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Form **990-PF**

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

SCANNED MAY 2 2 2017

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

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.lrs.gov/form990pf.

For c	alen	dår year 2016 or tax year beginning			, and er	ding		
		foundation					A Employer identification	number
		IARTY FAMILY CHARITABLE						
		LAND T. & JANE F. MORIA			<u> </u>		04-6834127	
		nd street (or P O box number if mail is not delivered to street		,		Room/suite	B Telephone number	
		SOUTH ROAD, P.O. BOX 2					617-425-35	
_		own, state or province, country, and ZIP or foreign p	osta	i code			C if exemption application is p	pending, check here
		BEACH, NH 03871		I lasted actions of a fa		hambi	D. 4. Foreign organization	o chark hara
u (песк	all that apply: Initial return	ا آ	Initial return of a fo	rmer public c	narity	D 1. Foreign organization	s, check here
		Address change	- L	Name change			Foreign organizations me check here and attach care.	seting the 85% test,
H C	heck	type of organization: X Section 501(c)(3) ex	emi				E If private foundation sta	
٦	_			er taxable private founda	tion		under section 507(b)(1	
I Fa		rket value of all assets at end of year J Accounti			Accri	ual	F If the foundation is in a	
		′ I ——	-	(specify)		-	under section 507(b)(1	
		3,952,203. (Part I, colu	mn	(d) must be on cash b	asis.)			
Pa	rt I	Analysis of Revenue and Expenses		(a) Revenue and	(b) Net in	vestment	(c) Adjusted net	(d) Disbursements
		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	_	expenses per books	inco	me	income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received		492,000.			N/A	
	2	Check from a fitte foundation is not required to attach Sch. B	<u> </u> _	·			<u> </u>	
	3	Interest on savings and temporary cash investments	<u> </u>	27,545.	2	7,545.		STATEMENT 1
	4	Dividends and interest from securities	<u> </u>	7,955.		7,955.		STATEMENT 2
		Gross rents	<u> </u>					
	_	Net rental income or (loss)	┝	40 224	<u></u> .			
e e		Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 8a 7, 168.	}-	<8,324.	<u>></u>			
Revenue	7	assets on line 6a // 100 • Capital gain net income (from Part IV, line 2)	-			0.		
Re	8	Net short-term capital gain	-	· · · · · · · · · · · · · · · · · · ·				
	9	Income modifications	-					
	10a	Gross sales less returns and allowances						,
	b	Less Cost of goods sold						
		Gross profit or (Joss)	OSO P					
	11	Other Income MAY 1 0 2017	오	675.		<u>675.</u>		STATEMENT 3
	12	Total. Add lines 1 through 11	图	519,851.	3	<u>6,175.</u>		
	13	Compensation of officers, directors in stees letc.	H	0.		<u> </u>		0.
	14	Other employee salaries and wages	-					
Ø		Pension plans, employee benefits	-				<u> </u>	
nse		Legal fees	-	1 000	· 	1,000.		0.
ğ		Accounting fees STMT 4	\vdash	1,000.		1,000.		
ē Ē		Other professional fees Interest	-					
Operating and Administrative Expense		Taxes	-	· ·				
istr	19	Depreciation and depletion					 	
ä	20	Occupancy						
Adi	21	Travel, conferences, and meetings		760.		0.		0.
pu	22	Printing and publications						
ng 6	23	Other expenses STMT 5		22,071.	2	2,071.		0.
atii	24	Total operating and administrative					1	1
be		expenses. Add lines 13 through 23		23,831.	2	3,071.	<u> </u>	0.
O		Contributions, gifts, grants paid	\vdash	164,000.				164,000.
	26	Total expenses and disbursements.		105 001	_	2 051		164 000
	<u> </u>	Add lines 24 and 25	╀	187,831.	$\frac{2}{1}$	3,071.	 	164,000.
	i i	Subtract line 26 from line 12:	-	222 020			1	
		Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-)	\vdash	332,020.	1	3,104.	 	
	1	Adjusted net income (if negative, enter -0-)	 			JITO TO	N/A	<u> </u>
	<u></u> _	repeated the theories is negative, once -o-/						

823501 11-23-18 LHA For Paperwork Reduction Act Notice, see instructions.

