Form **990-PF** 

Department of the Treasury Internal Revenue Service



**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.
 ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No 1545-0052

2017

Open to Public Inspection

For calendar year 2017 or tax year beginning		, and ending		
Name of foundation			A Employer identification	number
SALEM FIVE CHARITABLE FOUN	DATION, INC.		04-3342405	
Number and street (or P O box number if mail is not delivered to street		Room/suite	B Telephone number	
210 ESSEX STREET			978-720-53	08
City or town, state or province, country, and ZIP or foreign p	oostal code	<u> </u>	C If exemption application is p	ending, check here
SALEM, MA 01970				
G Check all that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organization:	s, check here
Final return	Amended return		_	
Address change	Name change		<ol><li>Foreign organizations me check here and attach co</li></ol>	peting the 85% test, omputation
H Check type of organization: X Section 501(c)(3) e	xempt private foundation	01/	E If private foundation sta	itus was terminated
Section 4947(a)(1) nonexempt charitable trust	Other taxable private foundar	tion V	under section 507(b)(1	
I Fair market value of all assets at end of year   J Account	ing method: X Cash	Accrual	F If the foundation is in a	60-month termination
·	Other (specify)		under section 507(b)(1	
\$ 5,627,824. (Part I, colu	mn (d) must be on cash basis	5.)		
Part   Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(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	income	`´ ıncome	for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received	3,043,482.		N/A	
2 Check I if the foundation is not required to attach Sch. B				
Interest on savings and temporary cash investments	126.	126.		STATEMENT 1
4 Dividends and interest from securities	54,553.	54,553.		STATEMENT 2
5a Gross rents				
Net rental income or (loss)				
6a Net gain or (loss) from sale of assets not on line 10	104,197.		BEA	
Gross sales price for all 3,619,500.  Gross sales price for all 3,619,500.  Capital gain net income (from Part IV, line 2)  Not short-tarm capital gain			RECI	¢VED
7 Capital gain net income (from Part IV, line 2)		1,822,422.	(v)	70
8 Net short-term capital gain			APR 2	7 2012 18
9 Income modifications				5010
10a and allowances			OGDE	<u> </u>
b Less Cost of goods sold			LOGUE	Y, UT
c Gross profit or (loss)				
11 Other income		1 000 101		
12 Total. Add lines 1 through 11	3,202,358.	<u> 1,877,101.</u>		
13 Compensation of officers, directors, trustees, etc	0.	0.		0.
14 Other employee salaries and wages			_,	
15 Pension plans, employee benefits				
6 16a Legal fees	1,800.	0.		1,800.
b Accounting fees STMT 3	13,619.	13,619.		1,000.
in Country professional rees	13,017.	13,017.	· · · · · · · · · · · · · · · · · · ·	
17 Interest 18 Taxes STMT 5	14,000.	0.		0.
a 10 Depreciation and depletion	14,000.			•
19 Depreciation and depletion		· ·		
17 Interest 18 Taxes STMT 5 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings			1	· · · · · · · · · · · · · · · · · · ·
22 Printing and publications			<u> </u>	
o company	524.	0.		524.
24 Total operating and administrative				1
24 Total operating and administrative expenses. Add lines 13 through 23	29,943.	13,619.		2,324.
25 Contributions, gifts, grants paid	467,237.			2,324. 467,237.
26 Total expenses and disbursements.		<del></del>	1	1
Add lines 24 and 25	497,180.	13,619.		469,561.
27 Subtract line 26 from line 12;	, ,	.,		
8 Excess of revenue over expenses and disbursements	2,705,178.			1
b Net investment income (if negative, enter -0-)		1,863,482.		
c Adjusted net income (if negative, enter -0-)			N/A	
				5 000 DE (00.00

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)	1	2,397,156.
2	Enter amount from Part I, line 27a	2	2,705,178.
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4	5,102,334.
5	Decreases not included in line 2 (itemize)	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	5,102,334.

18,635.

1,089,116.

469,561.

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.

Enter 1% of net investment income (1% of Part I, line 27b)

8 Enter qualifying distributions from Part XII, line 4

6

7

See the Part VI instructions.

