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

Open to Public Inspection

For	calend	lar year 2015 or tax year beginning $09/01/15$ , a	and ending 08/3	1/16			
Nan	ne of fou	ndation			A Emple	yer identification number	
		son Family Trust			04	-3493404	
		street (or P O box number if mail is not delivered to street address)	Ro	om/suite	<del>}</del>	none number (see instructions)	
		iftwood Way			80	0-882-2080	
-		state or province country and ZiP or foreign postal code	. –,,,		C If exe	mption application is pending of	nack here
		port MA 01966	·				
G	песк а		n of a former public cha	anty	D 1 Fo	oreign organizations, check here	▶ ∐
		Final return Amended			1	reign organizations meeting the	_
		Address change Name cha	<u> </u>		•	% test, check here and attach t	computation -
		ype of organization X Section 501(c)(3) exempt private				ate foundation status was term# n 507(b)(1)(A)   check here	nated under
			e private foundation		1		<b>-</b> L
		ket value of all assets at J Accounting method 1	Cash X Acc	rual		foundation is in a 60 month tem section 507(b)(1)(B), check her	
	iu oi ye ie 16) <b>j</b>	ear (from Part II col (c) Other (specify)  \$ 2,707,768 (Part I, column (d) must be			onde.	accion sor (b)( 1)(b) check her	۰ ا
	art I	Analysis of Revenue and Expenses (The total of			<u> </u>	<del></del>	(d) Disbursements
		amounts in columns (b) (c) and (d) may not necessarily equal	(a) Revenue and expenses per	vni teM (d)		(c) Adjusted net income	for charitable purposes
		the amounts in column (a) (see instructions) )	books			il (come	(cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)	56,595		. ,		
	2	Check ► ☐ If the foundation is <b>not</b> required to attach Sch. B			<del></del>		***************************************
	3	Interest on savings and temporary cash investments	934		934	934	
	4	Dividends and interest from securities	57,129		57,129	57,129	· ····································
	5a	Gross rents	499				· · · · · · · · · · · · · · · · · · ·
пe	b	Net rental income or (loss)	16,080				<del>,,</del>
Revenue	6a b	Net gain or (loss) from sale of assets not on line 10  Gross sales price for all assets on line 6a 349,001	16,080			· · · · · · · · · · · · · · · · · · ·	<del>,</del>
	7	Capital gain net income (from Part IV line 2)			16,080		<del> </del>
ш	8	Net short-term capital gain	Ţ		10,000	- 0	
	9	Income modifications	<del></del>	······································	<del></del>		
	10a	Gross sales less returns and allowances					····
	ь	Less Cost of goods sold	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	*** **** ****	*********		<del></del>
	c	Gross profit or (loss) (attach schedule)	-	· × × × · ·	<del>, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>		
	11	Other income (attach schedule) Stmt 1	109		•	109	<del></del>
·c	12	Total Add lines 1 through 11	130,847	·	74,143	58,172	····
5,	13	Compensation of officers directors, trustees, etc	τό				
2 2 15 es	14	Other employee salaries and wages		,	w ·		
2 d	15	Pension plans, employee benefits					
	16a	Legal fees (attach schedule)		·			
드	Ь	Accounting fees (attach schedule) Stmt 2	3,875	DE	TEIL !		<del></del>
CANNED DEC	C .	Other professional fees (attach schedule)		, r	Eivi		<del></del>
正言	17	Interest	100	r (			···
9₽	18	Taxes (attach schedule) (see instructions) Stmt 3	1,683		1 9 201	5-0-5	
ζĒ	19	Depreciation (attach schedule) and depletion Occupancy	1 -	<u> </u>		12	<del></del>
SS A	20 21	Travel, conferences and meetings	77	-0GDI		T	
<u> </u>	22	Printing and publications	<del></del>				<del></del>
e e	23	Other expenses (att sch ) Stmt 4	102				
S Operating and A	24	Total operating and administrative expenses					
Ē		Add lines 13 through 23	5,660		0	o	0
þe	25	Contributions gifts grants paid	136,000				136,000
	26	Total expenses and disbursements Add lines 24 and 25	141,660		Ó	Ö	136,000
	27	Subtract line 26 from line 12	, ,		,	٧	
	a	Excess of revenue over expenses and disbursements	-10,813				•
	b	Net investment income (if negative, enter -0-)			74,143		
	-	Adjusted net Income (if pegative, enter -0-)	· ·	i		58.172	