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

04-6834127

Form **990-PF** (2016)

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only Beginning of year End of year (c) Fair Market Value (a) Book Value (b) Book Value 43,215 1,098. 43,215. 1 Cash - non-interest-bearing 152,154 54,073. 54,073. 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 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments - U.S. and state government obligations b Investments - corporate stock STMT 6 2,242,754. 2,734,754. 3,230,950. c Investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans 696,526. STMT 7 592,510. 623,965. 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. 3,424,552. 3,952,203. instructions. Also, see page 1, item I) 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 23 Total liabilities (add lines 17 through 22) 0 Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. Vet Assets or Fund Balances 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted ightharpoonsFoundations that do not follow SFAS 117, check here and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg., and equipment fund ٥. 0 29 Retained earnings, accumulated income, endowment, or other funds 3,092,532. 3,424,552 3,092,532. 3,424,552 30 Total net assets or fund balances 3,092,532 3,424 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 3,092,532. (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 332,020. 3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 552. 5 Decreases not included in line 2 (itemize) 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 ,424

Form 990-PF (2016)

MORIARTY FAMILY CHARITABLE FOUNDATION TR

TRUSTEES

04-6834127 ROWLAND T. & JANE F. MORIARTY, Capital Gains and Losses for Tax on Investment Income Part IV (b) How acquired P - Purchase D - Donation (c) Date acquired (d) Date sold (a) List and describe the kind(s) of property sold (e.g., real estate, (mo., day, yr.) (mo., day, yr.) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) 1a VIA NEW GENERATION TURNAROUND FUND K-1 b VIA NEW GENERATION TURNAROUND FUND K-1 250 STAPLES INC 9.00 AUG CALLS P d (g) Cost or other basis (f) Depreciation allowed (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) 13,834 <13,834.> 2 1,658 <1,658.> Ь 7,168. 7,168. 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 (j) Adjusted basis (k) Excess of col. (i) Losses (from col. (h)) (i) F.M.V. as of 12/31/69 as of 12/31/69 over col. (j), if any <13.834.> <1,658.> 7,168. If gain, also enter in Part I, line 7 2 Capital gain net income or (net capital loss) 2 <8.324.> If (loss), enter -0- in Part I, line 7 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): if gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8 N/A 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 X No Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part. Enter the appropriate amount in each column for each year; see the instructions before making any entries. (a) Base period years Calendar year (or tax year beginning in) (d)
Distribution ratio
(col. (b) divided by col. (c)) Net value of noncharitable-use assets Adjusted qualifying distributions 115,550 3,245,941 .035598 2015 3,152,406. .042436 2014 133,775. .032479 2013 66,421. 2,045,051 122,220 1,135,165 .107667 2012 2011 68,450 1.095.323 .062493 .280673 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 the foundation has been in existence if less than 5 years 3 .056135 3,987,946. 4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5 223,863. Multiply line 4 by line 3 5 131. 6 Enter 1% of net investment income (1% of Part I, line 27b) 6 223,994. 7 Add lines 5 and 6 7 164,000. 8 Enter qualifying distributions from Part XII, line 4 8 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.

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Form 990-PF (2016)