7 Add lines 5 and 6

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Part VI Excise Tax Based on Investment Income (Section 4		948 - see ii	nstruction	ns)
1a Exempt operating foundations described in section 4940(d)(2), check here 🕨 🗔	and enter "N/A" on line 1.	1 1		Ì
Date of ruling or determination letter: (attach copy of letter	if necessary-see instructions)			
<b>b</b> Domestic foundations that meet the section 4940(e) requirements in Part V, check here	e ▶ 📖 and enter 1%	1	<u> </u>	270.
of Part I, line 27b				
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, ent	er 4% of Part I, line 12, col. (b).	<b></b>		
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations on	ly; others, enter -0-)	2		0.
3 Add lines 1 and 2		3	37,2	
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations or		4		0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	•	5	37,2	2/0.
6 Credits/Payments;	1. 1. 10.027	1 1		1
a 2017 estimated tax payments and 2016 overpayment credited to 2017	6a 10,837			
b Exempt foreign organizations - tax withheld at source	6b 0	_ 1		1
c Tax paid with application for extension of time to file (Form 8868)				
d Backup withholding erroneously withheld	[6d] U.	<del></del>	10 (	837.
7 Total credits and payments. Add lines 6a through 6d	a attacked	7		0.
8 Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 i	s attached	8	26	433.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	.u	9		±33.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpa	<b>1</b>	10		
Part VII-A Statements Regarding Activities	Refunded -	1-11		
1a During the tax year, did the foundation attempt to influence any national, state, or local	legislation or did it participate or interven		Ye	s No
any political campaign?	registation of did it participate of interven	6 111	1a	X
<ul> <li>b Did it spend more than \$100 during the year (either directly or indirectly) for political p</li> </ul>	uirnoses? See the instructions for the defi	nition	1b	X
If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and co			<del></del>	+
distributed by the foundation in connection with the activities.	proo or any materials published or		] }	
c Did the foundation file Form 1120-POL for this year?			1c	X
d'Enter the amount (if any) of tax on political expenditures (section 4955) imposed durin	g-the-year——————		-	
(1) On the foundation. > \$ (2) On foundation man			7-7-	
e Enter the reimbursement (if any) paid by the foundation during the year for political ex		_	1 1	
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.				T
3 Has the foundation made any changes, not previously reported to the IRS, in its govern	ning 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	e year?		4a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b	<u> </u>
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			1 1	1 1
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisf	ied either.		1	
<ul> <li>By language in the governing instrument, or</li> </ul>			1 1	
<ul> <li>By state legislation that effectively amends the governing instrument so that no man</li> </ul>	datory directions that conflict with the sta	te law	} <u></u>	
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	<del> </del>
8a Enter the states to which the foundation reports or with which it is registered. See inst	ructions			
MA	i denetite.	<del></del>		
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	
9 Is the foundation claiming status as a private operating foundation within the meaning	of section 4942(j)(3) or 4942(j)(5) for ca	endar		ノニン
year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes,	" complete Part XIV		9	$\frac{1}{x}$
10 Did any persons become substantial contributors during the tax year? If Yes attach as	schedule fisting their names and addresses		10	<u> </u>
<del>-</del>		F	orm 990-P	F (2017)

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Pa	rt VII-A   Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement. See instructions	12	1,,	<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A The books are in care of ► WILLIAM SMITH  Telephone no. ► 978-72	0 5	200	
14	The books are in care of ► WILLIAM SMITH  Located at ► 210 ESSEX STREET, SALEM, MA  ZIP+4 ► 01		300	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	. 9 / 0	_	T
13	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2017, 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	<u> </u>		==
	foreign country			
Pa	rt 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
1a	During the year, did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	1		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?	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? Yes X No	1		1
	(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)?			
	(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————————————————————————————————————	1	-	
	termination of government service, if terminating within 90 days.)  If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			ĺ
U	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	<u> </u>		
c	E Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	1		}
Ī	before the first day of the tax year beginning in 2017?	10	[	X
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))	1	1	ĺ
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	İ	Į	
	before 2017? Yes $\overline{\mathbf{X}}$ No	1	i	}
	If "Yes," list the years $\blacktriangleright$		ļ	
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect	1		
	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		<u> </u>
C	: If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.			1
	Delth found to be believed to a contract of the contract of th		ļ	
38	t Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time  during the year?  Yes X No			
	during the year?  Yes X No If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after	]		, ,
0	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,			li
	Form 4720, to determine if the foundation had excess business holdings in 2017.)  N/A	3b	t	[
4a	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		х
	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 2017?	4b		X
	Fo	rm <b>99</b>	0-PF	