Pert II Salanco Sheets Absorber servicus in the secretive course.    Cash - non-interest-bearing   Cyst which without   Cyst without   Cyst which without   Cyst	Fo	orm 990	-PF(2015) Carlson Family Trust		04-349340	4		Page <b>2</b>
Cash - non-interest-bearing   Cash - non-interest-bearing   Savings and temporary cash investments   207,037   292,568   292		Darf 1	Attached schedules and amounts in the description column		Beginning of year		End of	
2 Savings and temporary cash investments  Accounts receivable  Less allowance for doubtful accounts ▶  Less allowance for doubtful accounts ▶  Receivables of the form officers, develors, fustees, and other disqualfied persons (etitach schedule) (see instructions)  Other rose and bisne receivable ▶  Less allowance for doubtful accounts ▶  Receivables of the form officers, develors, fustees, and other disqualfied persons (etitach schedule) (see instructions)  Other rose and bisne receivable ▶  Less allowance for doubtful accounts ▶  Less allowance for doubtful accounts ▶  Less allowance for doubtful accounts ▶  Less and size government obligators (stach schedule)  Investments — Object sets (datch acthedule)  See Stmt 5  Investments — copporate bonds (attach schedule)  Investments — copporate bonds (attach sched	_		should be for end-of-year amounts only (See instructions )		(a) Book Value	(b) Book Value		(c) Fair Market Value
3 Accounts receivable ► Less, skowance for doubtful accounts ► 4 Pledges receivable 5 Grants receivable 6 Receivables due from officers, directors, frustees, and other disqualified persons (attach schedule) (see instructions) 7 Other resis actions excelled (st. schedule) ► Less allowance for doubtful accounts ► 8 Toler access and deferred charges 9 Prepaid expenses and deferred charges 10 Investments—corporate back (statch schedule) 10 Investments—corporate back (statch schedule) 11 Investments—corporate back (statch schedule) 12 Investments—corporate back (statch schedule) 13 Investments—corporate back (statch schedule) 14 Less, subsequent base ► 15 Corrects ments—corporate back (statch schedule) 15 Other assets (statch schedule) 16 Toler assets (statch schedule) 17 Corporate schedules 18 Grants payable and accrede expenses 19 Deferred revenue 20 Less from officers, directors, trustees, and other disqualified persons 21 Accounts payable and accrede expenses 22 Less from officers and schedules 23 Crants payable and accrede expenses 24 Crants payable and accrede expenses 25 Crants payable and accrede expenses 26 Grants payable and accrede expenses 27 Total liabilities and the schedules 28 Deferred revenue 29 Chert from officers, directors, trustees, and other disqualified persons 20 Less from officers, directors, trustees, and other disqualified persons 20 Less from officers, directors, trustees, and other disqualified persons 20 Less from officers, directors, trustees, and other disqualified persons 20 Less from officers and complete lines 27 through 22 Chert from officers, directors, trustees, and other disqualified persons 21 Total liabilities and balances (see instructions) 22 Chert liabilities and balances (see instructions) 23 Paid in or capital surples, is rink, blid, and equipment fund 24 Personantive account funds 25 Paid in capital surples, is rink, blid, and equipment fund 26 Personantive account funds 27 Total liabilities and net assets fund balances (see instructions) 28 Paid in capital surples, is		1	<del></del>		, ,,			
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Pledges recentable   Less allowance for doubtful accounts   Security   Sec		3	Accounts 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 Oher nets wal tasis accounts (attach schedule) ►  Less allowance for doubtful accounts ►  10 Less accounts and deferred charges  11 Investments — Loss and deferred charges  12 Less accountable dependent collegators (attach schedule)  12 Investments — corporate bonds (attach schedule)  13 Investments — corporate stock (attach schedule)  14 Less accountable dependent collegators (attach schedule)  15 Other assets (abecombe ►  16 Total assets (be completed by all filers — see the instructions has been accounted			Less. allowance for doubtful accounts ▶	1				
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disqualified persons (attach schedule) (see instructions)  Other notice and account of the control of the cont		5	Grants receivable					
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Uses: allowance for doubtful accounts ▶ 0			disqualified persons (attach schedule) (see					
Less: allowence for doubtiful accounts     Note			instructions)		į			
Investinate   Section		7	Other notes and loans receivable (att. schedule)					. — <del>(100-00-00-00-00-00-00-00-00-00-00-00-00-</del>
b investments - corporate stock (attach schedule)  c investments - corporate bonds (attach schedule)  the street - land, budge, and equipment base ►  Less accumulated depreciation (attach schedule)  11 investments - motigage loans  13 investments - motigage loans  13 investments - motigage loans  14 Land, building, and equipment base ►  Less accumulated depreciation (attach schedule)  15 Other assets (cles completed by all filers - see the instructions. Also, see page 1. item i)  16 Total assets (to be completed by all filers - see the instructions. Also, see page 1. item i)  17 Accounts payable and accrued expenses  3 , 415  18 Grants payable  20 Loans from officers, directors, trustees, and other disqualified persons  Mortgages and other notes payable (attach schedule)  21 Total liabilities (describe ►  23 Total liabilities (describe ►  24 Capital stock, trust principal, or current funds  25 Permanently restricted  26 Permanently restricted  27 Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.  28 Paid-in or capital surplus, or tand, bldg., and equipment fund  29 Retained earnings, accumulated income, endowment, or other funds  20 Part III Analysis of Changes in Net Assets or Fund Balances  1 Total net assets or fund balances (see instructions)  20 Total ret assets or fund balances (see instructions)  21 Total liabilities and that assets/fund balances (see instructions)  22 Capital stock, trust principal, or current funds  23 Total net assets for fund balances (see instructions)  24 Capital stock, trust principal, or current funds  25 Total net assets or fund balances (see instructions)  26 Total net assets for fund balances (see instructions)  27 Total liabilities and that assets/fund balances (see instructions)  28 Total liabilities and that assets/fund balances (see instructions)  39 Total liabilities and that assets/fund balances (see instructions)  29 Total liabilities and that assets/fund balances (see instructions)  20 Total liabilities and that assets/fund balances			Less: allowance for doubtful accounts ▶	0			Ī	
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13   Investments - other (attach schedule)   14   Land, Ludger, and equipment bass ▶   Less accumulated degrecation (attach schedule)   15   Other assets (dascnbe ▶ 16   Total assets (to be completed by all filers - see the instructions. Also, see page 1, tiern 17   Accounts payable and accrued expenses   3,415			Less: accumulated depreciation (attach sch.)		İ		Ţ	
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instructions. Also, see page 1, litem i) 2, 376,105 2, 361, 877 2, 707,768  17 Accounts payable and accrued expenses 3, 415 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable (attach schedule) 22 Other liabilities (describe ▶ ) 23 Total liabilities (describe ▶ ) 3			·	,		· · · · · · · · · · · · · · · · · · ·		<del></del>
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 (attach schedule)  22 Other liabilities (add lines 17 through 22)  3 Total liabilities (add lines 17 through 25 and lines 30 and 31.  24 Unrestricted  25 Temporarily restricted  26 Permanently restricted  27 Capital stock, trust principal, or current funds  28 Paid-in or capital surplus, or land, bldg., and equipment fund  29 Retained earnings, accumulated income, endowment, or other funds  30 Total liabilities and net assets of fund balances (see instructions)  21 Total liabilities and net assets fund balances (see instructions)  22 Total liabilities and net assets fund balances (see instructions)  23 Total liabilities and net assets fund balances (see instructions)  24 Total net assets or fund balances (see instructions)  25 Total net assets or fund balances (see instructions)  26 Total net assets or fund balances (see instructions)  27 Capital sould in line 2 (itemize)  28 Paid-in or capital surplus, or land, bldg., and equipment fund  29 Retained earnings, accumulated income, endowment, or other funds  20 Total net assets or fund balances (see instructions)  21 Total net assets or fund balances (see instructions)  22 Total net assets or fund balances (see instructions)  23 Total net assets or fund balances (see instructions)  24 Total net assets or fund balances (see instructions)  25 Total net assets or fund balances (see instructions)  26 Total net assets or fund balances (see instructions)  27 Capital stock, trust principal, or current funds  28 Paid-in or capital surplus, or land, bldg., and equipment fund  29 Retained earnings, accumulated income, endowment, or other funds  20 Total net assets or fund balances (see instructions)  21 Total net assets or fund balances (see instructions)  22 Total liabilities and net assets or fund balances (see instructions)  23 Total liabilities and net assets or fund balances			•		2.376.105	2 361	877	2 707 768
18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable (attach schedule) 22 Other labilities (describe ▶ ) 23 Total liabilities (describe ▶ ) 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted 27 Temporarily restricted 28 Permanently restricted 29 Permanently restricted 29 Retained earnings, accumulated income, endowment, or other funds 29 Retained earnings, accumulated income, endowment, or other funds 20 Total liabilities and net assets/fund balances (see instructions) 20 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) 20 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) 20 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) 30 Citer increases not included in line 2 (itemize) ▶ 31 Total liabilities and 3 32 Decreases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 5	٦	17					<del></del>	2,101,100
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Total liabilities (cescible   23 Total liabilities (add lines 17 through 22)	api							
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.  Unrestricted  Total net assets or fund balances (see instructions)  Total net assets or fund balances (see instructions)  Total net assets or fund balances at beginning of year − Parl II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)  Enter amount from Part I, line 27a  Add lines 1, 2, and 3  Decreases not included in line 2 (itemize) ▶  Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.  Z (apital stock, trust principal, or current funds 29 Retained earnings, accumulated income, endowment, or other funds 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances (see instructions) 20 Z, 372, 690 20, 361, 877  Z (372, 690 20				\				
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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 Enter amount from Part I, line 27a  3 Other increases not included in line 2 (itemize) ▶  4 Add lines 1, 2, and 3  5 Decreases not included in line 2 (itemize) ▶  5		•	·		2 376 105	2 361	877	
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)  Enter amount from Part I, line 27a  Other increases not included in line 2 (itemize) ▶  Add lines 1, 2, and 3  Decreases not included in line 2 (itemize) ▶  5		Part I	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	···	2,3,0,103	2,301,	0 / //	<del></del>
end-of-year figure reported on prior year's return)  2 Enter amount from Part I, line 27a  3 Other increases not included in line 2 (itemize) ▶  4 Add lines 1, 2, and 3  5 Decreases not included in line 2 (itemize) ▶  5				nust s	agree with			
2 Enter amount from Part I, line 27a  3 Other increases not included in line 2 (itemize) ▶  4 Add lines 1, 2, and 3  5 Decreases not included in line 2 (itemize) ▶  5				.40. 6	agree war		4	2 372 690
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5 Decreases not included in line 2 (itemize) ▶						,		2.361 877
<u> </u>	_		•					
	6		·	(b).	line 30			2,361.877

