Form **990-PF**

EXTENDED TO NOVEMBER 15, 2018 **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

	Depa	rtmen	t of the Treasury	<u></u>	o not enter s	social se	curity numbers orm990PF for ins	n this form as	it may be ma	de public		<u> </u>	
		:	venue Service	•	DEC		2017				017	Open to Public Insp	ection
			foundation	or tax year beginning	DEC	40,	2017	, and e	:numy	A Employer identific		umber	
	F	IR	ST CITI	ZENS CHARI	TABLE I	OUN	DATION I	NC		82-3772	741		
	Number and street (or P O box number if mail is not delivered to street address)							Room/suite	p reichitotte trattinet				
	200 MILL RD									508-990-3327			
	City or town, state or province, country, and ZIP or foreign post FAIRHAVEN , MA ~02719						le 			C If exemption application is pending, check here			-
	G C	heck	all that apply	X Initial return	1	Initial return of a former public charity Amended return			D 1. Foreign organizations, check here		-		
				Final return Address ch	ange		Name change			Foreign organizations meeting the 85% test, check here and attach computation			▶ □
	H C	_	type of organiz	ation X Section) nonexempt charitable		empt private foundation Other taxable private foundation			E If private foundation			▶ □	
Sy.	I Fa	Fair market value of all assets at end of year J Account				ng metho	od X Cash	Acc	rual	F If the foundation i		**)n
	•	(from Part II, col. (c), line 16) 0t (Part I, colum					her (specify) in (d) must be on cash basis.)			under section 507	(b)(1)(B	i), check here	>
94		Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)			(a)	Revenue and enses per books	(b) Net i	nvestment ome	(c) Adjusted ne	t	(d) Disbursemen for charitable purpo (cash basis only	oses	
		1					300,000			N/A	\neg		$\overline{}$
	1 Contributions, gifts, grants, etc., received 2 Check ▶ if the foundation is not required to attach Sch. B Interest on savings and temporary												
		4	Cash investments	interest from securities							-+		
			Gross rents	moreov nem cocumico				<u> </u>					
			Net rental income	or (loss)									
	ë		Gross sales price	from sale of assets not on li	ne 10						-		
	Reven	7	200010 01711110 02	come (from Part IV, line 2)					0.				
	æ	8	Net short-term	capital gain									
		9	Income modific				-				\dashv		
			and allowances Less Cost of goo	ds sold									$\neg \neg$
			Gross profit or										
-30		11	Other income	` ,					-				
2019		12	Total. Add line	s 1 through 11		$\overline{}$	300,000		0.		$oxed{oxed}$		
7		13	Compensation of	officers, directors, trustees,	050-St	\ \	, 0	.	0.				<u> </u>
 1		14		e salaries and wages	JSU 3		<u> </u>	1			-+		
93				employee benefits	٠ م		<u></u>	ļ				 _	
A	Ses	16a	Legal fees	\	OI W	، ن د د		+				 	
_	pense	b	Accounting fee	'S	اليليا	<u> </u>	1 121	-		-			
品	Ē		Other profession	onal tees	12/11	<u> </u>	10	+			-+		
SCANNED JAN	ative	17 18	Taxes		15	3							
Z	stra	19	Depreciation ar	nd depletion	التا	Λ.	, ,	-			- †		
$\ddot{\mathbf{c}}$	ű	20	Occupancy	ia apponen	/0		0.73		-		\neg		
ഗ	Adn	21		nces, and meetings	\	, E.							
	pu	22	Printing and pu		/								
	Б	23	Other expenses	S					<u></u>				
	atin		•	g and administrative			_						•
	per			d lines 13 through 23			0		0.	<u> </u>	\longrightarrow		0.
	0	25		gifts, grants paid			0						0.
		26		s and disbursements			0	1	Λ				0.
		<u>-</u>	Add lines 24 ar				- 0	'	0.	-	-+		- ' '
			Subtract line 2		omonto		300,000	-					
				e over expenses and disburs tincome (if negative, ente				'	0.		$\overline{}$		
				ncome (if negative, enter -			·			N/A			

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

(A Form **990-PF** (2017)