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Part VII-B Statements Regarding Activities for Which Fo	orm 4720 May Be R	equired <sub>(continu</sub>	ıed)		
5a During the year, did the foundation pay or incur any amount to:	· · · · · · · · · · · · · · · · · · ·			Yes	No
(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		ectly,			1
any voter registration drive?		Ye	s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes?		T Ye	s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization			_		
4945(d)(4)(A)? See instructions		☐ Ye	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary, of	or educational nurnoses, or f	· · · · · · · · · · · · · · · · · · ·			
the prevention of cruelty to children or animals?	, oddodiona, pa, pooco, o		s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	er the evcentions described i				
section 53.4945 or in a current notice regarding disaster assistance? See instru		Trogulations	N/A 5	,	<b>-</b>
Organizations relying on a current notice regarding disaster assistance, check his			<b>▶</b>		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from		ned			
		I/A 🔲 Ye	s No		
expenditure responsibility for the grant?	Δ,	./21	·		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).	ay promume en				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	ay premiums on		s X No		
a personal benefit contract?	avoonal honafet	Ye			X
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a pe	ersonal benefit contract?		61	<del>'</del>	
If "Yes" to 6b, file Form 8870.			[ <b>v</b> ]		1
7a At any time during the tax year, was the foundation a party to a prohibited tax st		Ye	s X No		<del>                                     </del>
b if "Yes," did the foundation receive any proceeds or have any net income attribut		sanaya Himbby	N/A 7	)	<u> </u>
Part VIII Information About Officers, Directors, Truste Paid Employees, and Contractors	es, roundation mai	nagers, mignily			
	eir compensation				
List all officers, directors, trustees, and foundation managers and th		(c) Compensation	(d) Contributions to	(e) Exp	nence
(a) Name and address	<b>(b)</b> Title, and average hours per week devoted	(If not paid,	employee benefit plans and deferred	account	other
(-) //	to position	enter -0-)	compensation	allowa	inces
		ł			
					^
SEE STATEMENT 8		0.	0.		0.
		1			
2 Compensation of five highest-paid employees (other than those incl		enter "NONE."	(4)		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expanded	pense Lother
(a) Name and address of each employee paid more than \$60,000	devoted to position	(c) compondation	and deferred compensation	allowa	
NONE	•				
		<u> </u>			
		1			
· · · · · · · · · · · · · · · · · · ·	-				
Total number of other employees paid over \$50,000	<u> </u>	•	<u> </u>		0
Towar normal of other omprogram paid and quarious	·		Form S	90-PF	
			1 01111	• •	1-00/

Total. Add lines 1 through 3	<b>•</b>	Form <b>990-F</b>	0.
3 NONE		~	0.
All other program-related investments See instructions			
2			0.
1 NONE		Aillount	
Part IX-B   Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	<del></del> -	Amount	
4			
<b></b>			
3			
2			
			0.
number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.  1 NONE		Expenses	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as	the	Cynonica	
Total number of others receiving over \$50,000 for professional services  Part X-A Summary of Direct Charitable Activities		<b>&gt;</b>	0
NONE			
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."  (a) Name and address of each person paid more than \$50,000  (b) Type	of service	(c) Comp	ensation
Paid Employees, and Contractors (continued)			
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P	Minimum Investment Return (All domestic foundations	must complete this p	art Foreign foun	dations, se	ee instructions )
1	Fair market value of assets not used (or held for use) directly in carrying out charital	ble, etc., purposes.			
a	Average monthly fair market value of securities			18	3,120,327.
	Average of monthly cash balances			1b	33,503.
	Fair market value of all other assets			1c	4,265.
	Total (add lines 1a, b, and c)			1d	3,158,095.
	Reduction claimed for blockage or other factors reported on lines 1a and				
-	1c (attach detailed explanation)	1e	0.		
2	Acquisition indebtedness applicable to line 1 assets			2	0.
3	Subtract line 2 from line 1d			3	3,158,095.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amoun		4	47,371.	
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and			5	3,110,724.
6	Minimum investment return. Enter 5% of line 5		6	155,536.	
	art XI Distributable Amount (see instructions) (Section 4942(j)(3) foreign organizations, check here   ☐ and do not complete this par		ng foundations an	d certain	
1	Minimum investment return from Part X, line 6			1	155,536.
2a	Tax on investment income for 2017 from Part VI, line 5	2a	37,270.		
ь	Income tax for 2017. (This does not include the tax from Part VI.)	2b	-		
C	Add lines 2a and 2b	·		2c	37,270.
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	118,266.
4	Recoveries of amounts treated as qualifying distributions			4	0.
5	Add lines 3 and 4			5	118,266.
6	Deduction from distributable amount (see instructions)			6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Pa	rt XIII, line 1		7	118,266.
P	art XII Qualifying Distributions (see instructions)				
<u>-</u> 1-	-Amounts paid (including administrative expenses)-to accomplish-charitable, etc., pu	irposes:			160 564
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26			1a	469,561.
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 charit	able, etc., purposes		2	
3	Amounts set aside for specific charitable projects that satisfy the:				
a	Suitability test (prior IRS approval required)			3a	
b	· · · · · · · · · · · · · · · · · · ·			3b	160 - 54
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8;			4	469,561.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net inv	vestment			•
	income. Enter 1% of Part I, line 27b			5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4			6	469,561.
	Note: The amount on line 6 will be used in Part V, column (h), in subsequent years	when calculating wheth	er the foundation (	malifies for	the section

