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Form **990-PF**

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

2 alon 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052 **2016**

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

Fo	calend	lar year 2016 or tax year beginning	- 100 00	04-01 , 2010	6, ar	nd ending	<u></u>		03-	31 ,	2017	
Name of foundation A Employer identification number												
CARLA M BREGMAN CHARITABLE FDN				46-6495625								
		and street (or PO box number if mail is not delivered to street address	55)		Roc	om/suite			e instructions)			
		HENS ST	00)	ĺ			(617)49	•	- ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		vn, state or province, country, and ZIP or foreign postal code		<u>-</u>		· -			on is pending,	ob selv bo		▶
		Ldge, MA 02138-6002					C if exempti	on application	on is penaing,	спеск пе	:re	ш
			return	of a former public ch	antv		D 1 Foreion	ornanizatio	ons, check her	٠.,	1	•□
•	OHOUR E		nded ref		unty		i. Tolcigi	rorganizatio	one on the r	•	-	ш
		H THE							ons meeting th		st,	\Box
	Cha ali A		e chang				check I	nere and att	ach computati	on · ·		`Ш
¬-	_	ype of organization X Section 501(c)(3) exem			_4	_			tatus was term			\Box
Ή.				axable private found			section 50	77(D)(1)(A), 1	check here		• •	- Ш
		rket value of all assets at		A Cash] A	ccrual	,		a 60-month ter		_	\Box
	-	year (from Part II, col (c), Under (speci					under sed	nou 201(b)(1)(B), check h	ere · ·	• • •	- Ш
_	line 16)			e on casn basis)	_		ا ۔ 		 ,			
<u> </u>	art I	Analysis of Revenue and Expenses (The total	al of	(a) Revenue and	ļ	(b) Not	nvestment	(a) (a)			sbursem charitab	
~_		amounts in columns (b), (c), and (d) may not necessarily equal		expenses per books			come		usted net ncome	pı	urposes	;
<u></u>		the amounts in column (a) (see instructions))			\dashv	* 1,4		^> >	SS 4. 4	(casr	basis c	only)
~	1	Contributions, gifts, grants, etc , received (attach schedule)		125,2	50	. 4		5 4		<u> </u>		3 '5.
=	2	Check ▶ if the foundation is not required to attach Sch. B •	• •	\$ ' × a		<u>,, 1</u>	ž ý	<u>ie v s</u>	<u> </u>	- # C34	<u>~</u> \$\frac{1}{2}	. 1
1	3	Interest on savings and temporary cash investments	• •		\dashv						<u> </u>	
	-4	Dividends and interest from secunties	<u> </u>		58		58		58	<u> </u>	<u> </u>	<u> </u>
?— ₹	5a	Gross rents							 	7	<u> </u>	
<u>,</u>	b	Net rental income or (loss)			. 2	* 8.		<u> </u>	(. (4,	1 4	
_	6a	Net gain or (loss) from sale of assets not on line 10 · · ·			ji ji	<u>}</u>		* !		الر:	<u> </u>	<u> </u>
2 2	b	Gross sales price for all assets on line 6a			,	: " 4		<u> </u>	i j	*	<u> </u>	
	7	Capital gain net income (from Part IV, line 2)						3	, ,	- de	<u> </u>	- 1 - 1
ζα,	8	Net short-term capital gain		3 1 1 1		` ' <u>/</u>				Way .	j j	1 × 1
ñ	9	Income modifications			,					W, Arr	2 4	* *
	10a	Gross sales less returns and allowances · ·		7 / J. E.			4 1 1	**************************************	. 8.	į,		
	ь	Less Cost of goods sold		3 7 7 7	1	, 4		1 3	a ^x	**	1. 1	
	C	Gross profit or (loss) (attach schedule)			8	. Y.				* *] }	× .
	11	Other income (attach schedule)								,2 3	*: /	1
	12	Total. Add lines 1 through 11		125,3	08		58		58	* s`	<i>*</i> * * * * * * * * * * * * * * * * * *	* /
_	13	Compensation of officers, directors, trustees, etc · · · ·			\Box							
0	3 14	Other employee salaries and wages										
oncoc	15	Pension plans, employee benefits			_							
					寸							
Operating and Administrative Exp	j b	Legal fees (attach schedule) RECEIVED · · · · · Accounting fees (attach schedule)			_			~				
9	2	Other professional fees (tettach schedule)		ļ 	\dashv							
į	17	Other professional fee scrattach schedule) Interest			\dashv							
to	18	Taxes (attach schedule) (see instructions)			7							
<u> </u>	19	Depreciation (attach schedule) (age institution in UT			$-\dagger$					4. 3	, · .	- 7
1	20	Occupancy			\dashv							
٥	21	Travel, conferences, and meetings			-+							
2	22	Printing and publications			-							
2	23								050			
ij	23	Other expenses (attach schedule) · · · STM103 · · ·		2	50			<u> </u>	250			
200	24	Total operating and administrative expenses.		_	إ				050			_
3	2	Add lines 13 through 23			50		0	14 7	250			0_
_	1	Contributions, gifts, grants paid				4. jú	:	1,6 7	*	<u> </u>		700
_	26	Total expenses and disbursements. Add lines 24 and 25	<u> </u>	9,9		3, ,	0		250	.5 2	9,	700
	27	Subtract line 26 from line 12			1			1. A 3			\$	
	a	Excess of revenue over expenses and disbursements	•	115,3		· '28	<u> </u>			6.81		<u> </u>
	b	Net investment income (if negative, enter -0-)			gil.		58	* ** *	·	() () ()		
	C	Adjusted net income (if negative, enter -0-)		13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3	, , , , , ,	NIT . K. Y		0		- 20	all a

