

m 990-PF

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.

Depart	ment	of the Treasury			iocial security numbers on rs.gov/Form990PF for instr			Open to Public Inspection
			or tax year beginning			, and ending		1 Open to Public Inspection
		foundation					A Employer identification	number
CZ	ARN	MEN-LED	ERER FAMII	Y FOUN	DATION		1	
C,	10	TWINFO	CUS CAPITA	AL PART	NERS LLC		38-7165103	}
Num	oer an	d street (or P O	box number if mail is not o	felivered to street	address)	Room/suite	B Telephone number	
_7!	5 E	PARK PL	AZA				(617)720-4	536
City	or to	wn, state or pr	ovince, country, and Z	IP or foreign p	ostal code		C If exemption application is p	ending, check here
		ON, MA	02116					
G C	neck	all that apply	initial retui		Initial return of a fo	rmer public charity	D 1. Foreign organization	s, check here
			Final retur		Amended return		2. Foreign organizations me	esting the 85% test
			Address c		Name change	0/6	2. Foreign organizations me check here and attach co	omputation
H CI		type of organiz			empt private foundation		E If private foundation sta	
<u> </u>) nonexempt charitab		Other taxable private founda	T-1	under section 507(b)(1	
			l assets at end of year		ng method: X Cash	Accrual	F If the foundation is in a	
(110		art II, col. (c), I	1 006 722	(Part L colun	her (specify) nn (d) must be on cash basi	5)	under section 507(b)(1)(B), check here
Pa		Analysis of F	levenue and Expense			(b) Net investment	(c) Adjusted net	(d) Disbursements
<u></u>		The total of am	ounts in columns (b), (c), a	nd (d) may not	(a) Revenue and expenses per books	income	income	for charitable purposes (cash basis only)
\neg	1		gifts, grants, etc., rece		1,074,028.	··	N/A	Const and anily
	2	Check	if the foundation is not required					
Í		Interest on savin	gs and temporary		6.	6.		STATEMENT 1
1			unterest from securitié					
1	5a	Gross rents						
l	b	Net rental incom	e or (loss)					
انه	6a		from sale of assets not or		81,078.		<u> </u>	
Revenue	þ	Gross sales pric assets on line 6a	e for all8:	1,078.			FREE	VED
ě	7	Capital gain net	income (from Part IV, line 2	2)		81,078.	RECE	11-00
	8	Net short-tern	n capital gain) 0040 O
	9	Income modif					MAY 1 (2018
	10a	and allowances	·		<u> </u>		<u> </u>	IK IK
		Less Cost of go					OGDE	H. UT
		Gross profit o		. , .				
	11	Other income	es 1 through 11	• •	1,155,112.	81,084	 	
_	13		of officers directors, truste	es etc	0.	0.7004.		0.
	14	•	ee salaries and wages	•		<u></u>	<u> </u>	
			s, employee benefits	•			 	
es		Legal tees	.,	•				
ens		Accounting fe	es S'	TMT 2	895.	447		448.
EX	C	Other profess	ional fees					
Š	17	Interest		_				
rat	18	Taxes			ļ			
Jist.	19	Depreciation	and depletion .				ļ <u></u>	
Ë	20	Occupancy		••	ļ		ļ	
Ă	21		rences, and meetings				 	
ä	22	Printing and			144	ļ	 	144
Operating and Administrative Expens	23	Other expens		тмт 3	144.	0	<u> </u>	144.
rat	24	-	ng and administrative		1,039.	447		592.
ŏ	0.5	•	dd lines 13 through 23 s, gifts, grants paid	•	1,039.	44/	' 	0.
-	1		s, gins, grains paid es and disbursementi	•			 	
	20	Add lines 24		•	1,039.	447		592.
	27		26 from line 12:	<u></u>	1			
	i		ue over expenses and dis	bursements	1,154,073.			
	1		ent income (if negative, e			80,637		
	ł		income (il negative, ante				N/A	

723501 01-03-18 LHA For Paperwork Reduction Act Notice, see instructions.