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

136,000

Part VI instructions.

8 Enter qualifying distributions from Part XII, line 4

.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	990-PF (2015) Carison Family Trust 04-3493404			P	age 4
Pa	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)				
la	Exempt operating foundations described in section 4940(d)(2), check here ▶ and enter "N/A" on line 1.				
	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)	I			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1			741
	here X and enter 1% of Part I, line 27b				
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of	1			
	Part I, line 12, col (b).	1			
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		·		741
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<u> </u>			0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-				741
5	Credits/Payments:	1			
а	2015 estimated tax payments and 2014 overpayment credited to 2015  6a 3,014				
þ	Exempt foreign organizations – tax withheld at source				
С	Tax paid with application for extension of time to file (Form 8868)				
d	Backup withholding erroneously withheld 6d 6d	1			
7	Total credits and payments. Add lines 6a through 6d			3,	014
В	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				
0	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			2,	273
1	Enter the amount of line 10 to be: Credited to 2016 estimated tax ▶ 2,273 Refunded ▶ 11				
Pa	nt 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
	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)?		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			17.11	
	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	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			,	
	(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				
	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				
	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		X
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		X
	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?		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	
Ва	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		8b	X	Ī
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		9		x
0	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				
	names and addresses		10		x
			Form 9	90-PI	(2015)