For Paperwork Reduction Act Notice, see instructions.

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Pa	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning or year		T		
\equiv		should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash non-interest-bearing	11,858	127,216	127,216		
	2	Savings and temporary cash investments					
	3	Accounts receivable		and the second s	ئا ئولىڭ ياڭدىدىنگار		
		Less allowance for doubtful accounts	\$	، مۇ د			
	4	Pledges receivable					
		Less allowance for doubtful accounts					
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other					
		disqualified persons (attach schedule) (see instructions)		4 1	**** 1° 6° ***		
	7	Other notes and loans receivable (attach schedule)	المُشَامُ السَّامُ ا				
		Less allowance for doubtful accounts					
ets	8	Inventories for sale or use					
Assets	9	Prepaid expenses and deferred charges					
⋖	10a	Investments - U S and state government obligations (attach schedule)					
	b	Investments - corporate stock (attach schedule)					
	С	Investments - corporate bonds (attach schedule)					
	11	Investments - land, buildings, and equipment basis		31. A.			
		Less accumulated depreciation (attach schedule)					
	12	Investments - mortgage loans · · · · · · · · · · · · · · · · · · ·					
	13	Investments - other (attach schedule)					
	14	Land, buildings, and equipment basis			i.		
		Less accumulated depreciation (attach schedule)	30. I automo-19860. 14'	0 4 10000 WO NO NO NO N			
	15	Other assets (describe					
	16	Total assets (to be completed by all filers - see the					
		instructions Also, see page 1, item l)	11,858	127,216	127,216		
	17	Accounts payable and accrued expenses			334 34		
	18	Grants payable					
es	19	Deferred revenue · · · · · · · · · · · · · · · · · · ·					
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons					
abi	21	Mortgages and other notes payable (attach schedule)					
Ξ	22	Other liabilities (describe)					
	23	Total liabilities (add lines 17 through 22)	0	0			
_		Foundations that follow SFAS 117, check here X					
Ś		and complete lines 24 through 26 and lines 30 and 31.					
ည	24	Unrestricted	11,858	127,216			
alances	25	Temporanly restricted	11,838	127,210			
Ba	26	Permanently restricted					
Þ	20	Foundations that do not follow SFAS 117, check here					
Ē							
or Fund	27	and complete lines 27 through 31.					
	27	Capital stock, trust principal, or current funds					
Assets	28	Paid-in or capital surplus, or land, bldg, and equipment fund					
Ass	29	Retained earnings, accumulated income, endowment, or other funds					
Net.	30	Total net assets or fund balances (see instructions)	11,858	127,216			
Z	31	Total liabilities and net assets/fund balances (see					
		ınstructions)	11,858	127,216	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	art II						
		net assets or fund balances at beginning of year - Part II, column (a), line 3					
		of-year figure reported on prior year's return)			11,858		
		amount from Part I, line 27a			115,358		
3	Other	r increases not included in line 2 (itemize)		3			
4	4 Add lines 1, 2, and 3						
		eases not included in line 2 (itemize)		5			
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, colu	umn (b), line 30	6	127,216		
EEA					Form 990-PF (2016)		