Part III Analysis of Changes in Net Assets or Fund Balances

_	The first section of balances at beginning of user. Both II column (a) line 20	1	
٦	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	10,000.
2	Enter amount from Part I, line 27a	2	1,154,073.
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4	1,164,073.
5	Decreases not included in line 2 (itemize) ► UNREALIZED LOSSES ON INVESTMENTS	5	77,351.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	1,086,722.

Form 990-PF (2017)

Calendar year (or tax year beginning in) Adju		Adjusted qualifying distributions	Net value of noncharitable-i	ise assets	(col. (b) divided by col. (c))		
_	2016	0.		5,333.		.000000	
_	2015						
	2014						
	2013						
_	2012	<u> </u>					
					_2	.000000	
3	Average distribution ratio for the 5-year bathe foundation has been in existence if les		O, or by the number of years	,	3	.000000	
4	Enter the net value of noncharitable-use a	ssets for 2017 from Part X, line 5			4	53,520.	
5	Multiply line 4 by line 3				5	0.	
6	Enter 1% of net investment income (1% of	of Part I, line 27b)			6	806.	
7	Add lines 5 and 6				7	806.	
8	Enter qualifying distributions from Part XI	I, line 4			8	592.	
	If line 8 is equal to or greater than line 7.	sheck the box to Part VI, line 1h, and com-	olete that part using a 1% tax r	ate			

Form **990-PF** (2017)

See the Part VI instructions.

CARMEN-LEDERER FAMILY FOUNDATION

Form 990-PF (2017) C/O TWINFOCUS CAPITAL PARTNE Part VI Excise Tax Based on Investment Income (Section 4)	RS_LLC 940(a), 4940(b), 4940(38-7169 (e), or 4948 - see	5103 instruction	Page 4
1a Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ an		7 1 1		
Date of ruling or determination letter: (attach copy of letter if				
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here			1.	613.
of Part I, line 27b	,			
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, ente	4% of Part I, line 12, col (b).			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only		2		0.
3 Add lines 1 and 2	, , ,	3	1.	613.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only	v: others, enter -0-)	4		0.
5 Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-	,, , ,	5	1.	613.
6 Credits/Payments				
a 2017 estimated tax payments and 2016 overpayment credited to 2017	6a 1	0.		
b Exempt foreign organizations - tax withheld at source	6b	0.		
c Tax paid with application for extension of time to file (Form 8868)	6c	0.1		
d Backup withholding erroneously withheld	6d	0.		
7 Total credits and payments. Add lines 6a through 6d		7		0.
8 Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is	attached	8		0.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9	1	613.
10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpain	 1	> 10		<u> </u>
11 Enter the amount of line 10 to be: Credited to 2018 estimated tax	1	nded 11		
Part VII-A Statements Regarding Activities		111		·
1a During the tax year, did the foundation attempt to influence any national, state, or local li-	edistation or did it participate of	r intervene in	Ye	s No
any political campaign?	Sport for or ord it participate o	THEO VOING IN	1a	X
b Did it spend more than \$100 during the year (either directly or indirectly) for political pu	rnoses? See the instructions fo	or the definition	16	X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copi			"	1
distributed by the foundation in connection with the activities.	oo or any materiale parisines t	,,		
c Did the foundation file Form 1120-POL for this year?			1c	x
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during	the year	- ***	-"	
(1) On the foundation. \blacktriangleright \$ (2) On foundation managements		0.		į
e Enter the reimbursement (if any) paid by the foundation during the year for political expi			} }	
managers > \$	shertare tax imposed on lound	ation		1
2 Has the foundation engaged in any activities that have not previously been reported to the	ne IRS2		2	x
If "Yes," attach a detailed description of the activities.	., ,		- <u>-</u> -	 ^
3 Has the foundation made any changes, not previously reported to the IRS, in its government	ng instrument, articles of incor	noration or	1	
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	ing manuficing drawing of moor	poration, or	3	x
4a Did the foundation have unrelated business gross income of \$1,000 or more during the			4a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	you ,	N/A	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the y	ear?	44724	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) satisfies	od either		1 1	
By language in the governing instrument, or	Ja Citiloi		1 1	
 By state legislation that effectively amends the governing instrument so that no mand 	atory directions that conflict wi	th the state law	1 1	
		til tile state law	6 X	
remain in the governing instrument? 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," c	omplete Part II, col. (c), and Pa	rt VV	7 X	
7 Did the loundation have at least \$5,000 in assets at any time during the year? It is 5, c	umpiete ran m, cut. (c), and ra		1	+
8a Enter the states to which the foundation reports or with which it is registered. See instru	uctions -		1 1	1
	iciions. P			-
MA	na Attornov Consest (or desire	nto\	1	1
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the	ne Autorney General (or design	ale)	n 49	. }
of each state as required by General Instruction G? If "No," attach explanation	. ,	/C) for colon do::	8b X	
9 Is the foundation claiming status as a private operating foundation within the meaning ((o) for calendar		
	combiere Part XIV		191	i X
year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," 10 Did any persons become substantial contributors during the tax year? If "Yos," attach a see		•	10	