	990-PF (2015) Carison Family Trust 04-3493404	1			Pa	age 5
Рa	t VII-A. Statements Regarding Activities (continued)					
ı .	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the				Yes	No
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)			11		<u> </u>
2	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified				Ì	
	person had advisory privileges? If "Yes," attach statement (see instructions)			12		<u> </u>
3	Did the foundation comply with the public inspection requirements for its annual returns and exemption application Website address <b>N/A</b>	?		13	X	
4 .	The books are in care of C. Richard Carlson	hone no 🕨	800-8	82-	208	0
	2 Driftwood Way		01066			
_	Located at Prockport MA	ZIP+4 ▶	01966			جنم 🔪
5	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – Check here	<b>.</b>	- 1		ı	
	and enter the amount of tax-exempt interest received or accrued during the year	<b>▶</b> [_1	5		V T	<del></del>
3	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority			16	Yes	No X
	over a bank, securities, or other financial account in a foreign country?			10	<del>  </del>	
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of				1	
Pa	the foreign country ►  ** VII-B Statements Regarding Activities for Which Form 4720 May Be Required		,	Ĺ,	<del>.,,t</del>	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.				Yes	No
la	During the year did the foundation (either directly or indirectly):			*********		2000-
	(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	_				
	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			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for		_			
	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		Ī	
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulation	3				
	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				1	
	were not corrected before the first day of the tax year beginning in 2015?		N/A	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)):					
а	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and		( <del></del>			
	6e, Part XIII) for tax year(s) beginning before 2015?	Yes	X No		•	
_	If "Yes," list the years ▶ 20 , 20 , 20 , 20					
þ	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		N/A		1	•
	all years listed, answer "No" and attach statement – see instructions.)		N/A	2b		
С	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 Did the foundation hold more than a 2% direct or indirect interest in any business enterprise					
3a	•	Yes	X No			
<b>L</b>	at any time during the year?  If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or	162	TE NO			
b	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, Form 4720, to determine if the					
	foundation had excess business holdings in 2015.)		N/A	3b		Ī
la	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		,	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			· · · · ·		<del></del>
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015	?		4b		х
					0-PF	
				~~~~		1-010

orm	990-PF (2015) Carlson Fan	illy Trust	04-3	493404			Page <b>6</b>
P	art VII-B Statements Regar	ding Activities for Which Fo	orm 4720 May Be Re	equired (contin	ued)		
a	During the year did the foundation pay	or incur any amount to:	,				
	(1) Carry on propaganda, or otherwise	attempt to influence legislation (sect	ion 4945(e))?		es X No		
	(2) Influence the outcome of any speci	fic public election (see section 4955)	; or to carry on,				
	directly or indirectly, any voter regis	tration drive?		Y	es 🗓 No		
	(3) Provide a grant to an individual for	travel, study, or other similar purpose	es?	l l	es X No		
	(4) Provide a grant to an organization	other than a charitable, etc., organiza	tion described in				1
-	section 4945(d)(4)(A)? (see instruc	_		Y	es X No		1
	(5) Provide for any purpose other than		y, or educational	_			
	purposes, or for the prevention of o	ruelty to children or animals?	•		es X No		
b	If any answer is "Yes" to 5a(1)-(5), did	•	under the exceptions desc	_			
	Regulations section 53.4945 or in a cur		·		N/A	5b	
	Organizations relying on a current notic	· ·	•		▶ [7]	71111	
С	If the answer is "Yes" to question 5a(4)	• •					
	because it maintained expenditure resp	· ·		N/A 🗍	es No		
	If "Yes," attach the statement required	•		٠ ـــ			
a	Did the foundation, during the year, rec						
	on a personal benefit contract?	or or only range, on our year or money,	pa, p		'es 🗶 No	1	
b	Did the foundation, during the year, pay	premiums, directly or indirectly, on a	a personal benefit contract		ا ۱۰۰ ایس	6b	x
_	If "Yes" to 6b, file Form 8870.	promone, underly or members, on the	- policional domination	•			
'a	At any time during the tax year, was the	foundation a party to a prohibited ta	x shelter transaction?		es X No		1
	If "Yes," did the foundation receive any	· •			N/A	7b	1
		Officers, Directors, Trustee				S.	<del></del>
•	and Contractors		<b>-, · · ·</b>	g,g, .		,	
Π	List all officers, directors, trustees, fo	undation managers and their com	pensation (see instructi	ons).			
			· · · · · · · · · · · · · · · · · · ·		(d) Contributions to		
	(a) Name ar	nd address	(b) Title, and average hours per week	(c) Compensation (If not paid,	employee benefit plans and deferred		ense account, r allowances
			devoted to position	enter -0-)	compensation	Oute	allowalices
c.	RICHARD CARLSON	Rockport	TRUSTEE				
	Driftwood Way	MA 01966	0.00		o		0
	BORAH W. CARLSON	Rockport	TRUSTEE				
	Driftwood Way	MA 01966	0.00		٥		0
		7					
		•					
-							
		•	'	1			
2	Compensation of five highest-paid	employees (other than those inclu	ded on line 1 - see instr	uctions). If none.	enter		
	"NONE."			,			
			(h) Title and everege		(d) Contributions to		
	(a) Name and address of each employe	e paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit plans and deferred		ense account, r allowances
			devoted to position		compensation	Oute	i allowances
N	ONE						· · · · · · · · · · · · · · · · · · ·
	·			1		}	
				<u> </u>	<u> </u>	1	
					1		
_				<u> </u>		<b>†</b>	
			•				
	· · · · · · · · · · · · · · · · · · ·			†		†	<del></del>
		<del></del>		<del></del>	<u> </u>	ــــــــــــــــــــــــــــــــــــــ	0

Form 990-PF (2015)

Total. Add lines 1 through 3

DAA

orm 990-PF (2015) Carlson Family Trust	04-3493404	Page <b>7</b>
Part VIII Information About Officers, Directors, Trustees, Fo	oundation Managers, Highly Paid Em	ployees,
3 Five highest-paid Independent contractors for professional services (see i	nstructions). If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		···
		ii.
otal number of others receiving over \$50,000 for professional services		•
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct chantable activities during the tax year. Include relevant statistical informatorganizations and other beneficiaries served, conferences convened, research papers produced, etc.	tion such as the number of	Expenses
1 N/A	, , , , , , , , , , , , , , , , , , , ,	
2		
3		
4		
Dest IV D. Summary of Drogram Balated Investments (see	(notructions)	
Part IX-B Summary of Program-Related Investments (see in Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and	• • • • • • • • • • • • • • • • • • • •	Amount
1 N/A	- · · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·	
2		
·		
All other program-related investments See instructions		
3		

Form 990-PF (2015)