• (a) List and describe 2-story brick wareh	the kind(s) of property sold (e g , real estate ouse, or common stock, 200 shs MLC Co)	, `´P-Pu	v acquired irchase onation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a ·					
b					
C					
d					
<u>e</u>				.	<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basi plus expense of sale			in or (loss) (f) minus (g)
a b					
С					
ď					
е		•			
Complete only for assets shown	ng gain in column (h) and owned by the f	oundation on 12/31/69		(I) Gains (C	ol (h) gain minus
(I) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (ı) over col (j), ıf any		col (k), but no	or (ii) gain minus it less than -0-) or from col (h))
а					
b					
c					
d					
e					
2 Capital gain net income or (net	capital loss)	nter in Part I, line 7	}	2	
3 Net short-term capital gain or (le	oss) as defined in sections 1222(5) and (·			-
If gain, also enter in Part I, line 8	B, column (c) (see instructions) If (loss),	enter -0- ın	}		
	der Section 4940(e) for Redu		voetmo	nt Income	
	ction 4942 tax on the distributable amoun	• •	period?		Yes X No
1 Enter the appropriate amount in	each column for each year, see the inst	ructions before making a	ny entries		
(a) Base period years Calendar year (or tax year beginning	in) Adjusted qualifying distributions	(c) Net value of nonchanta	able-use ass		(d) tribution ratio divided by col (c))
2015	8,350		17,5	80 0	. 474972
2014	3,034		17,0		.178219
2013			8,7	45 0	. 0
2012					
2011					
2 Total of line 1, column (d) · ·				. 2 0	. 653191
	5-year base period - divide the total on I has been in existence if less than 5 years			. 3 0	.163298
	able-use assets for 2016 from Part X, line				
					32,673
5 Multiply line 4 by line 3 · · ·				- 5	5,335
6 Enter 1% of net investment inco	me (1% of Part I, line 27b) · · · · ·		• • • • •	. 6	1
7 Add lines 5 and 6 · · · · ·				. 7	5,336
8 Enter qualifying distributions fro	•				9,700
If line 8 is equal to or greater that Part VI instructions	an line 7, check the box in Part VI, line 1b	, and complete that part	using a 1%	6 tax rate See the	

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

10

If "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, Form 4720, to determine if the