	MORIARTY FAMILY CHARITABLE FOUNDATION TR					
	990-PF (2016) ROWLAND T. & JANE F. MORIARTY, TRUSTEES		<u>6834</u>			age 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	948	- see ii	nstru	ction	<u>(S)</u>
1a	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)		1		•	
þ	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1			2(<u>52.</u>
	of Part I, line 27b					
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of 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-)	2	 			0.
3	Add lines 1 and 2	3	 			52.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	 			$\frac{0.}{52.}$
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	_ 5_				34.
ь 	Credits/Payments:	1				
	2016 estimated tax payments and 2015 overpayment credited to 2016					
	Exempt foreign organizations - tax withheld at source Tax part with application for extension of time to file (Form 8969)	ļ	}			
	Tax paid with application for extension of time to file (Form 8868) Rackup withholding erropsouch withhold	ł				
	Backup withholding erroneously withheld Total credits and neumants. Add less for through 64	١,	[0.
,	Total credits and payments. Add lines 6a through 6d Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	7	 			<u> </u>
0	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	 		2	62.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				<u> </u>
	Enter the amount of line 10 to be: Credited to 2017 estimated tax	11				
Pa	rt VII-A Statements Regarding Activities	<u> </u>	Ь			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene			\Box	Yes	No
14	any political campaign?			1a		
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition	15		1b		X
Ü	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publis.					
	distributed by the foundation in connection with the activities.	,,,,,				
c	Did the foundation file Form 1120-POL for this year?			1c		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
-	(1) On the foundation. \blacktriangleright \$ 0 . (2) On foundation managers. \blacktriangleright \$ 0 .					
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		X_
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N	I/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	e 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 X	/		7	_X_	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			1		
	MA			Ì		
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	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for call	endar			1]
	year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV			9_	 	X
10	Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule listing their names and addresses		 -	10		X (004C)
			Fo	m 99	ノーアト	(2016)

	MORIARTY FAMILY CHARITABLE FOUNDATION TR			
	990-PF (2016) ROWLAND T. & JANE F. MORIARTY, TRUSTEES 04-6834	<u> 127</u>		Page 5
Pa	art 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	1		
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		<u>X</u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12		_X_
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13_	X	
	Website address ► N/A			
14	The books are in care of ▶ ROWLAND T. MORIARTY Telephone no. ▶ 617-42	<u>5-3</u>	<u>550</u>	
	Located at ▶ 100 SOUTH ROAD, P.O. BOX 261, RYE BEACH, NH ZIP+4 ▶03	871		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			
_	and enter the amount of tax-exempt interest received or accrued during the year	N	/A -	
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country			İ
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
4.	During the year did the foundation (either directly or indirectly):			
**		. !		
		į į		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes X No			1
	(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?			1
	(5) Transfer any income or assets to a disqualified person (or make any of either available			ĺ
	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			
	termination of government service, if terminating within 90 days.)			ĺ
ı	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	1		
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		L
	Organizations relying on a current notice regarding disaster assistance check here			1
(Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 2016?	1c		X_
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	l		
	defined in section 4942(j)(3) or 4942(j)(5)):			
1	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	l		
	before 2016?			
	If "Yes," list the years			
ı	If "Yes," list the years \(\bigs_{		ŀ	
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.) N/A	2b		
(If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
				1
3	b Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
-	during the year?	-	1	
1	of Yes," did it have excess business holdings in 2016 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,		1	
	Form 4720, to determine if the foundation had excess business holdings in 2016.) N/A	26		
		3b		X
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	 	+^-
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			v
	had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b	1	X

MORIARTY FAMILY CHARITAB Form 990-PF-(2016) ROWLAND T. & JANE F. MOR	IARTY, TRUSTE	ES	04-683412	27Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be R	lequired (continu	ied)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	☐ Ye	s X No	
(2) Influence the outcome of any specific public election (see section 4955); or	• • •			
any voter registration drive?	,,,		s X No	1 1
(3) Provide a grant to an individual for travel, study, or other similar purposes?)		s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization		٠٠ يـــــ		
4945(d)(4)(A)? (see instructions)	, 400011004 111 00011011	□ v _a	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or aducational nurnocae, or f		3 22 110	
the prevention of cruelty to children or animals?	or educational purposes, or in		s X No	
• • • • • • • • • • • • • • • • • • • •	lan ètan assantiana dagambad i		ן שובם א	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	· · · · · · · · · · · · · · · · · · ·	n Regulations	37/3	
section 53.4945 or in a current notice regarding disaster assistance (see instru	•	• •	N/A 5	D
Organizations relying on a current notice regarding disaster assistance check his				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		. —		1 1
expenditure responsibility for the grant?	N	/A Ye	s No	
If "Yes," attach the statement required by Regulations section 53.4945	5-5(d).]]
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	pay premiums on			
a personal benefit contract?		Ye	s 🗓 No 📗	. -
b Did the foundation, during the year, pay premiums, directly or indirectly, on a pi	ersonal benefit contract?		6	b X
If "Yes" to 6b, file Form 8870.				T (
7a At any time during the tax year, was the foundation a party to a prohibited tax si	helter transaction?	☐ Ye	s X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu			. N/A 7	b
Part VIII Information About Officers, Directors, Trustor Paid Employees, and Contractors	ees, Foundation Ma	nagers, Highly	,	
1 List all officers, directors, trustees, foundation managers and their	compensation.			
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense
(a) Name and address	hòurs per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account, other allowances
ROWLAND T. MORIARTY	TRUSTEE	- Cinter o /	compensation	
100 SOUTH ROAD, P.O. BOX 261	IKODIHH	ł	ł	
RYE BEACH, NH 03871	1.00	0.	0.	0.
~	TRUSTEE	- 0.	- 0.	
	IKOSIEE			
100 SOUTH ROAD, P.O. BOX 261	1 00	1		•
RYE BEACH, NH 03871	1.00	0.	0.	0.
				