Part VII-A Statements Regarding Activities (continued)			
		Yes	No
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		Х
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 ▶ TWINFOCUS CAPITAL PARTNERS LLC Telephone no. ▶ (617)	720-	453	6
Located at ▶75 PARK PLAZA, BOSTON, MA ZIP+4 ▶0	2116		
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 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			
foreign country			
Part 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?			
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	1		
a disqualified person?	1 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 disgualified person (or make any of either available	1		ĺ
for the benefit or use of a disqualified person)?	1 '		
(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.))
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		'	[
section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A	16		ļ
Organizations relying on a current notice regarding disaster assistance, check here		 	
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	1	Į	ļ
before the first day of the tax year beginning in 2017?	1c	ļ	x
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	-10-		
defined in section 4942(j)(3) or 4942(j)(5));		<u> </u>	
a At the end of tax year 2017, did the foundation have any undistributed income (fines 6d and 6e, Part XIII) for tax year(s) beginning	İ	•	
before 2017?	ſ	(1
If "Yes," list the years	ĺ		1
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect	j		
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]
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	1		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		}	1
during the year?	ł	1	}
b If "Yes," did it have excess business holdings in 2017 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	-		I
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	l
Form 4720, to determine if the foundation had excess business holdings in 2017.)	3ь	l	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	 	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	744	 	†
had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b	1	X
THE THE COURT PRINCIPE IN THE PRINCIPE OF THE	. 70	1	(2017

C/O TWINFOCUS CAPITAL PARTNERS LLC

Part VII-B Statements Regarding Activities for Which I	orm 4720 May Be F	required (continu	ed)		
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	1 4945(e))?		3 🗓 No		_
(2) Influence the outcome of any specific public election (see section 4955); of	r to carry on, directly or indire			1	1
any voter registration drive?	5 = 1 4+		X No	l	
(3) Provide a grant to an individual for travel, study, or other similar purposes		L Yes	X No	- [
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section				1
	f = +14+ p= -		No X		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f				j
			s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unit				1	ł
section 53.4945 or in a current notice regarding disaster assistance? See instr			N/A	5b	!
Organizations relying on a current notice regarding disaster assistance, check i			>		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f	rom the tax because it maintai	ned			j
expenditure responsibility for the grant?	rom the tax because it maintai	/A \ Yes	s LiNo	,	ļ
			1	- 1	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to				1	ł
a personal benefit contract?		Yes	s X No	1	l
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b	X
If "Yes" to 6b, file Form 8870.		<u> </u>	(==)		
7a At any time during the tax year, was the foundation a party to a prohibited tax s			No _		
b if Yes, did the foundation receive any proceeds or have any net income altribu			·	7b	<u> </u>
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	nagers, Hignly			
List all officers, directors, trustees, and foundation managers and t	heir compensation.				
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Coninbutions to	(e) Exc	ense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deterred compensation	(e) Exp account allowa	, other
MICHAEL T. CARMEN	TRUSTEE	enter of	compensation	BilOsva	11003
300 BOYLSTON ST #702	1.00123				
BOSTON, MA 02116	0.25	0.1	0.		Ο.
00104, 121 02120					<u> </u>
	•			l	
					