For	m 99	0-PF (2017) FIRST CITIZENS CHARITABL	E FOUNDATION	INC	82-3	3772741	Page 2
P	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year		End of		
<u> </u>	<u></u>	column should be for end-of-year amounts only	(a) Book Value		k Value	(c) Fair Market	
		Cash - non-interest-bearing		3(00,000.	300	,000.
		Savings and temporary cash investments					
	3	Accounts receivable		-			
	١.	Less: allowance for doubtful accounts		 .			 -
	4	Pledges receivable -				<u>- </u>	
	_ ا	Less' allowance for doubtful accounts					
	5	Grants receivable			+		
	6	Receivables due from officers, directors, trustees, and other					
	_	disqualified persons					
	7	Other notes and loans receivable		I——-		 -	
	١.	Less' allowance for doubtful accounts					
ets	1 -	Inventories for sale or use		-			
Assets	ı	Prepaid expenses and deferred charges					
~		Investments - U S and state government obligations		_			
	l	Investments - corporate stock					
	1	Investments - corporate bonds					 i
	11	Investments - land, buildings, and equipment basis					
	4.	Less accumulated depreciation					
	l	Investments - mortgage loans					
	13	Investments - other					
	14	Land, buildings, and equipment basis					
	45						
	1	Other assets (describe					
	16	Total assets (to be completed by all filers - see the	0.	3 (00,000.	300	,000.
	47	Instructions. Also, see page 1, item I)	<u> </u>		30,000.		, 000.
	17	Accounts payable and accrued expenses					ŀ
	18	Grants payable Deferred revenue		-			-
abilities	19	_					ŀ
ij	20	Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable					l
Lia	21	Other liabilities (describe)					ŀ
	22	Other nabilities (describe					
	22	Total liabilities (add lines 17 through 22)	0.		0.		l
		Foundations that follow SFAS 117, check here	<u>~.</u>				į
		and complete lines 24 through 26, and lines 30 and 31.					
Sa	24	Unrestricted					
Net Assets or Fund Balances	25	Temporarily restricted			-		
39	26	Permanently restricted	· -				
ᅙ		Foundations that do not follow SFAS 117, check here					İ
Ξ		and complete lines 27 through 31.					
6	27	Capital stock, trust principal, or current funds	0.		0.		- [
sets	28	Paid-in or capital surplus, or land, bldg, and equipment fund	0.		0.		
Ass	29	Retained earnings, accumulated income, endowment, or other funds	0.		00,000.		
ē	30	Total net assets or fund balances	0.	3(00,000.		•
_	1						ŀ
	31	Total liabilities and net assets/fund balances	<u>0.</u>	3 (00,000.		
P	art	Analysis of Changes in Net Assets or Fund Ba	lances				
					 		
1		net assets or fund balances at beginning of year - Part II, column (a), line 3	30		1.1		0
	•	st agree with end-of-year figure reported on prior year's return)			1	200	000
		r amount from Part I, line 27a			2	300	,000.
		r increases not included in line 2 (itemize)			3	200	0.
		lines 1, 2, and 3			4		000.
		eases not included in line 2 (itemize)	Jump (h) Imp 20		5	300	,000.
0	rota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	nuiiii (b), iine 30			Form 990-I	
						1 (1111 000	- (5011)

Form 990-PF (2017) FIRST CITIZENS CHARITABLE FOUNDATION FOR BASED ON INVESTMENT INCOME (Section 49	JNDATION II 140(a), 4940(b),	NC <mark>4940(e), or 4</mark> 9	82-3772 48 - see ir	741 istruc	tions	Page 4
1a Exempt operating foundations described in section 4940(d)(2), check here						
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	and enter	1%	1			0.
of Part I, line 27b						ı
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter	4% of Part I, line 12,	col (b)				
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only	, others, enter -0-)		2			0.
3 Add lines 1 and 2			3			0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only	, others, enter -0-)		4			0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			5			0.
6 Credits/Payments:	1 1	•				
a 2017 estimated tax payments and 2016 overpayment credited to 2017	6a	0.				1
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.				
d Backup withholding erroneously withheld	6d	0.				<u> </u>
7 Total credits and payments Add lines 6a through 6d			7			0.
8 Enter any penalty for underpayment of estimated tax. Check here 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			0.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	1	_ la ▶	10			
Part VII-A Statements Regarding Activities 11 Enter the amount of line 10 to be: Credited to 2018 estimated tax ▶	** -	Refunded	11			
				T	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local le	egisiation or did it parti	icipate or intervene	III	1	103	X
any political campaign?		ations for the defini	t.o.n	1a 1b		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political pur			uon	"		
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copi distributed by the foundation in connection with the activities	es of ally materials put	Dilatica of				-
c Did the foundation file Form 1120-POL for this year?				1c		<u></u>
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during	the vear			"		 -
(1) On the foundation \blacktriangleright \$ (2) On foundation manage		0.			ŀ	1
e Enter the reimbursement (if any) paid by the foundation during the year for political expe						1
managers. > \$ 0.	manare tax impesses o	n roundation				- 1
2 Has the foundation engaged in any activities that have not previously been reported to the	e IRS?			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 governing	ng instrument, articles	of incorporation, or	•			- 1
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	vear?			4a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	•		N/A	4b		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the ye	ar?			5		X
If "Yes," attach the statement required by General Instruction T						
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied	d either					- [
 By language in the governing instrument, or 						
 By state legislation that effectively amends the governing instrument so that no manda 	itory directions that co	inflict with the state	law			
remain in the governing instrument?				6	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," co	mplete Part II, col (c)	, and Part XV		7	X	
8a Entor the states to which the foundation reports or with which it is registered. See instruMA	ctions. ►					
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the	e Attorney General (or	designate)				
of each state as required by General Instruction G? If "No," attach explanation				8b	Х	, /
9 Is the foundation claiming status as a private operating foundation within the meaning of		4942(j)(5) for caler	ndar			`
year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," of		_	· · · · · · · · · · · · · · · · · · ·	9	<u> </u>	<u>X</u>
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a soft	nedule listing their names a	and addresses	TMT 1	10	X	
			Fo	rm 99 0)-PF	(2017)