4940(e) reduction of tax in those years.

Page 9 Part XIII Undistributed Income (see instructions) (d) (b) (c) Years prior to 2016 2017 2016 Corpus 1 Distributable amount for 2017 from Part XI, 118,266. line 7 2 Undistributed income, if any, as of the end of 2017 0 a Enter amount for 2016 only **b** Total for prior years: 0 3 Excess distributions carryover, if any, to 2017: 323,250. a From 2012 250,211. **b** From 2013 284,776. c From 2014 377,134. d From 2015 339,608. e From 2016 1,574,979 f Total of lines 3a through e 4 Qualifying distributions for 2017 from 469,561. Part XII, line 4: ► \$ Õ. a Applied to 2016, 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 0. (Election required - see instructions) 118,266. d Applied to 2017 distributable amount 351,295 e Remaining amount distributed out of corpus 0. 0. Excess distributions carryover applied to 2017 (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: 1,926,274 & 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 the section 4942(a) tax has been previously 0. d Subtract line 6c from line 6b, Taxable 0 . amount - see instructions e Undistributed income for 2016. Subtract line 0 4a from line 2a. Taxable amount - see instr. f Undistributed income for 2017 Subtract lines 4d and 5 from line 1. This amount must 0. be distributed in 2018 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 2012 323,250. not applied on line 5 or line 7 9 Excess distributions carryover to 2018 1,603,024 Subtract lines 7 and 8 from line 6a 10 Analysis of line 9 250,211 a Excess from 2013 284,776. b Excess from 2014 377,134. c Excess from 2015 339,608.d Excess from 2016

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e Excess from 2017

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351,295

	IVE CHARITA			04-33	42405 Page 10
PartXIV Private Operating F	<del></del>		A, question 9)	N/A	
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective for	•		tun	14040(3/2) 27 140	)42(J)(5)
<b>b</b> Check box to indicate whether the foun	Tax year	ng toundation described to	Prior 3 years	4942(j)(3) or 49	42())(3)
2 a Enter the lesser of the adjusted net income from Part I or the minimum	(a) 2017	<b>(b)</b> 2016	(c) 2015	(d) 2014	(e) Total
investment return from Part X for	(2) 20 17	(6) 2010	(0) 40 10	(4,27)	(4)
each year listed <b>b</b> 85% of line 2a	-	<del> </del>		<del>  /</del>	
c Qualifying distributions from Part XII,		-		/	
line 4 for each year listed			/	1	
d Amounts included in line 2c not			/	<del></del>	
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly			/		
for active conduct of exempt activities.		1			
Subtract line 2d from line 2c			/		
3 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>b</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	/	1			
investment-income (interest,	<del>                                     </del>	<u> </u>		-	
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)				<u> </u>	
(2) Support from general public					
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization		<u> </u>		<del></del>	
(4) Gross investment income	(0)	<u> </u>	6 46 a 6 a	had 65 000 as man	<u> </u>
Supplementary Info			the foundation	nad \$5,000 or mor	e in assets
		——————————————————————————————————————		<del></del>	
1 Information Regarding Foundation	•	the control of the state of a control		f	
a List any managers of the foundation will year (but only if they have contributed)			ibutions received by the	ioundation before the clos	e or any tax
NONE	40,000). (000 (	330			
b List any managers of the foundation w	ha own 10% or more of th	ne stack of a corporation (	or an equally large portu	on of the ownership of a na	ertnerchin or
other entity) of which the foundation ha			or arrequally large porti	on or the ownership or a pa	Tuloranip of
NONE					
2 Information Regarding Contribut	tion, Grant, Gift, Loan	. Scholarship, etc., Pr	ograms:		
Check here ► X if the foundation			-	not accept unsolicited requi	ests for funds. If
the foundation makes gifts, grants, etc.					
a The name, address, and telephone nun	nber or email address of t	he person to whom applic	ations should be address	sed.	
SEE STATEMENT 9					
<b>b</b> The form in which applications should	be submitted and informa	ition and materials they sl	nould include;		
c Any submission deadlines;					
4 Any contrations on limitations or	do queb se bis seces-tire	al eroes about-ble fields	kinds of institutions ==	other feeters	
d Any restrictions or limitations on award	us, such as by geographic	ai areas, charitable fields,	KINUS OF INSTITUTIONS, OF	other factors:	