		l		
		1		
· · · · · · · · · · · · · · · · · · ·				
		<u> </u>	<u> </u>	
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	Can a	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ROWLAND T. MORIARTY - 100 SOUTH	TRUSTEE			
ROAD, P.O. BOX 261, RYE BEACH, NH	1.00	0.	0.	0.
JANE F. MORIARTY - 100 SOUTH ROAD,	TRUSTEE			
P.O. BOX 261, RYE BEACH, NH 03871	1.00	0.	0.	0.
1101 Bon 2017 KIE BERGIT, KIE 03071	1.00			
			i	
	 	 		
	1		[·
		 	 	
	1			
Total number of other employees paid over \$50,000				0

MORIARTY FAMILY CHARITABLE FOUN Form 990-PF (2016) ROWLAND T. & JANE F. MORIARTY, Part VIII Information About Officers, Directors, Trustees, Found	TRUSTEES 04-	683 4127 Page 7
Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)	ation managers, riigniy	
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 stat number of organizations and other beneficiaries served, conferences convened, research papers pr	istical information such as the oduced, etc.	Expenses
1N/A		
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	on lines 1 and 2.	Amount
1 N/A		
All other program-related investments. See instructions.		
3		
	 	

0 . Form **990-PF** (2016)

Total, Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations	s, 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	3,263,161.
	Average of monthly cash balances	1b	125,270.
	Fair market value of all other assets	1c	660,245.
d	Total (add lines 1a, b, and c)	1d	4,048,676.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	4,048,676.
4	Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	60,730.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	3,987,946.
6	Minimum investment return. Enter 5% of line 5	6	199,397.
P	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.)	nd certaii	
1	Minimum investment return from Part X, line 6	1	199,397.
2a	Tax on investment income for 2016 from Part VI, line 5		
b	Income tax for 2016. (This does not include the tax from Part VI.)]	
C	Add lines 2a and 2b	2c	<u> 262.</u>
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	199,135.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	199,135.
6	Deduction from distributable amount (see instructions)	6	0.
<u>7_</u>	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	199,135.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	164,000.
b	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:		
а	Suitability test (prior IRS approval required)	3a	
b	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	164,000.
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	164,000.
	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	for the section

Form **990-PF** (2016)

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

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rm 990-PF (2016) Undistributed Income (see instructions) (d) Part XIII (c) 2016 (b) 2015 Years prior to 2015 Corpus 199,135. 1 Distributable amount for 2016 from Part XI, 0 2 Undistributed income, if any, as of the end of 2018 a Enter amount for 2015 only 0 **b** Total for prior years: 3 Excess distributions carryover, if any, to 2016: 13,913. a From 2011 67,180. **b** From 2012 c From 2013 d From 2014 81,093 e From 2015 f Total of lines 3a through e 4 Qualifying distributions for 2016 from 0 164,000 Part XII, line 4: ►\$ a Applied to 2015, but not more than line 2a **b** Applied to undistributed income of prior 0 years (Election required - see instructions) c Treated as distributions out of corpus 164,000. 0 (Election required - see instructions) d Applied to 2016 distributable amount 35,135. 0 e Remaining amount distributed out of corpus 35,135 Excess distributions carryover applied to 2018 (if an amount appears in column (d), the same amount must be shown in column (a)) 6 Enter the net total of each column as indicated below: 45,958 a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income. Subtract 0 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 0 the section 4942(a) tax has been previously assessed d Subtract line 6c from line 6b. Taxable 0 amount - see instructions 0 e Undistributed income for 2015. Subtract line 4a from line 2a. Taxable amount - see instr. f Undistributed income for 2016. Subtract 0. lines 4d and 5 from line 1. This amount must be distributed in 2017 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election 0 may be required - see instructions) 8 Excess distributions carryover from 2011 0 not applied on line 5 or line 7 Excess distributions carryover to 2017. 45,958. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: 45,958. a Excess from 2012 b Excess from 2013