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

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

5 6

5

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

Adjusted qualifying distributions. Subtract line 5 from line 4

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

Form 990-PF (2015) Carlson Family Trust		04-34934	04	Page 9
Part XIII Undistributed Income (see instructions)				
	(a)	(b)	(c)	(d)
1 Distributable amount for 2015 from Part XI,	Corpus	Years prior to 2014	2014	2015
line 7				129,160
2 Undistributed income, if any, as of the end of 2015:			131,695	
a Enter amount for 2014 only b Total for prior years: 20 ,20 ,20	**************************************		131,033	······································
-3 = Excess distributions carryover, if any, to 2015:-	····· <del>································</del>			·····
a From 2010	<u> </u>			
b From 2011				
c From 2012				
d From 2013				
e From 2014				
f Total of lines 3a through e				
4 Qualifying distributions for 2015 from Part XII,				
line 4: ▶ \$136,000				
a Applied to 2014, but not more than line 2a		<b></b>	131,695	
b Applied to undistributed income of prior years				
(Election required – see instructions)				,
c Treated as distributions out of corpus (Election				
required – see instructions)				4 205
d Applied to 2015 distributable amount		<b>‡</b>		4,305
e Remaining amount distributed out of corpus	<del></del>	, , , , , , , , , , , , , , , , , , ,		
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same	ACCOUNTAGE AND ACCOUN	<u> </u>		<del> </del>
amount must be shown in column (a) )				
6 Enter the net total of each column as				
indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b Prior years' undistributed income Subtract		1		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
line 4b from line 2b				
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		<b></b>		·····
d Subtract line 6c from line 6b Taxable				
amount – see instructions			<b></b>	<del></del>
e Undistributed income for 2014. Subtract line				
4a from line 2a. Taxable amount – see				
instructions  f Undistributed income for 2015. Subtract lines	· »	•		
4d and 5 from line 1. This amount must be		1		
distributed in 2016		•		124,855
7 Amounts treated as distributions out of corpus	· · · · · · · · · · · · · · · · · · ·			······································
to satisfy requirements imposed by section				
170(b)(1)(F) or 4942(g)(3) (Election may be				
required—see instructions)				·
8 Excess distributions carryover from 2010 not			1	
applied on line 5 or line 7 (see instructions)				
9 Excess distributions carryover to 2016.				
Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:		1		
a Excess from 2011	4			
b Excess from 2012	1			
c Excess from 2013 d Excess from 2014	1	1		
e Excess from 2015	1			

Pa	rt XIV Private Operating Fou	ndations (see ins	structions and Par	t VII-A, question	າ 9) ້	
1a	If the foundation has received a ruling or d	etermination letter that	it is a private operating	9	'	
	foundation, and the ruling is effective for 2	015, enter the date of t	the ruling		<b>▶</b>	
b	Check box to indicate whether the foundat	ion is a private operati	ng foundation describe	d in section	4942(j)(3) or	4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year	1	Prior 3 years		(a) Total
	income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
	investment return from Part X for	ń				
	each year listed		-	i		
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					
-	for active conduct of exempt activities					İ
е	Qualifying distributions made directly		1	1		
•	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:			İ		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	•		<del> </del>		
~	of minimum investment return shown in					
	Part X, line 6 for each year listed		!		ĺ	
С	"Support" alternative test – enter:		<del> </del>			
C	(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		1			
	and 5 or more exempt					
	organizations as provided in					
	section 4942(j)(3)(B)(III)			<del>                                     </del>		<del></del>
	(3) Largest amount of support from					
	an exempt organization		<del>}</del>	<del></del>	<del>- +</del>	
	(4) Gross investment income  art XV Supplementary Inform	nation (Complete	this part only if	the foundation	had \$5 000 or	more in assets at
F 4	any time during the ye			the logitudition	, maa 40,000 o.	moro in abbotic at
1	Information Regarding Foundation Ma		10113.7			
a	List any managers of the foundation who	=	than 2% of the total co	ontributions receive	d by the foundation	
a	before the close of any tax year (but only					
	C. RICHARD CARLSON	i they have continued	α ποιο επαίτ φο,σσο <i>γ</i> (ι	000 00000000000000000000000000000000000	-/-/	\$56,095
	List any managers of the foundation who	own 10% or more of th	ne stock of a corporation	on (or an equally lare	ne portion of the	
-	ownership of a partnership or other entity		•		,  ,  ,  ,  ,  ,  ,  ,  ,  ,  ,  ,  ,	
	N/A					
2	Information Regarding Contribution, G	irant Gift Loan Sch	olarship, etc., Progra	ıms:		
-	Check here ► X if the foundation only		• • • • • • • • • • • • • • • • • • • •		d does not accept	
	unsolicited requests for funds. If the found					r
	other conditions, complete items 2a, b, c,		ina, etc. (ecc incurcin			•
	The name, address, and telephone numb		f the nerson to whom a	applications should	be addressed:	<del></del>
a	N/A	o, or o man address t	. are person to whom t			
	-·/					
	The form in which applications should be	submitted and informs	ation and materials they	v should include:		<del></del>
U	N/A	Submitted and informe	ation and materials the	y arround mondado.		
	Any submission deadlines:	<del></del>				·····
Ü	N/A					
d	Any restrictions or limitations on awards,	such as by geography	al areas charitable fie	lds, kinds of institut	ions, or other	
u	factors.	addir as by geographic	on areas, criantable ne	ido, kinda oi niattut		
	N/A					
DAA	21/ 52		<del></del>			Form 990-PF (2015
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Form 990-PF (2015) Carlson Family Tru		04-349340	)4	Page <b>11</b>
Part XV Supplementary Information (co	ntinued)			
3 Grants and Contributions Paid During the	Year or Approved for F	uture Payment		
Recipient	if recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year See Statement 6				
				105 000
				136,000
		1		
		1		
			1	
	1			
	İ			
	[			
Total		<u></u>	▶ 3a	136,000
b Approved for future payment				• • • • • • • • • • • • • • • • • • • •
N/A				
			1	
				•
Total			▶ 3b	