**▶** 3b

Total

Part XVI-A Analysis of Income-Producing Activit
---

Enter gross amounts unless otherwise indicated.	Unrelated	business income		y section 512, 513, or 514	(e)
2.70. 9 000 2.70 2.70 0.70 0.70 0.70 0.70 0.70	(a) Business	(b)	(C) Exclu- sion	(d)	Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
<u>a</u>	-	<del></del>			
b					
c					
e					
f					
g Fees and contracts from government agencies		_			
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments		_	14	126.	
4 Dividends and interest from securities			14	54,553.	and War
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property 7 Other investment income			+ +		
8 Gain or (loss) from sales of assets other					
than inventory			18	104,197.	
9 Net income or (loss) from special events			1-1		
10 Gross profit or (loss) from sales of inventory				-	
11 Other revenue:					
_a					
b					
c					
d	-				
e			$\leftarrow$	150 076	
12 Subtotal. Add columns (b), (d), and (e)	L		).	158,876.	0. 158,876.
13 Total. Add line 12, columns (b), (d), and (e)				13	130,0/0.
(See worksheet in line 13 instructions to verify calculations.)					<u> </u>
Part XVI-B Relationship of Activities to	o the Accom	plishment of E	xempt Pu	rposes	

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).
	······································

15530410 144591 4ENOWP

	,					0.4	2240405	_	
orm 990 Part 2				E FOUNDATION , nd Transactions an			3342405 :haritable	Pa	ige 13
	Exempt Orga								
1 Did	the organization directly or in	directly engage in any	of the followin	ig with any other organization	n described in sec	tion 501(c)		Yes	No
(otl	her than section 501(c)(3) orga	anizations) or in section	on 527, relating	to political organizations?					ĺ
<b>a</b> Tra	nsfers from the reporting foun	dation to a noncharita	ible exempt org	ganization of:					<b>-</b>
(1)	Cash						1a(1)	<u> </u>	X
(2)	Other assets						1a(2)		X
	er transactions						<u> </u>		
. ,	Sales of assets to a noncharit	· -					1b(1)		X
	Purchases of assets from a n	•	organization				1b(2)		X
	Rental of facilities, equipmen Reimbursement arrangement						1b(3) 1b(4)		X
	Loans or loan guarantees	.5					1b(5)		X
	Performance of services or m	nembership or fundrai	ısına solıcıtatıo	ns			1b(6)		X
٠,	aring of facilities, equipment, m		_				1c		Х
	he answer to any of the above	= :		· ·	ways show the fair	market value of the g	oods, other ass	sets,	
or :	services given by the reporting	foundation. If the fou	ndation receive	ed less than fair market valu	e in any transactio	n or sharing arrangen	nent, show in		
col	umn (d) the value of the goods	, other assets, or serv	vices received.		_ <del>_</del>				
<b>(a)</b> Line n	o (b) Amount involved	(c) Name o		e exempt organization	(d) Description	on of transfers, transaction	ns, and sharing arr	angemer	ıts
		<u> </u>	<u> </u>						
	<del>-</del>	<u> </u>					<del></del>		
		<del> </del>			<del> </del>				
	<del> </del>	<b></b>		<del></del> -	<del> </del>				
	<del>  -</del>								
		<del>                                     </del>			<del>-</del>			-	
	<del> </del>				<del>- </del>		<u></u>		
					<u> </u>				
		<del>                                     </del>			_ <del> </del>				
	the foundation directly or indire section 501(c) (other than sect	•	·	or more tax-exempt organi	zations described		Yes	X	□No
	Yes," complete the following so	,	ection 327				163	ه.	_ MO
	(a) Name of o			(b) Type of organization		(c) Description of re	lationship		
	N/A								
				<u> </u>	<u> </u>				
C:	Under penalties of perjury, I declar and belief, plus true, correct, and co						May the IRS return with the		
Sign Here	1 4 7	, 0		14/20/19	TREAS	. 211 E da	shown below	/? See in:	str
	Signature of officer or trust	ee		Date Date	Title		_ X Yes	š	_ No
	Print/Type preparer's		Preparer's s		Date	Check If	PTIN		
	MICHAEL J		1	,		self- employed			
Paid	CPA		Inch	of 9. Reme	4/12/18	'	P00535	831	
Dran		TE C COMP	1377 B	<del></del>		1 0	4 26000	<u> </u>	