	1			[
					
	1			}	
	1	1		}	
2 Compensation of five highest-paid employees (other than those in	ciuded on line 1). If none,	enter "NONE."			
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average	(-) Componentian	(d) Contributions to employee benefit plans and deferred compensation	(e) Ext	pense
(a) warne and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	allowa	inces
NONE					
]			<u> </u>	
	1			l	
				1	
	<u></u>				
		<u> </u>			
		<u> </u>		<u> </u>	
Total number of other employees paid over \$50,000					0
	·		Form	990-PF	(2017)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, se	e instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	41,528.
b	Average of monthly cash balances	1b	12,807.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	54,335.
e	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	54,335.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	815.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	53,520.
6	Minimum Investment return. Enter 5% of line 5	6	2,676.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations ar	nd certain	
	foreign organizations, check here 🕨 🔙 and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	2,676.
2a	Tax on investment income for 2017 from Part VI, line 5		
b	Income tax for 2017. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	26	1,613.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,063.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	1,063.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	1,063.
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	<u>592.</u>
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:	1	
a	Suitability test (prior IRS approval required)	3a	
p	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	592.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	1 1	
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions, Subtract line 5 from line 4	6	592.
	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 th	
			Form 990-PF (2017)

Part XIII Undistributed Income (see instructions)

		(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable am	ount for 2017 from Part XI,				
line 7	, i				1,063.
2 Undistributed incor	me, if any, as of the end of 2017				<u> </u>
a Enter amount fo	r 2016 only			145.	
b Total for prior ye	ears.		^		
a Evenes distributi	ions carryover, if any, to 2017:		0.		
=	ions carryover, if any, to 2017.				
a From 2012 b From 2013					
g From 2014	•				
d From 2015	·				
e From 2016					
f Total of lines 3a	through	0.			
	butions for 2017 from				
Part XII, line 4:	,				
	, but not more than line 2a			145.	
	stributed income of prior				
	required - see instructions)		0.		
	butions out of corpus				
	ed - see instructions)	0.			
	distributable amount				447.
	unt distributed out of corpus	0.			
-	ns carryover applied to 2017	0.			0.
(If an amount appearung to shown in a	ars in column (d), the same amount				
6 Enter the net to indicated below	tal of each column as v.	_			
8 Corpus Add lines	3f, 4c, and 4e Subtract line 5	0.		ļ	
•	listributed income. Subtract				
line 4b from line	e 2b		0.	<u> </u>	
deficiency has b	nt of prior years' icome for which a notice of been issued, or on which 2(a) tax has been previously		0.		
	from line 6b. Taxable				
amount - see in			0.		
e Undistributed in	ncome for 2016 Subtract line				
4a from line 2a.	. Taxable amount - see instr.			0.	
f Undistributed in	ncome for 2017. Subtract				
lines 4d and 5 f	rom line 1. This amount must				
be distributed in	n 2018				616.
7 Amounts treate	d as distributions out of				
corpus to satisf	ly requirements imposed by				
section 170(b)((1)(F) or 4942(g)(3) (Election	_			
· · · · · · · · · · · · · · · · · · ·	d - see instructions)	0.	<u></u>		
	tions carryover from 2012	_			
not applied on i		0.			<u> </u>
	itions carryover to 2018 7 and 8 from line 6a	0.			
10 Analysis of line					
a Excess from 20	i .		}	}	
b Excess from 20)14				1
c Excess from 20)15				
d Excess from 20	016				
e Excess from 20)17.	<u> </u>	<u> </u>	<u> </u>	Form 990-PF (2017)
					Lorm WW(I_W> /2017)