Part XVI-A Analysis of Income-Produ	cing Activities		<del></del>		
nter gross amounts unless otherwise indicated.	Unrelated	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)
Program service revenue  a					
b					
- C <u></u>				<del>-</del>	
d	<del></del>				
0					
f			<del></del>		
g Fees and contracts from government agencies					<del>,</del>
Membership dues and assessments			14	934	
Interest on savings and temporary cash investments Dividends and interest from securities			14	57,129	
		······································	<u> </u>	,,,129 ,,129	
Net rental income or (loss) from real estate:  a Debt-financed property	<del>*************************************</del>	······································			·····
b Not debt-financed property	<u> </u>				
Net rental income or (loss) from personal property	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	<del></del>		<del>,</del>
Other investment income	'			-	
Gain or (loss) from sales of assets other than inventor	~		18	16,080	<del>, , , , , , , , , , , , , , , , , , , </del>
Net income or (loss) from special events		· · · · · · · · · · · · · · · · · · ·			
Gross profit or (loss) from sales of inventory					
Other revenue: a					
b Other partnership income					10
С					
d					
е					
e			0	74,143	10
e			0	74,143	10: 74,25
e	s.)				
e  2 Subtotal. Add columns (b), (d), and (e)  3 Total. Add line 12, columns (b), (d), and (e)  See worksheet in line 13 instructions to verify calculations  Part XVI-B Relationship of Activities	s.) to the Accomplishme		Purposes	13	
e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities Line No. Explain below how each activity for whi	to the Accomplishme	nn (e) of Part XVI	Purposes	mportantly to the	74,25
e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) 6ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities Line No.  Explain below how each activity for whi accomplishment of the foundation's exception.	to the Accomplishme	nn (e) of Part XVI	Purposes	mportantly to the	74,25
e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) 6ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities Line No. Explain below how each activity for whi	to the Accomplishme	nn (e) of Part XVI	Purposes	mportantly to the	74,25
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities Line No. Explain below how each activity for whi accomplishment of the foundation's exception.	to the Accomplishme	nn (e) of Part XVI	Purposes	mportantly to the	74,25
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities Line No. Explain below how each activity for whi accomplishment of the foundation's exception.	to the Accomplishme	nn (e) of Part XVI	Purposes	mportantly to the	74,25
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Eee worksheet in line 13 instructions to verify calculations  Relationship of Activities  Line No.  Explain below how each activity for whi accomplishment of the foundation's exception.	to the Accomplishme	nn (e) of Part XVI	Purposes	mportantly to the	74,25
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities Line No. Explain below how each activity for whi accomplishment of the foundation's exception.	to the Accomplishme	nn (e) of Part XVI	Purposes	mportantly to the	74,25
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Eee worksheet in line 13 instructions to verify calculations  Relationship of Activities  Line No.  Explain below how each activity for whi accomplishment of the foundation's exception.	to the Accomplishme	nn (e) of Part XVI	Purposes	mportantly to the	74,25
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Eee worksheet in line 13 instructions to verify calculations  Relationship of Activities  Line No.  Explain below how each activity for whi accomplishment of the foundation's exception.	to the Accomplishme	nn (e) of Part XVI	Purposes	mportantly to the	74,25
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities Line No. Explain below how each activity for whi accomplishment of the foundation's exception.	to the Accomplishme	nn (e) of Part XVI	Purposes	mportantly to the	74,25
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Ee worksheet in line 13 instructions to verify calculations  Relationship of Activities  Line No.  Explain below how each activity for whi accomplishment of the foundation's exe	to the Accomplishme	nn (e) of Part XVI	Purposes	mportantly to the	74,25
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Eee worksheet in line 13 instructions to verify calculations  Relationship of Activities  Line No.  Explain below how each activity for whi accomplishment of the foundation's exception.	to the Accomplishme	nn (e) of Part XVI	Purposes	mportantly to the	74,25
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Ee worksheet in line 13 instructions to verify calculations  Relationship of Activities  Line No.  Explain below how each activity for whi accomplishment of the foundation's exe	to the Accomplishme	nn (e) of Part XVI	Purposes	mportantly to the	74,25
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Eee worksheet in line 13 instructions to verify calculations  Relationship of Activities  Line No.  Explain below how each activity for whi accomplishment of the foundation's exception.	to the Accomplishme	nn (e) of Part XVI	Purposes	mportantly to the	74,25
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Eee worksheet in line 13 instructions to verify calculations  Relationship of Activities  Line No.  Explain below how each activity for whi accomplishment of the foundation's exception.	to the Accomplishme	nn (e) of Part XVI	Purposes	mportantly to the	74,25
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Eee worksheet in line 13 instructions to verify calculations  Relationship of Activities  Line No.  Explain below how each activity for whi accomplishment of the foundation's exception.	to the Accomplishme	nn (e) of Part XVI	Purposes	mportantly to the	74,25
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Eee worksheet in line 13 instructions to verify calculations  Relationship of Activities  Line No.  Explain below how each activity for whi accomplishment of the foundation's exception.	to the Accomplishme	nn (e) of Part XVI	Purposes	mportantly to the	74,25
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Eee worksheet in line 13 instructions to verify calculations  Relationship of Activities  Line No.  Explain below how each activity for whi accomplishment of the foundation's exception.	to the Accomplishme	nn (e) of Part XVI	Purposes	mportantly to the	74,25
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Eee worksheet in line 13 instructions to verify calculations  Relationship of Activities  Line No.  Explain below how each activity for whi accomplishment of the foundation's exception.	to the Accomplishme	nn (e) of Part XVI	Purposes	mportantly to the	74,25
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Ee worksheet in line 13 instructions to verify calculations  Relationship of Activities  Line No.  Explain below how each activity for whi accomplishment of the foundation's exe	to the Accomplishme	nn (e) of Part XVI	Purposes	mportantly to the	74,25
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Eee worksheet in line 13 instructions to verify calculations  Relationship of Activities  Line No.  Explain below how each activity for whi accomplishment of the foundation's exception.	to the Accomplishme	nn (e) of Part XVI	Purposes	mportantly to the	74,25
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Eee worksheet in line 13 instructions to verify calculations  Relationship of Activities  Line No.  Explain below how each activity for whi accomplishment of the foundation's exception.	to the Accomplishme	nn (e) of Part XVI	Purposes	mportantly to the	74,25
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities Line No. Explain below how each activity for whi accomplishment of the foundation's exception.	to the Accomplishme	nn (e) of Part XVI	Purposes	mportantly to the	74,25