Phone no 617-439-9700 Form **990-PF** (2017)

Firm's EIN ► 04-2689883

**Preparer** 

**Use Only** 

Firm's name ► WOLF & COMPANY, P.C.

Firm's address ▶ 99 HIGH STREET, 21ST FLOOR BOSTON, MA 02110

## Schedule B

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

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

2017

Employer identification number Name of the organization 04-3342405 SALEM FIVE CHARITABLE FOUNDATION, INC. 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 Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (II) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, 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, charitable, 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 certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

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

Employer identification number

#### SALEM FIVE CHARITABLE FOUNDATION, INC.

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SALEM FIVE CENTS SAVINGS BANK 210 ESSEX STREET SALEM, MA 01970	\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	SALEM FIVE CENTS SAVINGS BANK 210 ESSEX STREET SALEM, MA 01970	\$148,669.	Person Payroll Moncash X  (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	SALEM FIVE CENTS SAVINGS BANK 210 ESSEX STREET SALEM, MA 01970	\$103,657.	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) <u>N</u> o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	SALEM FIVE CENTS SAVINGS BANK 210 ESSEX STREET SALEM, MA 01970	\$ 88,695.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	SALEM FIVE CENTS SAVINGS BANK 210 ESSEX STREET SALEM, MA 01970	\$83,102.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	SALEM FIVE CENTS SAVINGS BANK 210 ESSEX STREET	\$75,895.	Person Payroll Noncash X (Complete Part II for
	SALEM, MA 01970	L	noncash contributions )

Employer identification number

SALEM FIVE CHARITABLE FOUNDATION, INC.

Padl	Contributors (see instructions) Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	SALEM FIVE CENTS SAVINGS BANK 210 ESSEX STREET SALEM, MA 01970	\$ 399,400.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	SALEM FIVE CENTS SAVINGS BANK 210 ESSEX STREET SALEM, MA 01970	\$151,580.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	SALEM FIVE CENTS SAVINGS BANK		Person Payroll
i	210 ESSEX STREET SALEM, MA 01970	\$ 93,311.	Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	SALEM FIVE CENTS SAVINGS BANK 210 ESSEX STREET SALEM, MA 01970	\$144,143.	Person Payroll Noncash  (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	SALEM FIVE CENTS SAVINGS BANK 210 ESSEX STREET SALEM, MA 01970	\$ 74,730.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	SALEM FIVE CENTS SAVINGS BANK 210 ESSEX STREET SALEM, MA 01970	\$74,433.	Person Payroll Noncash X (Complete Part II for noncash contributions)

Employer identification number

CALEM	RTVE	CHARTTARI.E	FOUNDATION,	TNC
DALLEM	LIAP	CHARTIADLE	FOUNDATION,	TIAC

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	SALEM FIVE CENTS SAVINGS BANK 210 ESSEX STREET SALEM, MA 01970	\$ <u>144,260.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	SALEM FIVE CENTS SAVINGS BANK 210 ESSEX STREET SALEM, MA 01970	\$ 124,052.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	SALEM FIVE CENTS SAVINGS BANK 210 ESSEX STREET SALEM, MA 01970	\$ 138,392.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	SALEM FIVE CENTS SAVINGS BANK 210 ESSEX STREET SALEM, MA 01970	\$52,286.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	SALEM FIVE CENTS SAVINGS BANK 210 ESSEX STREET SALEM, MA 01970	\$ <u>1,106,877.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions )

