return, including accompanying ş dules and statements, and to the best of my knowledge May the IRS discuss this return with the preparer shown below (see instr)? Sign Here TRUSTEE X Yes Signature of officer or trustee Date Title Check Print/Type preparer's name Preparer's signature Date

17TH FLR

Form **990-PF** (2015)

P00803568

Firm's EIN $\triangleright 04 - 3033342$

Phone no. 617-439-3004

self- employed

05/02/16

Paid

Preparer

Use Only

MICHAEL CINTOLO

Firm's name ► CINTOLO & MCCARTHY

Firm's address ▶ 99 SUMMER STREET

BOSTON, MA 02110

Schedule B

(Form 990, 990-EZ. or 990-PF

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.lrs.gov/form990 .

OMB No 1545-0047

Name of the organization

MORIARTY FAMILY CHARITABLE FOUNDATION TR ROWLAND T. & JANE F. MORIARTY, TRUSTEES

Employer identification number

04-6834127

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 X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note, Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I 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

☐ 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

☐ 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

☐ 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

☐ 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

☐ 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

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor or 990 or 990-EZ that received from 990 or 9 year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. 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, chantable, 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 is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 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).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization
MORIARTY FAMILY CHARITABLE FOUNDATION TR
ROWLAND T. & JANE F. MORIARTY, TRUSTEES

Employer identification number

04-6834127

Part l'	Contributors	(see instructions). Us	e duplicate copies	of Part I if ad	ditional space is needed.
---------	--------------	------------------------	--------------------	-----------------	---------------------------

			,
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ROWLAND T. MORIARTY 19 DARTMOUTH STREET WEST NEWTON, MA 02465	\$ <u>502,360.</u>	Person Payroll Noncash X (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 Payroli Oncash Occash (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
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)

Name of organization

MORIARTY FAMILY CHARITABLE FOUNDATION TR ROWLAND T. & JANE F. MORIARTY, TRUSTEES Employer identification number

04-6834127

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	9,500 SHARES OF VIRTUSA (VRTU)		
		\$ 502,360.	09/14/15
(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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2015) Page 4 **Employer identification number** Name of organization MORIARTY FAMILY CHARITABLE FOUNDATION TR MORIARTY, TRUSTEES 04-6834127 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info once) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (d) Description of how gift is held from (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (d) Description of how gift is held from (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

MORIARTY FAMILY CHARITABLE FOUNDATION TR ROWLAND T. & JANE F. MORIARTY, TRUSTEES

04-6834127

84.450.

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual. Recipient show any relationship to any foundation manager or substantial contributor Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient KIPP ACADEMY CAPITAL FUND N/A NON-PROFIT GIFT 90 HIGH ROCK STREET LYNN, MA 01902 20,000. NATIONAL ALLIANCE ON MENTAL ILLNESS N/A NON-PROFIT GIFT P.O. BOX 997 OAK OARK, IL 60303 1,000. PAN MASS CHALLENGE N/A NON-PROFIT GIFT 77 4TH AVENUE NEEDHAM, MA 02494 1,200. RUTGERS UNIVERSITY FOUNDATION N/A NON-PROFIT GIFT GERMAN DEPT, 64 COLLEGE AVENUE NEW BRUNSWICK, NJ 08901 10,000. SALIFISH POINT FOUNDATION N/A NON-PROFIT GIFT 1648 S.E. SALFISH POINT BLVD STUART FL 34996 1,000. THE ROWLAND T. MORIARTY SENIOR N/A NON-PROFIT GIFT SCHOLARSHIP FUND 344 VANACE HALL, 3733 SPRUCE STREET PHILADELPHIA, PA 19104 40,000. WGBH N/A NON-PROFIT ONE GUEST STREET GIFT BOSTON, MA 02135 1,000. WHARTON GRADUATE SCHOLARSHIP FUND N/A NON-PROFIT GIFT 344 VANACE HALL, 3733 SPRUCE STREET PHILADELPHIA, PA 191046360 10,000. MAKING STRIDES AGAINST BREAST CANCER N/A NON-PROFIT GIFT C/O ELIA FALVEY, CHARELS RIVER ASSOCIATES, 200 CLARENDON ST, T9 BOSTON MA 02135 250. Total from continuation sheets

FORM 990-PF INTERE	ST ON SAVING	S AND T	EMPORA	RY CASI	H IN	VESTMENTS	STATEMEN	TT 1
SOURCE	RE				(B) IVESTMENT ICOME	(C) ADJUST NET INC		
MORGAN STANLEY NEW GENERATION TURN. RBS CITIZENS		54. 19,636. 3.			54. 19,636. 3.			
TOTAL TO PART I, LI		19,693.			19,693.			
FORM 990-PF	DIVIDENDS .	AND INT	EREST	FROM S	ECUR	RITIES	STATEMEN	ır 2
SOURCE	GROSS AMOUNT	CAPIT GAIN DIVIDE	S	REVEN	JE	(B) NET INVES MENT INCO	T- ADJU	STED
NEW GENERATION TURNAROUND FUND	2,184.		0.	2,:	184.	2,18	34.	
TO PART I, LINE 4	2,184.		0.	2,	184.	2,18	34.	
FORM 990-PF		OTHER	INCOM	ΛE	<u></u>		STATEMEN	iT 3
DESCRIPTION			REV	(A) VENUE BOOKS		(B) JET INVEST- JENT INCOME		STED
NEW GENERATION TURN	AROUND FUND	•	223.			223	3.	
TOTAL TO FORM 990-P	INE 11		22	 3.	223	3.		

FORM 990-PF	ACCOUNTI	NG FEES		<u> </u>	STATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC				
CINTOLO & MCCARTHY CPAS	1,000.	1,	000.		 -	0.
TO FORM 990-PF, PG 1, LN 16B =	1,000.	1,	000.			0.
FORM 990-PF	OTHER E	XPENSES			STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC			•	
FEDERAL TAX MA ANNUAL FILING FEE INVESTMENT EXPENSES VIA NEW	14,288. 250.	7	0.			0.
GENERATION TURNAROUND FUND TO FORM 990-PF, PG 1, LN 23	7,966.		966. 966.			0.
FORM 990-PF	CORPORAT	E STOCK			STATEMENT	6
DESCRIPTION			вос	OK VALUE	FAIR MARKE VALUE	T
15,600 SHARES WRIGHT EXPRESS 39,500 SHARES VIRTUSA CORP	CORP			1,019,244.	1,379,0 1,632,9	
TOTAL TO FORM 990-PF, PART II	, LINE 10B	:	2	2,242,754.	3,011,9	70.
FORM 990-PF	OTHER INV	ESTMENTS			STATEMENT	7
DESCRIPTION		LUATION ETHOD	вос	OK VALUE	FAIR MARKE VALUE	T
NEW GENERATION		COST		696,526.	636,1	73.
TOTAL TO FORM 990-PF, PART II	, LINE 13	•	,	696,526.	636,1	73.