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

Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016? 4a

Form	990-PF (2016) CARLA M BREGMAN CHA	RITABL	E FDN				46-649		Page 6
Pa	t VII-B Statements Regarding Activiti	es for \	Which Forr	n 4720	May Be	Require	ed (continued)	
5a	During the year did the foundation pay or incur any am	ount to				_	_		
	(1) Carry on propaganda, or otherwise attempt to influ	ience leg	ıslatıon (sectior	14945(e))?	[Yes X No	1	
	.(2) Influence the outcome of any specific public electi	on (see s	ection 4955), o	r to carry	y on,	_		1 1	
	directly or indirectly, any voter registration drive?					[Yes X No		
	(3) Provide a grant to an individual for travel, study, or	other sir	nılar purposes?			[Yes X No	-	2 3-
	(4) Provide a grant to an organization other than a ch					_		*	
	section 4945(d)(4)(A)? (see instructions)					Г	Yes X No	*	3 B
	(5) Provide for any purpose other than religious, char	table, sci	entific, literary,	or educa	ational	_	- –	7440	
	purposes, or for the prevention of cruelty to children	en or anın	nals?			[Yes X No	\$ 20 mg 2	ij ka i
b	If any answer is "Yes" to 5a(1)-(5), did any of the trans	sactions	fail to qualify ur	nder the	exceptions d	lescribed	in		
	Regulations section 53 4945 or in a current notice reg				-			5b	"NA
	Organizations relying on a current notice regarding dis	_					▶ 🗍	. *	E
С	If the answer is "Yes" to question 5a(4), does the found	dation cla	ım exemption f	rom the	tax			13.5	<i>i</i> 9.
	because it maintained expenditure responsibility for th		•			Г	Yes No	3, 13	
	If "Yes," attach the statement required by Regulations	•	53 4945-5(d)			_	- Ш	3 4	. / #
6a	Did the foundation, during the year, receive any funds,	directly o	or indirectly, to p	ay prem	iiums				
	on a personal benefit contract?	-	• • •			Г	Yes X No		
b	Did the foundation, during the year, pay premiums, din	ectly or in	directly, on a pe	ersonal t	enefit contra	ct?		6ь	***
	If "Yes" to 6b, file Form 8870	-						.#.	
7a	At any time during the tax year, was the foundation a p	arty to a	prohibited tax s	helter tra	ansaction?	. [Yes X No	1	
b	If "Yes," did the foundation receive any proceeds or ha	ve any ne	et income attrib	utable to	the transact	ion? -		7b	X (*** /
Pa	t VIII Information About Officers, Dire						Highly Paid	Employ	yees,
	and Contractors								
1_	ist all officers, directors, trustees, foundation mana	gers and	their comper	sation (see instruct	ions).			
	(a) Name and address		e, and average rs per week		ompensation not paid,		contributions to yee benefit plans	(e) Expe	nse account,
	(a) Name and address		ed to position		nter -0-)		rred compensation	other a	allowances
CAR	LA BREGMAN	PRESI	DENT						
14	ATHENS ST, Cambridge, MA 02138		3.00		0		0		0
				ì		1		İ	
				l					
				j		ļ]	
		<u> </u>						<u> </u>	
2	compensation of five highest-paid employees (other	than the	ose included o	n line 1	- see instru	ctions). If	none, enter		
	NONE."								.,
			(b) Title, and	average			(d) Contributions to employee benefit	(a) Evpoi	nse account.
	(a) Name and address of each employee paid more than \$50	0,000	hours per w		(c) Compe	nsation	plans and deferred		illowances
			devoted to po	25111011	ļ, <u></u>		compensation		
NON	2		i						
			ļ			1		ł	
]	
					ļ				
								 	
								ļ	
Tota	number of other employees paid over \$50,000 · · ·	• • • •	<u></u>	<u>· · · · · </u>	· · · · · ·	· · · · ·	<u> ▶</u>		0
EEA								Form 99	0-PF (2016)

Form 990-PF (2016) CARLA M BREGMAN CHARITABLE FDN		6495625 Page 7
Part VIII Information About Officers, Directors, Trustees, Foun and Contractors (continued)	dation Managers, Highly F	Paid Employees,
3 Five highest-paid independent contractors for professional services (see instru	ctions). If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	- 	.
Total number of others receiving over \$50,000 for professional services · · · · · ·		
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis organizations and other beneficianes served, conferences convened, research papers produced, etc.		Expenses
1 NO DIRECT CHARITABLE ACTIVITIES CARRIED ON.		
INSTEAD, DONATIONS MADE TO OTHER CHARITIES, TO PURSUE		
THEIR CHARITABLE ACTIVITIES	······································	0
3		
4		
Part IX-B Summary of Program-Related Investments (see instr	uotiono)	
Part IX-B Summary of Program-Related Investments (see Instr		Amount
1 NO SUCH INVESTMENTS MADE: FOUNDATION IS A	Times rand 2	711100111
NON-OPERATING PRIVATE FOUNDATION		0
2		0
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		
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Pa	TX Minimum Investment Return (All domestic foundations must complete this part. Foreign	founda	ations,
	see instructions)	,	· · · · · · · · · · · · · · · · · · ·
1	Fair market value of assets not used (or held for use) directly in carrying out chantable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	33,171
C	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	33,171
ę	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	33,171
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see	1	
	instructions)	4	498_
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 · ·	5	32,673
6	Minimum investment return. Enter 5% of line 5	6	1,634
Pa	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating for	oundat	ions
	and certain foreign organizations check here and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	1,634
2a	Tax on investment income for 2016 from Part VI, line 5 · · · · · · · · 2a 1		
b	Income tax for 2016 (This does not include the tax from Part VI) 2b	å a.	
С	Add lines 2a and 2b · · · · · · · · · · · · · · · · · ·	2c	11
3	Distributable amount before adjustments Subtract line 2c from line 1	3	1,633
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4 · · · · · · · · · · · · · · · · · ·	5	1,633
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	1,633
Pa	rt 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	9,700
b	Program-related investments - total from Part IX-B	1b	
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	9,700
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 (see instructions)	5	1
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	9,699
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the f	oundate	
	qualifies for the section 4940(a) reduction of tay in those wears		