Employer identification number

# SALEM FIVE CHARITABLE FOUNDATION, INC.

Part II	Noncash Property (see instructions) Use duplicate copies of Pa	art II if additional space is needed	33,12,103
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	3176 SHARES OF APPLIED MATERIALS		
2			
		\$\\$\\$\	07/21/17
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	2735 SHARES OF SKYWEST INC		•
3		s103,657.	07/21/17
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	2025-SHARES-OF-HOOKER-FURNITURE		
4			
		\$ 88,695.	07/21/17
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	639 SHARES OF CAVCO		
5		\$\\$83,102.	07/21/17
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
raiti	860 SHARES OF ALASKA AIR		
6			
		\$ 75,895.	07/21/17
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	4000 SHARES OF SALESFORCE.COM		• =
7		<u> </u>	
		\$ 399,400.	12/31/17
723453 11-0	11.17		90, 990-EZ, or 990-PF) (201

Employer identification number

#### SALEM FIVE CHARITABLE FOUNDATION, INC.

€T(11)	Noncash Property (see instructions) Use duplicate copies of P	art 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
	880 SHARES OF M&T BANK		
8_			
		\$\$.	12/31/17
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	390 SHARES OF 3M COMPANY		
9			
		\$ 93,311.	12/31/17
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	1700 SHARES OF ANALOG DEVICES INC		
10			
		s144,143.	12/31/17
(a)		(-)	
No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	1210 SHARES OF BWX TECHNOLOGIES INC		
<u> 11</u>			
		\$\$.	12/31/17
(a)		(c)	
No. from	(b)	FMV (or estimate)	(d) Date received
Part I	Description of noncash property given	(See instructions.)	Date received
	340 SHARES OF BECTON DICKINSON CO		
12		<del></del>	
		\$ 74,433.	12/31/17
(a)		(a)	
No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
	2000 SHARES OF DOWDUPONT INC		
13			
		s 144,260.	12/31/17
1	1-17		90, 990-EZ, or 990-PF) (20

Employer identification number

# SALEM FIVE CHARITABLE FOUNDATION, INC.

U) जिल्ह	Noncash Property (see instructions) Use duplicate copies of Property	art 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
14	1530 SHARES OF MICROSOFT CORP		
		\$\$	12/31/17
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
15	1950 SHARES OF PAYPAL HOLDINGS INC.	_	
15		\$\$	12/31/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
16	714-SHARES-OF-SCIENCE-AP-INTL-CORP-		
		\$\$	12/31/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
17	6900 SHARES OF APPLE		
		\$\$	12/31/17
(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 Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3453 11-01		\$\$	990, 990-EZ, or 990-PF) (20

lame of orga	anization		Employer identification number			
SALEM	FIVE CHARITABLE FOUNDAT	ION. INC.	04-3342405			
Part III	Exclusively religious, charitable, etc., contrib	utions to organizations described in	section 501(c)(7), (8), or (10) that total more than \$1,000 for ing line entry. For organizations			
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or le	ss for the year (Enter this info once) \$			
	Use duplicate copies of Part III if additional	space is needed	. <u></u>			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I	(2), 2, poss 2, g.,		(-, 2000) part that give the			
			_			
— I		<del></del>	-			
		<del></del>				
		(e) Transfer of gift	<del></del>			
	Transferee's name, address, and	I ZIP + 4	Relationship of transferor to transferee			
			<del></del>			
		<del></del>   <del></del> -	_ <del></del>			
(a) No. from	(h) December of wife	(a) the of -ift	(d) Description of how with in hold			
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
			_			
			<del>-</del>			
			<del>-</del>			
		(e) Transfer of gift				
}	(2)					
	Transferee's name, address, and	I ZIP + 4	Relationship of transferor to transferee			
1						
ļ						
(a) No. from	(1) 5	(-) []				
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
			<del>-</del>   <del></del>			
]						
		(e) Transfer of gift				
1	to, transfer of gift					
 	Transferee's name, address, and	1 ZIP + 4	Relationship of transferor to transferee			
Ì		[ <del></del>				
}		<del></del>				
		<del></del>   <del></del> -	<del></del>			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I	(b) Fulpose of gift		(d) Description of now girt is field			
- 1			_			
<del></del>						
1						
		(e) Transfer of gift				
		•				
-	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee			