orm 990-PF (20	15) Carlson F	Family Trust		04-3493404	ŗ	Page 13
Part XVII		_	d Transactions	and Relationships With Noncha		
4 5110	Exempt Organiza					<del></del>
		rectly engage in any of the follo		<del>-</del>	Ye	s No
		r than section 501(c)(3) organiz	zations) or in section	527, relating to political		I
organizatio		otion to a nancharitable average	4i4:6:			1
(1) Cash	rom the reporting loung	ation to a noncharitable exemp	t organization of:		40(4)	x
(1) Casii	accate				1a(1) 1a(2)	$\frac{\hat{\mathbf{x}}}{\mathbf{x}}$
<b>b</b> Other trans					10(2)	
		ble exempt organization			1b(1)	x
		ncharitable exempt organization	on .		1b(2)	X
	of facilities, equipment,	· -	•		1b(3)	X
(4) Reimb	ursement arrangements				1b(4)	X
(5) Loans	or loan guarantees			·	1b(5)	X
		embership or fundraising solicit	ations		1b(6)	X
c Sharing of	facilities, equipment, ma	illing lists, other assets, or paid	employees	•	1c	X
d If the answ	er to any of the above is	"Yes," complete the following	schedule. Çolumn (b	) should always show the fair market		,
				oundation received less than fair market		
		71		poods, other assets, or services received.		<del></del>
(a) Line no	(b) Amount involved	(c) Name of noncharitable exer	npt organization	(d) Description of transfers, transactions, and	shanng arrangements	
1/ A	<del></del>	<del> </del>	<del></del>	· · · · · · · · · · · · · · · · · · ·	<del></del>	
				<del> </del>		
,		<u></u>	-	<del></del>		
	<del> </del>					
<del></del>	<del> </del>	<del> </del>				
	-	· <del> </del>	<del></del>			<del></del>
*****	<del> </del>	,	<del></del>			
	······································		· · · · · · · · · · · · · · · · · · ·		<del></del>	
	<del></del>				· · · · · · · · · · · · · · · · · · ·	
·		Y	· · · · · · · · · · · · · · · · · · ·			
· · · · · · · · · · · · · · · · · · ·		<del></del>	1			
						·
2a Is the found	dation directly or indirec	tly affiliated with, or related to,	one or more tax-exer	npt organizations		
described i	in section 501(c) of the (	Code (other than section 501(c	(3)) or in section 52	7?	Yes	X No
b If "Yes," co	mplete the following sch	nedule.	<del></del>			
/-	(a) Name of organization	(b) Type of	forganization	(c) Description of relations	hip	-
N/A						
	<del> </del>			· · · · · · · · · · · · · · · · · · ·		
		· · · · · · · · · · · · · · · · · · ·		<del> </del>	<del></del>	<del></del>
·	<del></del>				······································	<del></del>
Under p	enalties of penury. I declare th	at I have examined this return, including	o accompanying schedule	s and statements, and to the best of my knowledge and	belief, it is true.	
correct,	and complete Declaration of p	preparer (other than taxpayer) is based	on all information of which	n preparer has any knowledge.	he IRS discuss this return	
Sign	$\circ$			•	he preparer show <u>n b</u> elow	
lere	1 0	Carly	, 2,	(\$60)	nstructions)? X Yes	No No
	- Julous		1 /	TRUSTEE		-
Sig	nature of officer or trustee		Date	Title		······
Print/1	Type preparer's name		Prepare signature		Date	
]				00 # 000	] Cn	leck if
aid Jame	s D. Conniff		fine	Quant, CPA	10/26/16	F,
reparer Firm's	name > Baca.	llConniff Inc.		PTIN	P013015	28
Ise Only		State Street		Firm's FIN	04 0600	

Boston, MA 02109-2905

Phone no

Form 990-PF	1	apital Gains and Loss	es for Tax on In 09/01/1		08/31/16	2015
Name	,			, 4110 01109		tification Number
Com1 7	.ile				04-3493	404
Carlson Fan		ne kınd(a) of property sold, e.g., real estate, ouse, or common stock, 200 shs. MLC Co		(b) How acquired P-Purchase	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
(1) PJT Partr	ners	<del></del>		D-Donation P	05/05/14	10/01/15
(2) Nuveen Er		JP		P	Various	11/23/15
(3) PJT Partr				P	Various	11/23/15
(4) UBS Asset	Growth	·		Ý	12/16/15	01/05/16
(5) UBS Asset				P	Various	01/05/16
		gy Fund stribution		P	Various	02/25/16
(7) Capital ( (8) The Black					<del>                                     </del>	
(9)				,	+	
(10)						
(11)						
(12)					<del> </del>	<del> </del>
(13)	<del> </del>	<del></del>		<del></del>	<del></del>	
<u>(14)</u> <u>(15)</u>	·				<del>-  ,                                   </del>	<del>,</del>
<u>(10)</u>					<del>-  </del>	<del></del>
(e) Gross sales pro	се	(f) Depreciation allowed (or allowable)	(g) Cost or oth plus expense	er basis of sale	<b>(h)</b> Gain (e) plus (f)	or (loss) minus (g)
(1)	10			2		8
	950			33,406		-4,456
<del></del>	342			236		1,106
(4) (5) 184,	797		<del></del>	817 62,631	<del></del>	-20 22,279
(5) <b>184</b> , (6) <b>100</b> ,				35,829		35,829
	886		<del></del>	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>		28,886
	106					4,106
(9)						
(10)						
(11)					<del> </del>	
(12) (13)		······································			· · · · · · · · · · · · · · · · · · ·	<del></del>
(14)		· · · · · · · · · · · · · · · · · · ·			<del></del>	<del></del>
(15)						
Complete only for as	ssets showing (	gain in column (h) and owned by the	e foundation on 12/31/69			
(i) FMV as of 12/31	1/69	(j) Adjusted basis as of 12/31/69	(k) Excess over col (j)	of col (i) ), if any	(I) Gains (Co col (k), but not les Losses (fron	n col (h))
(1)						8
(2)				<del></del>		-4,456 1,106
(3) (4)						-20
(5)						22,279
(6)						35,829
(7)			,			28,886
(8)						4,106
(9)		<del></del>		<del></del>	<del></del>	<del> </del>
(10)						
(11) (12)		. , , , , , , , , , , , , , , , , , , ,	<del>-</del> -			<del></del>
(13)					<del></del>	
(14)						
(15)						