Pa	art VII-A Statements Regarding Activities (continued)			
	•		Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
•	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		Х
12				
'-	If "Yes," attach statement See instructions	12		х
13	- min to the second of the sec	13	Х	
10	Website address ► N/A			
14	The books are in care of CHRISTOPHER HOWARDE Telephone no. 508-97	9 – 4'	707	
14	Located at \triangleright 200 MILL RD, FAIRHAVEN, MA	719		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		_	<u> </u>
13	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16			Yes	No
10	securities, or other financial account in a foreign country?	16	1.55	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country			
Pa	irt VII-B Statements Regarding Activities for Which Form 4720 May Be Required	<u> </u>		<u> </u>
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	I	Yes	No
10	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? Yes X No			
	(2) Borrow money from, lend money to, or etherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No	,		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)? Yes X No			
	(6) Agree to pay money or property to a government official? (Exception Check "No"			
	If the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
ь	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	1b		
	Organizations rolying on a current notice regarding disaster assistance, check here			
	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
٠	before the first day of the tax year beginning in 2017?	1c		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)).			
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			
•	before 2017?			
	If "Yes," list the years , , , , ,			
h	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to 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.			
Ī	>			
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
ь	of "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after		İ	
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2017) N/A	3b		
4a	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
		m 99	0-PF	(2017)

Form 990-PF (2017) FIRST CITIZENS CHARITABLE Part VII-B Statements Regarding Activities for Which F			82-37727	41 Page 6			
	oriii 4720 May be R	equirea (continu	ued)	Yes No			
5a During the year, did the foundation pay or incur any amount to:		<u></u>	- F	162 140			
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			es 🗓 No				
(2) Influence the outcome of any specific public election (see section 4955); or	r to carry on, directly or indire		es X No				
(4) Provide a grant to an organization other than a charitable, etc., organization described in section							
4945(d)(4)(A)? See instructions Yes X No							
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for							
the prevention of cruelty to children or animals? Yes X No							
b if any answer is the set to set i) (o), and any of the transactions fail to quality under the exceptions described in regulations							
section 53 4945 or in a current notice regarding disaster assistance? See instru				-			
Organizations relying on a current notice regarding disaster assistance, check h		nad					
c if the answer is "Yes" to question 5a(4), does the foundation claim exemption fr			es 🗆 No				
expenditure responsibility for the grant?	I.	1/A 16	es 🔛 No 📗				
If "Yes," attach the statement required by Regulations section 53.4945-5(d)	nav pramijime on						
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	Day premiums on		es X No _	,			
a personal benefit contract?	areanal hanafit contract?	T6		6b X			
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		F	22			
If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	v.	es X Nu -				
b If "Yes," did the foundation receive any proceeds or have any net income attribu				7ь Т			
Part VIII Information About Officers, Directors, Truste	es Foundation Mar	nagers Highly	+1/ ++	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Paid Employees, and Contractors	es, i canadion mai	agoro, mgm,					
1 List all officers, directors, trustees, and foundation managers and the	eir compensation.						
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to	(e) Expense			
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	account, other allowances			
		J					
SEE STATEMENT 2		0.	0.	0.			
				-			
		ı					
		_					
2 Compensation of five highest-paid employees (other than those incl	uded on line 1). If none,	enter "NONE."					
(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 and deferred	(e) Expense account, other			
(a) Name and address of each employee paid more than \$50,000	devoted to position	(c) compensation	and deterred compensation	allowances			
NONE							
		<u> </u>	<u> </u>				
Total number of other employees paid over \$50,000			<u> </u>	0			
			Form	990-PF (2017)			