FORM 990-PF INTERE	ST ON SAVI	NGS AND TEM	IPORARY	CASH IN	VESTMENTS	STATEMENT 1
SOURCE		(A REVE PER E	ENUE		(B) VESTMENT COME	(C) ADJUSTED NET INCOME
INTEREST ON SAVINGS	<del></del> -	126.		126.		
TOTAL TO PART I, LI	NE 3		126.		126.	
FORM 990-PF	DIVIDEND	S AND INTER	REST FRO	M SECUR	ITIES	STATEMENT 2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENI	RE	(A) VENUE BOOKS	(B) NET INVES MENT INCO	
DIVIDENDS	54,553	•	0.	54,553.	54,55	3.
TO PART I, LINE 4	54,553	•	0.	54,553.	54,55	3.
FORM 990-PF		ACCOUNTI	NG FEES			STATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS	(B NET IN MENT I	VEST-	(C) ADJUSTED NET INCOM	
WOLF & COMPANY, P.C	. –	1,800.		0.		1,800.
TO FORM 990-PF, PG	1, LN 16B =	1,800.	- <del></del>	0.		1,800.
FORM 990-PF	0	THER PROFES	SSIONAL	FEES		STATEMENT 4
DESCRIPTION		(A) EXPENSES PER BOOKS	(B NET IN MENT I	WEST-	(C) ADJUSTED NET INCOM	
ADVISOR FEE	_	13,619	. 1	3,619.		0.
TO FORM 990-PF, PG	1, LN 16C	13,619	. 1	3,619.		0.

FORM 990-PF	TAX	KES STATEMEN		TATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
2016 FEDERAL TAXES	10,000.	0.		0.
2017 FEDERAL ESTIMATED TAXES	4,000.	0.		0.
TO FORM 990-PF, PG 1, LN 18	14,000.	0.		0.
FORM 990-PF	OTHER E	XPENSES	S	TATEMENT 6
FORM 990-PF  DESCRIPTION	OTHER E  (A)  EXPENSES PER BOOKS	XPENSES  (B)  NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	TATEMENT 6  (D)  CHARITABLE  PURPOSES
	(A) EXPENSES	(B) NET INVEST- MENT INCOME	(C) ADJUSTED	(D) CHARITABLE

FORM 990-PF CORPORATE STOCK	(	STATEMENT 7
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
STOCKS & ETFS	4,633,963.	5,159,453.
TOTAL TO FORM 990-PF, PART II, LINE 10B	4,633,963.	5,159,453.

	- LIST OF OFFICERS, D S AND FOUNDATION MANA		STAT	EMENT 8
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
WILLIAM H MITCHELSON 210 ESSEX STREET SALEM, MA 01970	DIRECTOR/CHAIR 1.00	MAN OF BOARI		0.
PING YIN CHAI 210 ESSEX STREET SALEM, MA 01970	PRESIDENT 1.00	0.	0.	0.
DONALD A SADOSKI D.M.D. 210 ESSEX STREET SALEM, MA 01970	DIRECTOR 1.00	0.	0.	0.
WILLIAM J LUNDGREN III 210 ESSEX STREET SALEM, MA 01970	DIRECTOR 1.00	0.	0.	0.
BRIAN W. SHAUGHNESSY 210 ESSEX STREET SALEM, MA 01970	CLERK 1.00	0.	0.	0.
KENNETH S KLIPPER 210 ESSEX STREET SALEM, MA 01970	TREASURER 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, P.	AGE 6, PART VIII	0.	0.	0.

FORM 990-PF

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# GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT 9

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

BRIAN W. SHAUGHNESSY 210 ESSEX STREET SALEM, MA 01970

TELEPHONE NUMBER

978-740-5401

FORM AND CONTENT OF APPLICATIONS

APPLICATIONS AVAILABLE AT ABOVE ADDRESS

ANY SUBMISSION DEADLINES

SEE APPLICATIONS FOR VARIOUS DEADLINES

RESTRICTIONS AND LIMITATIONS ON AWARDS

GRANTS WILL BE GIVEN TO SOCIAL SERVICE AGENCIES, CULTURAL, EDUCATIONAL, ART, COMMUNITY ECEONOMIC DEVELOPMENT AND OTHER PROGRAMS THAT IMPACT THE NEEDS OF THE SALEM FIVE COMMUNITIES.