Distributible amount for 2016 from Part XI,			(a)	(b)	(c)	(d)
2 Undistributed income, if any, as of the end of 2016 a. Finer amount for 2015 only Total for proy years 3. Excess distributions corryover, if any, to 2016 b. Finm 2012 c. Finm 2013 c. Finm 2014 c. Finm 2014 c. J. 193 d. Finm 2014 c. J. 193 e. Finm 2015 c. Finm 2015 c. Finm 2016 c. Finm 2016 c. J. 193 e. Finm 2015 c. J. 193 e. Finm 2016 c. J. 193 e. Finm 2016 c. J. 193 e. Finm 2015 c. J. 193 e. Finm 2016 c. J. 193	1	Distributable amount for 2016 from Part XI,	Corpus	Years prior to 2015	2015	2016
a Enter amount for 2015 cmly b Total for prory exams Sexess distributions carryover, if any, to 2016 a From 2012 c From 2013 2,953 d From 2014 2,183 e From 2016 7,472 T Total of times 3 a through e 7,472 T Total of times 3 a through e 9,700 a Applied to 2015, but not more than line 2a b Applied to undershoulder across of prory years (Election required - see instructions) C Teated as distributions of croprus (Election required - see instructions) c Teated as distributions out or corpus (Election required - see instructions) c Teated as distributions carryover applied to 2016 d Applied to 2016 distributible amount e Remaining amount distributed out of corpus Excess distributions carryover applied to 2016 d An an amount appears in column (d), the same amount must be shrown in column (a) Enter the natural appears in column as indicated below: C Orpus Add line SJ Ac, and 4e Subtract line 5 b Prior years' undistributed mome Subtract line 4b from line 29 c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 494/(a) tax has been previously assessed d Subtract line 6c from line 6B Trivable amount - see instructions Undistributed income for 2015 Subtract line 4 from line 2a Taxable amount - see instructions Undistributed income for 2015 Subtract line 4 from line 2a Taxable amount - see instructions Undistributed income for 2015 Subtract line 4 from line 2a Taxable amount - see instructions Undistributed income for 2015 Subtract line 4 from line 2a Taxable amount - see instructions Excess from 1016 - 494/2(i) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	2		,,,,			
b Total for pror years 3					a make metaboli .	
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b From 2012	а					
d From 2015	b					
d From 2015	c	From 2013 2,053				
e From 2015	d		1 (* *!Ks), ** (
4. Cualifying distributions for 2016 from Part XII, line 4 ▶ \$ 9,700 a Applied to 2015, but not more than line 2a b Applied to undistributed income of pror years (Election required - see instructions) c Treated as distributions out of corpus (Election required - see instructions) d Applied to 2016 distributable amount s, 9,667 Excess distributions carryover applied to 2016 (If an amount must be shown in column (a) the same amount must be shown in column (a) the same amount must be shown in column (a) the same amount must be shown in column (a) the same amount must be shown in column (b) the same amount must be shown in column (b) the same amount must be shown in column (b) the same amount must be shown in column (b) the same amount must be shown in column (b) the same amount must be shown in column (b) the same amount must be shown in column (b) the same amount must be shown in column (b) the same amount of pror years' undistributed income Subtract line 4b from line 2b the section 494(a) tax has been reversible amount - see instructions d the section 494(a) tax has been previously assessed d the section 494(a) tax has been previously assessed d the same amount - see instructions d the same amount -	е					
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to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8	7		<u>`</u>			
170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)		·			Maria di Salah	la a a a
required - see instructions)						
applied on line 5 or line 7 (see instructions)		required - see instructions)				
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a	8	Excess distributions carryover from 2011 not				
Subtract lines 7 and 8 from line 6a		applied on line 5 or line 7 (see instructions)		4 1 10		
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b Excess from 2013						
c Excess from 2014 2,183 d Excess from 2015 7,471 e Excess from 2016 8,067	а		l siji i			
d Excess from 2015	b					
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	u		Ki i			
	FF4	8,067	<u> </u>	\$ x 1 4h	<u>*</u> *} <i>*</i> *** <u>*</u>	Form 990-PF (2016)