c Excess from 2014

d Excess from 2015 e Excess from 2016

MORIARTY FAMILY CHARITABLE FOUNDATION TR ROWLAND T. & JANE F. MORIARTY. Form 990-PF (2016) 04-6834127 Page 10 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 2016, enter the date of the ruling 4942(1)(5) 4942(i)(3) or b Check box to indicate whether the foundation is a private operating foundation described in section Prior 3 years Tax year 2 a Enter the lesser of the adjusted net (a) 2016 (c) 2014 (b) 2015 (d) 2013 (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 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 Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets Part XV 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).) NONE 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 🕨 🗓 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:

ROWLAND T. & JANE F. MORIARTY, TRUSTEES

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Part XV Supplementary Information (continued) 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** any foundation manager or substantial contributor status of contribution Name and address (home or business) recipient a Paid during the year CARDINAL CUSHING CENTERS N/A NON-PROFIT GIFT C/O RITA HARRIS, 300 SOUTH POINTE 1,000, DRIVE #2503 MIAMI BEACH, FL 33139 CODMAN ACADEMY CHARTER PUBLIC SCHOOL NON-PROFIT GIFT 637 WASHINGTON STREET DORCHESTER, MA 02124 10,000, GIFT HARVARD GRADUATE SCHOOL OF EDUCATION N/A NON-PROFIT GIFT 13 APPIAN WAY, 101 LONGFELLOW HALL CAMBRIDGE MA 02138 15,000. KIPP ACADEMY CAPITAL FUND N/A NON-PROFIT GIFT 90 HIGH ROCK STREET LYNN MA 01902 15,000. SEE CONTINUATION SHEET(S) Total ▶ 3a 164 000 b Approved for future payment NONE Total **▶** 3b

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Form 990-PF (2016)

Part XVI-A Analysis of Income-Producing Activities

	•				
nter gross amounts unless otherwise indicated.	Unrelated (a) Business	(b)	Excluded by (C) Exclu- sion	y section 512, 513, or 514	(e) Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a	_				
b		<u> </u>			
c	_				
d	_				
e	_				
f	_				
g Fees and contracts from government agencies		<u>.</u>			
2 Membership dues and assessments		<u>.</u> .			
Interest on savings and temporary cash					
investments			14	27,545.	
Dividends and interest from securities		<u> </u>	14	7,955.	
Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal					
property .					
Other investment income			14	675.	
Gain or (loss) from sales of assets other			1 1		
than inventory			19	<8,324.	<u> </u>
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory		<u>.</u>			
Other revenue:	1 1				
a					
b	_				
C					
d					
e					
Subtotal. Add columns (b), (d), and (e)		().	27,851.	0
3 Total. Add line 12, columns (b), (d), and (e)				13	27,851
Part XVI-B Relationship of Activitie ine No. Explain below how each activity for which the foundation's exempt purposes (other t	income is reported in	column (e) of Part XV	'I-A contributed		plishment of
		, , , , , , , , , , , , , , , , , , , ,			
	 				