· CARMEN-	LEDERER FAM	ILY FOUNDAT	ION		
Form 990-PF (2017) C/O TWI	NFOCUS CAPI'	TAL PARTNER	S LLC	38-716	55103 Page 10
Part XIV Private Operating F	oundations (see ins	tructions and Part VII-	A, question 9)	N/A	
1 a If the foundation has received a ruling o	r determination letter that	it is a private operating]		/
foundation, and the ruling is effective for			▶ ∟		
b Check box to indicate whether the found		g foundation described in		4942(j)(3) or 494	12(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years	· · · · · · · · · · · · · · · · · · ·	/
income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a				1/	
c Qualifying distributions from Part XII,					
line 4 for each year listed				<u> </u>	
d Amounts included in line 2c not	1				
used directly for active conduct of					
exempt activities				-	
e Qualifying distributions made directly		111.			
for active conduct of exempt activities. Subtract line 2d from line 2c		<u> </u>		1	
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 "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	Ì				
investment income (interest, 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		- 			
(4) Gross investment income . Part XV Supplementary Info	rmation (Comple	to this part only	if the foundation	n had \$5 000 or mo	re in assets
at any time during t			the loaneatio	11 11da 40,000 01 1110	70 III 2330t3
1 Information Regarding Foundation					
a List any managers of the foundation wh		than 2% of the total cont	ributions received by th	ne foundation before the clos	e of any tax
year (but only if they have contributed i					
MICHAEL T. CARMEN				_	
b List any managers of the foundation wh	no own 10% or more of th	e stock of a corporation (or an equally large por	tion of the ownership of a pa	rtnership or
other entity) of which the foundation ha	as a 10% or greater interes	st .			
NONE		<u> </u>			
2 Information Regarding Contribut	tion, Grant, Gift, Loan,	Scholarship, etc., Pr	ograms:		
Check here 🕨 🔀 if the foundation of	only makes contributions	o preselected charitable	organizations and does	not accept unsolicited requ	ests for funds. If
the foundation makes gifts, grants, etc.					
a The name, address, and telephone num	nber or email address of th	ie person to whom applic	cations should be addre	essed:	
		in and majorials they sh	aculd Include:		
b The form in which applications should	DE SUDITIMEO AND INIOFMA	non and materials they st	TOUR HIGHAR		
c Any submission deadlines:					
v rais out mation doddings.					
d Any restrictions or limitations on award	is, such as by geographic	al areas, charitable fields,	kinds of institutions, o	r other factors:	

Form 990-PF (2017) C/O TWINFOCUS CAPITAL PARTNERS LLC
Part XV Supplementary Information (continued) 38-7165103 Page 11

3 Grants and Contributions Paid During the		avment		
Recipient	If recipient is an individual,		Purpose of grant or	
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
NONE				
		·		
		·		
Total b Approved for future payment	<u> </u>		<u>▶ 3a</u>	0.
• Approved for fature payment				
NONE				
Total			> 3b	0, Form 990-PF (2017

CARMEN-LEDERER Form 990-PF (2017) C/O TWINFOCUS C			T.C'	38_	-7165103 Page 12
Part XVI-A Analysis of Income-Produc			<u> </u>		7103103 Page 12
·			1		
Enter gross amounts unless otherwise indicated. 1 Program service revenue:	(a) Business code	d business income (b) Amount	(C) Exclu- sion code	(d) Amount	(e) Related or exempt function income
b					
c					
e					
g Fees and contracts from government agencies 2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	6.	
4 Dividends and interest from securities					
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			14	81,078.	
9 Net income or (loss) from special events				<u> </u>	<u> </u>
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
8			-	<u> </u>	
b		·			
d	ļ				
d					
12 Subtotal, Add columns (b), (d), and (e)		0	,	81,084.	0.
13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations)	,	•		, 13 _	24 224
Part XVI-B Relationship of Activities to	o the Acci	omplishment of E	Exemp	t Purposes	
Line No. Explain below how each activity for which income the foundation's exempt purposes (other than			-A contrib	outed importantly to the acco	mplishment of
N/A					
					
					
					
				_ -	
					
					-
					

Form **990-PF** (2017)