Page 10
r 4942(j)(5)
(e) Total

in assets at
the foundation
portion of the

NONE

Part 2	XIV Private Operating Founda	tions (see ınstru	ctions and Part	VII-A, question 9)				
1a	If the foundation has received a ruling	or determination	letter that it is a	private operating					
	foundation, and the ruling is effective fo	r 2016, enter the da	te of the ruling .	▶	Not App	lipable			
b	Check box to indicate whether the four	ndation is a private	operating foundat	ion described in se	ection 🗌 4942(j)	(3) or 4942(j)(5)			
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total			
	income from Part I or the minimum investment return from Part X for each year listed	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(6) 1044			
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								
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c								
3	Complete 3a, b, or c for the alternative test relied upon:								
а	"Assets" alternative test-enter								
	(1) Value of all assets								
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)								
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed								
C	"Support" alternative test-enter:								
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)								
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)								
	(3) Largest amount of support from an exempt organization								
	(4) Gross investment income								
Part	XV Supplementary Information	n (Complete th	is part only if th	ne foundation h	ad \$5,000 or m	ore in assets at			
	any time during the year-	-see instruction	ıs.)						
1	Information Regarding Foundation	_							
а	List any managers of the foundation					by the foundation			
CADL	before the close of any tax year (but o			an \$5,000). (See S	ection 507(d)(2).)				
	A BREGMAN HAS PROVIDED ALL FUNDI List any managers of the foundation			k of a corporation	or an equally la	arge portion of the			
b	ownership of a partnership or other ei			•		inge portion of the			
NONE-	NO SUCH 10% OWNERSHIP	,,							
2		, Grant, Gift, Loa	n, Scholarship, e	tc., Programs:					
	2 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.								
	The name, address, and telephone nu A BREGMAN, 14 ATHENS ST, CAMBRIDG L cmb@theworld.com		dress of the perso	on to whom applic	ations should be a	addressed:			
b	The form in which applications should EN EXPLANATION OF HOW FUNDS WO		I information and i	materials they sho	uld ınclude:				
		JLD DL OJED							
NONE	Any submission deadlines	and and a			11-1-2-5				
a	Any restrictions or limitations on aw factors	ards, such as by	geographical ar	eas, charitable fie	eias, kinas ot ins	attutions, or other			

46-6495625

Form 990-PF (2016)

CARLA M BREGMAN CHARITABLE FDN

Part XV | Supplementary Information (continued)