Adjusted Net	109 109	Charitable Purpose	Charitable Purpose	Charitable Purpose	4-
	Adjust	Cha Pur	Cha \$	Chan	
	Net Investment Income	Accounting Fees  Adjusted  Net  \$ 0 \$ 0	Adjusted Net	Adjusted Net	
	Revenue per Books	Line 16b - Net Investmer	- Form 990-PF, Part I, Line 18 -  Net  I, 683  1, 683  \$ 0	990-PF, Part I, Line 23 - Other Expenses  Net  Net  Investment  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
	Statement 1 - Form 990-PF, Part I, Line 11 - Other Income  Revenue per  Books Ir  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Statement 2 - Form 990-PF, Part I,  Total  \$ 3,875 \$ \$ 3,875 \$	Statement 3 - Form 9  Total  \$ 1,683	Statement 4 - Form 990-PF  Total  \$ 102 \$ 102	
FYE: 8/31/2016	Sta  Description  Other partnership income  Total	State  Description  Accounting services  Total	Description Foreign and federal income taxes Total	Description  Expenses Miscellaneous Total	

CAR3404 Carlson Family Trust 04-3493404

FYE: 8/31/2016

## **Federal Statements**

10/26/2016 9:58 AM

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

Name of Manager	Amount
CRICHARD CARLSON	\$56,095
Total	\$ 56,095

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CAR3404 Carlson Family Trust 04-3493404 FYE: 8/31/2016

Federal Statements

		Amount	25 000	1000		1,000	3,000	, y,	000 01	2,000	000	20,000	2,000	25.000		10,000	6	7,000	1,000	15,000		1,000	3,000	003		1,000
and Contributions Paid During the		Purpose									***************************************									,						
Statement 6 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year	Address	Relationship Status	80 Academy Place	595 Commonwealth Ave	Route 114	27 Dlosesut Ctroot	z, rreasant Street	Cabot Street	29 Emerson Ave		19 Duncan Street	One Joslin Place		East India Square	175 N. Beacon Street		302 Essex Ave	12 Main Street		Atlantic Ave	PO Box 73	ū		267 East Main St	206 Clarendon St	
Statement 6 - For	Name	Address	Brewster Academy	BU Met Scholarship Roston MB 02215	Camp O-AT-KA	East Sebago ME 04029	Gloucester MA 01930	YMCA of the North Shore	Pathways for Children	Gloucester MA 01930	Gloucester Maritime Herit	Joslin Diabetes Center	Boston MA 02215	Peabody Essex Museum	Perkins School for Blind	Watertown MA 02472	Wellspring House	Groucester MA 01930 Rockport Art Association	Rockport MA 01966	Family Aid Boston Boston MA 02215	Thacher Island Association	Rockport MA 01966	ricticali titolica of Noyar Museum	Gloucester Stage Company	Trinity Church	Boston MA 02116

. ,				
10/26/2016 9:58 AM			Amount	5,000
	its and Contributions Paid During the		Purpose	
Federal Statements	Statement 6 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)	Address		11 Pirates Lane
CAR3404 Carlson Family Trust 04-3493404 FYE: 8/31/2016	Statement 6 -	Name	Address	Hundred Club of MA Boston MA 02115 North Shore Art Assoc Gloucester MA 01930 Total

## 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, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

2015

_ 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	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 <b>General Rule</b> or a <b>Special Rule.</b> (8), or (10) organization can check boxes for both the General Rule and a Special Rule. So	∌e
General Rule		
	g 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 butions.	
Special Rules		
regulations under section 13, 16a, or 16b, and the	scribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> /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 y	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any o vear, 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	
contributor, during the y contributions totaled mo during the year for an e	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any or year, contributions exclusively for religious, charitable, etc., purposes, but no such one than \$1,000. If this box is checked, enter here the total contributions that were received xclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the or this organization because it received nonexclusively religious, charitable, etc., contribution during the year	ı
990-EZ, or 990-PF), but it must	s not covered by the General Rule and/or the Special Rules does not file Schedule B (Form answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990 ertify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 99	-EZ or on its

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Page 1 of 1

Page 2

Name of organization Carlson Family Trust

Employer identification number

04-	-34	193	40	4

Part I	Contributors (see instructions). Use duplicate copies of	of Part I if additional space is nee	eded.
(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	\$ 56,095	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
-		\$	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.)

Page 1 of 1

Name of organization ` Employer identification number Carlson Family Trust 04-3493404 Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (see instructions) 1000 shares of EMC Corp 1 25,405 \$ (a) No. (c) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) 2000 shares of Peoples Financial 1 30,690 \$ (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (see instructions) \$ (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (see instructions) \$ (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part ! \$ (a) No. (c) (d) (b) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I

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