Part X		egarding Transfers to a			38~7165	103	Pa	<u>na 13</u>
	Exempt Organ				ti. Itolioliuli			
1 Dld i	the organization directly or Indi	rectly engage in any of the following	g with any other organization	described in section 501(c))		Yes	No
(oth	er than section 501(c)(3) orgar	nizations) or in section 527, relating	to political organizations?					
		iation to a noncharitable exempt org	janization of:					
	Cash				V 14 V +1	18(1)		X
	Other assets		•		,	1a(2)		X
	r transactions:] }		
	Sales of assets to a noncharita				v	16(1)		X
		oncharitable exempt organization		* 1 ** *** ** *		1b(2)		<u>X</u>
	Rental of facilities, equipment,	•	•		,	16(3)		X
	Reimbursement arrangements	,				16(4)		X
. ,	Loans or loan guarantees				· · · · · · · · · · · · · · · · · · ·	16(5)		X
		embership or fundraising solicitation				1b(6)		X
		ailing lists, other assets, or paid emi				10		X
		s "Yes," complete the following sche					ets,	
		foundation. If the foundation received	eo less than fair market value	in any transaction or snarin	g arrangement, sr	ow in		
		other assets, or services received. (c) Name of noncharitable	avamet acandisation	1 (4) =				
(a) Line no	(b) Amount involved		A GYRELINE DI DELIKERION	(d) Description of transfers	i, transactions, and s	nering err	angeme	nis
		N/A		 				
								
				 				
								
			,					
		 		 				
	· 	 	· · · · · · · · · · · · · · · · · · ·					
								
	 							
	·		·	1				
2a ist	he foundation directly or indire	ectly affiliated with, or related to, one	or more tax-exempt organiz	ations described				
		lon 501(c)(3)) or in section 527?	** ** ** *** *** *** ** **			Yes	X	No 🖸
b 11"\	res,* complete the following sci	hodule.					_	
	(a) Name of or	rganization	(b) Type of organization	(c) Descri	iption of relationsh	iip		
	N/A							
				- 				
				· <u>·</u>				
	Under panalities of perjuly I declar- and ballet, a surve, correct, and co	re that impre examined this return, including complete. Declaration of preparer (other than	ng accompanying schedules and s an involver) is based on all informs	statements, and to the best of my ation of which preparer has any k	I Man	the IRS	discuss	this
Sign		10000	10/2	L	sho	n with th	7 Seoir	Jatr Jatr
Here	PIUL	Challe	1 1/1/10	TRUSTEE		Yes	L.	
	Signature of officer or truste		Date \	Title Chank				
	Print/Type preparer's i	name Pregarer's s	signature	Date Check self- em	Dioved PTIN			
D=!=1		\ XIII	413 1/1/1/		' '			,
Paid	SCOTT KAP			05/09/18		0002		<u></u>
Prep	1 2 11 11 10 11 10 11 10 2 2 2 2 2 3	ELSTEIN AND COME	PANY, LLP	Firm's	EIN > 04-2	4445	TA	
Use (- 1	CO HEDDERAL CORNE	omit tit oon					
	Firm's address > 1	60 FEDERAL STREE	ET, 9TH FLOOR	ļ				

BOSTON, MA 02110

Phone no. 617-227-6161 Form 990-PF (2017)

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

Name of the organization

Employer identification number

CARMEN-LEDERER FAMILY FOUNDATION

20 7165102

	C/O TWINFOCUS CAPITAL PARTNERS LLC 38-7165103				
Organization type (chec					
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 charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
· ·	on is covered by the General Rule or a Special Rule. 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General Rule					
-	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special Rules					
sections 509(a any one contril	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under (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 outor, 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; I-EZ, line 1 Complete Parts I and II				
year, total con	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for of cruelty to children or animals. Complete Parts I, II, and III.				
year, contribut is checked, en purpose Don'i	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ter here the total contributions that were received during the year for an exclusively religious, charitable, etc., to complete any of the parts unless the General Rule applies to this organization because it received nonexclusively table, etc., contributions totaling \$5,000 or more during the year \$				
but it must answer "No	on 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), " 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 eet the filing requirements of Schedule B (Form 990, 990-EZ, or 990 PF).				
LHA For Paperwork F	Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)				

Name of organization
CARMEN-LEDERER FAMILY FOUNDATION

Employer identification number

	WINFOCUS CAPITAL PARTNERS LLC	3	8-7165103
Part I	Contributors (see instructions) Use duplicate copies of Part I if addit	tional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MICHAEL CARMEN AND PAMELA LEDERER 300 BOYLSTON ST #702 BOSTON, MA 02116	\$1,074,028.	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)
(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 Concash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions.)