Grants and Contributions Paid During the Year or Approved for Future Payment

3 Grants and Contributions Paid During the Year or Approved for Future 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						
a Paid during the year		1					
THE MIQUON SCHOOL							
2025 HARTS LANE			GENERAL SUPPORT				
Conshohocken, PA 19428	NONE	PC	EDUCATION	750			
BOSTON NATURE CENTER & WILDLIFE							
500 WALK HILL ST		ĺ					
Mattapan, MA 02126	NONE	PC	GENERAL SUPPORT	5,000			
SARSA-SO ASIAN RURAL STUDENT AID							
22034 PRAIRIE ST			GENERAL SUPPORT				
	NONE	PC	EDUCATION	250			
Chatsworth, CA 91311	NONE	PC	EDOCATION	250			
COURAGEOUS SAILING							
1 FIRST AVE							
Charlestown, MA 02129	NONE	PC	GENERAL SUPPORT	250			
onarroscomi, in orres							
CITY SPROUTS			GENERAL				
378 MASS AVE			SUPPORT-GARDENS				
Cambridge, MA 02139	NONE	PC	FOR TEACHING	350			
FRIENDS FOR TOMORROW			SUPPORT-THERAPEUT				
133 WESTON RD			IC				
Lincoln, MA 01773	NONE	PC	HORSEBACK RIDING	500			
ELIZABETH SETON ACADEMY		1					
2220 DORCHESTER AVE		İ	GENERAL				
Dorchester Center, MA 02124	NONE	PC	SUPPORT-EDUCATION	600			
MARLBORO MUSIC SCHOOL							
2472 SOUTH RD							
Brattleboro, VT 05301	NONE	PC	GENERAL SUPPORT	1,500			
Total	<u> </u>		▶ 3a				
b Approved for future payment							
, , , , , , , , , , , , , , , , , , , ,							
		}	1				
			}				
		Į.					
			j				
Total			▶ 3b				

Form 990-PF (2016)	CARLA M BREGMAN CHARITABLE	E FDN		46-6495625	Page 11
Part XV Supplem	nentary Information (continued)		-		
3 Grants and Con	tributions Paid During the Year or	r Approved for Fu	iture Payment		
					· · · · · · · · · · · · · · · · · · ·

	,		, *	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
COUNCIL FOR A LIVABLE WORLD			REDUCE NUCLEAR	
322 4TH ST NE			WEAPONS AND	
Washington, DC 20002	NONE	PC	THREAT OF WAR	250
AMERICAN FRIENDS SERVICE COMMITTEE				
2161 MASSACHUSETTS AVE			SUPPORT PEACE AND	
Cambridge, MA 02140	NONE	PC	SOCIAL JUSTICE	250
		-		
Total				9,700
b Approved for future payment				3,700
2 / pp. ovou for rataro paymon.				
	<u> </u>	1		
Total			▶ 3b	1

	m 990-PF			N		46-64956	25Page 12
		-A Analysis of Income-Producing A					T
Ent	er gross a	amounts unless otherwise indicated	Unrelated (a)	d business income (b)	Excluded by s	(d)	(e) Related or exempt function income
1	Program	service revenue	Business code	Amount	Exclusion code	Amount	(See instructions)
					ļ		
	_		<u> </u>		 		
	d						
	e						
	f				<u> </u>		
2	-	and contracts from government agencies · · ·			<u> </u>		
		ship dues and assessments on savings and temporary cash investments		58	3 14		
4		Is and interest from securities			, 14		
5	Net renta	al income or (loss) from real estate	**		. / 4	W 55 1 14	
		financed property					
_		ebt-financed property					
		al income or (loss) from personal property vestment income			ļ		
		(loss) from sales of assets other than inventory			 		
		me or (loss) from special events					
		rofit or (loss) from sales of inventory					
11	Other re	venue a					
	p				<u> </u>		
	-c						
	d e				 		
12		Add columns (b), (d), and (e)		58	3 % %.		
							58
		eet in line 13 instructions to verify calculations)					
P	art XVI	-B Relationship of Activities to the					
L	ine No. ▼	Explain below how each activity for which inco- accomplishment of the foundation's exempt pu		• •		•	
_	3	Trustees are required by their	fiducia	rv responsibi	ltv to in	vest	
		Foundation assets in a prudent			<u>-</u>		
_		gifts for charitable causes.					
_							
				<u> </u>		· · · · · · · · · · · · · · · · · · ·	
							