		·- <u>-</u>			
					
	-				
		·- <u>-</u> -			
					

MORIARTY FAMILY CHARITABLE FOUNDATION TR

ROWLAND T. & JANE F. MORIARTY, TRUSTEES 04-6834127 Form 990-PF (2016) Page 13 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of 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 16(1) (2) Purchases of assets from a noncharitable exempt organization 16(2) (3) Rental of facilities, equipment, or other assets 1b(3) 1b(4) (4) Reimbursement arrangements X (5) Loans or loan guarantees 1b(5) X (6) Performance of services or membership or fundraising solicitations 1b(6) c Sharing of facilities, equipment, mailing lists, other assets, or paid employees 1c 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. (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (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 X No Yes in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (b) Type of organization (c) Description of relationship (a) Name of organization re that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Sign eturn with the prepare Here TRUSTEE X Yes Signature of officer or trustee Title Date Check If Print/Type preparer's name Preparer's signature Date

Form **990-PF** (2016)

P00803568

Firm's EIN ► 04-3033342

Phone no. 617-439-3004

self- employed

05/03/17

Paid

Preparer

Use Only

MICHAEL CINTOLO

Firm's name ► CINTOLO & MCCARTHY

Firm's address ▶ 99 SUMMER STREET 17TH FLR

BOSTON, MA 02110

Schedule B (Form 990, 990-EZ,

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

2016

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 Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt chantable 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 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 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. J For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, chantable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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

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) (2016)

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Employer identification number

04-6834127

Part I	Contributors (See instructions). Use duplicate copies of Part I if	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ROWLAND T. MORIARTY 100 SOUTH ROAD, P.O. BOX 261 RYE BEACH, NH 03871	s492,000.	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 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.)

Name of organization

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

04-6834127

Part II	Noncash Property (See instruction	s). 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 2	25,000 SHARES STAPLES, INC. STOCK		
-		\$ 225,000	07/15/16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1 -	30,000 SHARES STAPLES, INC. STOCK		
-		\$ 267,000	. 11/14/16
(a) No. from Part ((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
-			
-		<u> </u>	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		 \$	

Name of organization

Employer identification number

MORIARTY FAMILY CHARITABLE FOUNDATION TR

OWLANI Part III	D. T. & JANE F. MORIART Exclusively religious, charitable, etc., contributer. Complete completing Part III, enter the total of exclusively religious	ibutions to organizations described olumns (a) through (e) and the follow	in section 501(c)(7), (8), or (10) that total more than \$1,000 for wing line entry. For organizations				
	Use duplicate copies of Part III if additiona	I space is needed.	less for the year (clici distillo viice)				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-							
<u> </u> -		(e) Transfer of gift					
	Transferee's name, address, an		Relationship of transferor to transferee				
-							
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
-	Transferee's name, address, ar	d ZIP + 4	Relationship of transferor to transferee				
-							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-							
		(e) Transfer of gif	t				
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
-							
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-							
		(e) Transfer of gif					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
-							

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

04-6834127

123,000.

Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager or substantial contributor Name and address (home or business) recipient NATIONAL ALLIANCE ON MENTAL ILLNESS N/A NON-PROFIT GIFT P.O. BOX 997 1,000. OAK OARK, IL 60303 NON-PROFIT GIFT PAN-MASS-CHALLENGE N/A 20 UNIVERSITY ROAD 1,000. CAMBRIDGE, MA 02138 RUTGERS UNIVERSITY FOUNDATION NON-PROFIT GIFT N/A GERMAN DEPT, 64 COLLEGE AVENUE 10,000. NEW BRUNSWICK NJ 08901 SALIFISH POINT FOUNDATION N/A NON-PROFIT GIFT 1648 S.E. SALFISH POINT BLVD 2,000, STUART, FL 34996 THE ROWLAND T. MORIARTY SENIOR N/A NON-PROFIT GIFT SCHOLARSHIP FUND 344 VANACE HALL, 3733 SPRUCE STREET 40,000. PHILADELPHIA, PA 19104 WGBH N/A NON-PROFIT GIFT GIFT ONE GUEST STREET 1,000, GIFT BOSTON, MA 02135 WHARTON GRADUATE SCHOLARSHIP FUND N/A NON-PROFIT GIFT 344 VANACE HALL, 3733 SPRUCE STREET 10,000. PHILADELPHIA PA 191046360 MIDDLESEX SCHOOL (JOHN P.CAMPBELL N/A NON-PROFIT GIFT SCHOLARSHIP FUND) 1400 LOWELL ROAD 5,000. CONCORD MA 01742 FAMILY SERVICES OF MERRIMAC VALLEY NON-PROFIT N/A GIFT (CASA) GIFT 41 SAILE WAY 1,000. NO. ANDOVER MA 01845 RIPPLE EFFECT RAPPELIER N/A NON-PROFIT GIFT 97 DARLING AVENUE 500, PORTLAND, ME 04106