Name of organization

CARMEN-LEDERER FAMILY FOUNDATION
C/O TWINFOCUS CAPITAL PARTNERS LLC

Employer Identification number

38-7165103

· · · · · ·		8-7165103
Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
88,909.563 SHS JOHN HANCOCK SEAPORT FUND		
	\$ 1,074,028.	12/12/17
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	- - - -	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	-	
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	-	
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	-	
	- - \$	
	(b) Description of noncash property given 88,909.563 SHS JOHN HANCOCK SEAPORT FUND (b) Description of noncash property given Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) 88,909.563 SHS JOHN HANCOCK SEAFORT FUND (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) S (c) FMV (or estimate) (See instructions.)	

Schedule B	(Form 990, 990-EZ, or 990-PF) (2017)		Page				
Name of orga	anization		Employer identification number				
	-LEDERER FAMILY FOUNDA						
C/O TW	INFOCUS CAPITAL PARTNE	RS LLC	38-7165103				
Part III	the year from any one contributor. Complete of	columns (a) through (e) and the followin	section 501(c)(7), (8), or (10) that total more than \$1,000 for g line entry. For organizations				
	completing Part III, enter the total of exclusively religiou. Use duplicate copies of Part III if additions	s, charitable, etc., contributions of \$1,000 or les at space is needed	s for the year, (Enter this late once)				
(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	nd ZIP + 4	Relationship of transferor to transferee				
1	munistroe s manne, adda ess, at	10211 7 7	religionship of transfer of to agriculate				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
1							
-		(e) Transfer of gift					
	Tropodoscalo acos - add	ad 710 + 4	Polytionship of transferor to transferor				
-	Transferee's name, address, a	10 ZIY + 4	Relationship of transferor to transferee				
(a) No. from	(b) Purpose of gift (c) Use of gift		(d) Description of how gift is held				
Part I		.,					
}	(e) Transfer of gift						
	Tunnakan sa mama maka sa sa	md 710 + 4	Dolotionable of transfers to transfers				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
}							
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I	<u> </u>						
			-				
-	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
l l		1					

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

723454 11-01-17

FORM 990-PF INTEREST ON SAVI	NGS AND TEM	PORARY CAS	H INV	ESTMENTS	STATEMENT	1
SOURCE	(A) REVENUE NE PER BOOKS		(B) NET INVESTMENT INCOME		(C) ADJUSTED NET INCOME	
CHARLES SCHWAB		6.		6.		
TOTAL TO PART I, LINE 3	6.		6.			
FORM 990-PF	ACCOUNTI	NG FEES			STATEMENT	2
DESCRIPTION	(A) EXPENSES PER BOOKS		5 T –		(D) CHARITAE E PURPOSE	
TAX PREPARATION FEES	895.	4	47.		44	18.
TO FORM 990-PF, PG 1, LN 16B	895.	4	147.		44	18.
FORM 990-PF	OTHER E	XPENSES			STATEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOKS	NET INVES	ST-	(C) ADJUSTED NET INCOM	CHARITAI	
	125					35.
STATE FILING FEES CHECK FEES	135. 9.				13	9.
CHECK FEES	9.	ESTMENTS	0.			9.
CHECK FEES TO FORM 990-PF, PG 1, LN 23	9. 144. OTHER INV	ESTMENTS LUATION ETHOD	0.	VALUE	14	9.
TO FORM 990-PF, PG 1, LN 23 FORM 990-PF	9. 144. OTHER INV	LUATION	0.	VALUE 996,676.	STATEMENT FAIR MARKE	9. 14. 4