					· 		
							
_							
_							
_							
							
_							
_							

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1	•		y or indirectly enga	-			-					180	Yes	No
	in section	501(c) of the Co	de (other than sect	tion 501(c)(3	3) organiza	itions) or in s	ection 527	, relating to p	olitical				5,	1.
	, organızatı											٤,		1343
а			ig foundation to a n									3		
			• • • • • • • • • •									1a(1)	ļ	X
			• • • • • • • • • •					• • • • • •				1a(2)	ļ.,	X
b	Other tran											A	4 1	
			oncharitable exem									1b(1)		<u> X</u>
			rom a noncharitabl									1b(2)		X
		· ·	upment, or other a									1b(3)		X
		· ·	gements									1b(4)		X
			ees · · · · · ·									1b(5)		X_
			es or membership		•			• • • • • •		• • •	• • • •	1b(6)		X
C			nent, mailing lists, o		-							1c		X
d			above is "Yes," co											
			ssets, or services (
	I	i	sharing arrangem				of the goo	ds, other ass	ets, or se	ervices	receive	ed		
(a) Lır	ne no (b) A	mount involved	(c) Name of no	onchantable e	exempt orga	nization	(d) Des	cription of tran	sfers, trai	nsaction	s, and s	haring arra	angeme	ents
							_							
							ļ							
							-							
				-			 							
							 							
							<u> </u>							
							_							
										 				
														
2a			indirectly affiliated				•	_					_	1
			of the Code (other	r than sectio	on 501(c)(3	B)) or in secti	on 527?		• • • •			Ye	s <u>[X</u>	No
	· · · · · · · · · · · · · · · · · · ·	mplete the follow	<u></u>	Т				· · · · · ·						
-	(6	a) Name of organiz	ation	-	(b) Type o	f organization			(c) De	scription	n of relat	ionship		
-														
				+										
	 													
	Under no	nation of partial Lide	clare that I have evenin	and thus soft as			d							
Sia	correct a	nd complete Declara	clare that I have examine tion of preparer (other th	nan taxpayer) is	based on all	information of v	hich preparer	ements, and to tr has any knowled	ne best of n dge	ny knowie	eage and i	oelier, it is tr	ue,	
Sig	1 1 2 / 2	0 (11	RVA	ı	11/14	1/10/12					May the	IRS discuss	this reti	urn
Her		VICE VICE	Single	•	105	10017	Preside	ent			with the j	oreparer sho)?	wn belo	No No
	Signa	Print/Type prepared		T 8	Date	1	Title	l n-u-		<u> </u>		<u>E4</u>		
Paid	d	Print/Type preparer		Prepar	er's signature	1/2	100	Date		Check	X f	PTIN		
_		RICHARD BOV		411	resp	Vous	411	10-23-20	17	self-em	ployed	P00142	2415	
	parer	Firm's name	RICHARD BO		PC				Firm's Ell					
use	Only	Firm's address	185 ADAMS						Phone no					
		<u> </u>	Milton MA	U2186						617	-698-		A == :	
FFA												Form 99	n_DE /	71116\

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

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

Schedule of Contributors

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

CARLA M BREGMAN	CHARITABLE FDN 46-6495625
Organization type (che	ck 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 chantable trust treated as a private foundation
	501(c)(3) taxable private foundation
Check if your organization	on is covered by the General Rule or a Special Rule .
Note: Only a section 50 instructions	1(c) (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See
General Rule	
_	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 ley or property) from any one contributor. Complete Parts I and II. See instructions for determining a lacontributions.
Special Rules	
regulations unde 13, 16a, or 16b	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the er sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line, and that received from any one contributor, during the year, total contributions of the greater of (1) of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II
contributor, dur	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ing the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, ational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III
contributor, duri contributions to during the year General Rule a	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ing the year, contributions exclusively for religious, charitable, etc., purposes, but no such taled more than \$1,000. If this box is checked, enter here the total contributions that were received for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the applies to this organization because it received nonexclusively religious, charitable, etc., contributions for more during the year.
990-EZ, or 990-PF), but	on that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization

CARLA M BREGMAN CHARITABLE FDN

Employer identification number

46-6495625

Part I	Contributors (See instructions) Use duplicate cop	ies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CARLA BREGMAN 14 ATHENS ST Cambridge, MA 02138	\$ 125,250	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
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions)

		Federal Su	Federal Supporting Statements	tements	2016 PGQ1	
Name(s) as shown on return CARLA M BREGMAN CHARITABLE FDN	BLE FDN				Your Social Security Number 46-6495625	1
	Form 990PF	- Part I - Line 23 -	3 - Other Expenses Schedule	s Schedule	Statement #103~	
Description	Revenue and expenses	Net investment	Adjusted net income	Charitable purpose		
Bank fees	250	0	250	0		
Totals	250	0	250	0		
STM- LD						