Total from continuation sheets

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

04-6834127

Part XV Supplementary Information 3 Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient N/A MUCKFEST MS (NATIONAL MS SOCIETY) NON-PROFIT GIFT 101A FIRST AVENUE, SUITE 6 500. WALTHAM, MA 02451 FRIENDS OF HARVARD N/A NON-PROFIT GIFT 16 MOUNTAIN LAURELS DRIVE #204 50,000. NASHUA NH 03062 BETH ISRAEL DEACONESS MEDICAL N/A NON-PROFIT GIFT 330 BROOKLINE AVE BOSTON, MA 02215 1,000. Total from continuation sheets

ROWLAND T. & JANE F. MORIARTY, TRUSTEES 04-6834127 Part XV | Supplementary Information 3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution NAME OF RECIPIENT -**GIFT**

623655 04-01-16

MORIARTY FAMILY CHARITABLE FOUNDATION TR

FORM 990-PF INTERE	ST ON SAVING	S AND T	EMPORAL	RY CASH :	INVESTMENTS	ST	'ATEMENT	1
SOURCE		RE	(A) VENUE BOOKS		(B) INVESTMENT INCOME		(C) ADJUSTED IET INCOME	3
CITIZENS MORGAN STANLEY NEW GENERATION TURN			4. 2. 9.	4. 22. 27,519.				
TOTAL TO PART I, LI		27,54	7,545. 27,					
FORM 990-PF	DIVIDENDS .	AND INT	EREST	FROM SEC	URITIES	SI	ATEMENT	2
SOURCE	GROSS AMOUNT	CAPIT GAIN DIVIDE	S	(A) REVENUE PER BOOK	(B) NET INVE S MENT INC		(C) ADJUSTI NET INCO	
MORGAN STANLEY NEW GENERATION FURNAROUND FUND	3,000. 4,955.		0.	3,00 4,95		00.		
FO PART I, LINE 4	7,955.		0.	7,95	5. 7,9	55.		
FORM 990-PF		OTHER	INCOM	<u> </u>		SI	TATEMENT	3
DESCRIPTION			REV	A) ENUE BOOKS	(B) NET INVEST MENT INCOM		(C) ADJUSTE NET INCO	
NEW GENERATION TURN	AROUND FUND			675.	67	75.		
TOTAL TO FORM 990-P	F, PART I, L	INE 11		675.	67	75.	-	

ORM 990-PF	ACCOUNTING FEES		STATEMENT 4	
ESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM	
:INTOLO & MCCARTHY CPAS	1,000.	1,000.		0.
'O FORM 990-PF, PG 1, LN 16B	1,000.	1,000.		0.
ORM 990-PF	OTHER E	XPENSES	 =	STATEMENT 5
)ESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM	
AANNUAL FILING FEE INVESTMENT EXPENSES VIA NEW SENERATION TURNAROUND FUND BANK CHARGES	250. 21,803. 18.	21,803.		0. 0. 0.
O FORM 990-PF, PG 1, LN 23	22,071.	22,071.		0.
FORM 990-PF	CORPORAT	E STOCK		STATEMENT 6
DESCRIPTION		ВО	OK VALUE	FAIR MARKET VALUE
15,600 SHARES WRIGHT EXPRESS 39,500 SHARES VIRTUSA CORP 55,000 SHARES STAPLES		1,019,244. 1,223,510. 492,000.	1,740,960. 992,240. 497,750.	
TOTAL TO FORM 990-PF, PART II, LINE 10B			2,734,754.	3,230,950.

ORM 990-PF OTHER	INVESTMENTS		STATEMENT 7
ESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
IEW GENERATION	COST	592,510.	623,965.
OTAL TO FORM 990-PF, PART II, LINE 1	13	592,510.	623,965.