Form 990-PF (2017) FIRST CITIZENS CHARITABLE FOUNDATION INC	82-3	772741 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Paid Employees, and Contractors (continued)	, Highly ———	
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) Compensation
NONE		
	,	
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	as the	Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/A		711104111
1		
2		
- · · · · · · · · · · · · · · · · · · ·		
All other program-related investments See instructions	,	
3		
Total. Add lines 1 through 3	<u> </u>	0.
•		Form 990-PF (2017)

For	m 990-PF (2017) FIRST CITIZENS CHARITABLE FOUNDATION INC	82-3	772741 Page 8
[P	artX Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations, see	e instructions)
<u> </u>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes.		
a	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	150,000.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	150,000.
е	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	150,000.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	2,250.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	147,750.
6	Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	243.
(P	art∤XI■ Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations at foreign organizations, check here ■ and do not complete this part)	nd certain	
1	Minimum investment return from Part X, line 6	1	243.
	Tax on investment income for 2017 from Part VI, line 5		
	Income tax for 2017 (This does not include the tax from Part VI)		
	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	243.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	243.
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	243.
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	0.
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		
a	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	0.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	0.

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

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4940(e) reduction of tax in those years.

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	(a)	(b)	(c)	(d)
<u> </u>	Corpus	Years prior to 2016	2016	2017
1 Distributable amount for 2017 from Part XI, line 7				243.
2 Undistributed income, if any as of the end of 2017				
a Enter amount for 2016 only			0.	
b Total for prior years.		0.		
3 Excess distributions carryover, if any, to 2017				
a From 2012				
b From 2013				
c From 2014				
d From 2015				
e From 2016	}			
1 Total of lines 3a through e	0.			
4 Qualifying distributions for 2017 from				
Part XII, line 4: > \$ 0.	ļ			
a Applied to 2016, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
- · · · · · · · · · · · · · · · · · · ·				
c Treated as distributions out of corpus	0.			
(Election required - see instructions)	<u> </u>			0.
d Applied to 2017 distributable amount	0.			
e Remaining amount distributed out of corpus	0.			0.
5 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:				
a Corpus Add lines 3f 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2016. Subtract line				
4a from line 2a Taxable amount - see instr.			0.	
f Undistributed income for 2017. Subtract				
lines 4d and 5 from line 1. This amount must	j			
be distributed in 2018				243.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2012				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2018			Ì	
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9;				
a Excess from 2013				
b Excess from 2014				
c Excess from 2015				
d Excess from 2016				
a Eyress from 2017				

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Form **990-PF** (2017)

Form 990-PF (2017) FIRST C Part XIV Private Operating F		ARITABLE FOU		82-37 N/A	772741 Page 10
<u> </u>			A, question 3/	N/A	
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective for	1		n continu	4042(i)/2\ or	1042(1)(5)
b Check box to indicate whether the found		ung toungation described t		4942(j)(3) or4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year (a) 2017	(b) 2016	Prior 3 years (c) 2015	(d) 2014	(e) Total
income from Part I or the minimum	(8)2017	(0) 2010	(6) 2013	(0) 2014	(6) 10(4)
investment return from Part X for					
each year listed					
b 85% of line 2a		\			<u> </u>
c Qualifying distributions from Part XII,					
line 4 for each year listed				/_/	
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.	ŀ	`	\	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	1				
(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 Info	rmation (Compl	ete this nart only i	f the foundation b	ad \$5 000 or mo	re in assets
at any time during t			i tile loulidation i	124 40,000 01 1110	10 111 033013
					
1 Information Regarding Foundation	-		1 1		
a List any managers of the foundation wh year (but only if they have contributed r			ributions received by the f	oundation before the cio	se of any tax
NONE					
b List any managers of the foundation wh other entity) of which the foundation ha			or an equally large portion	n of the ownership of a p	artnership or
NONE					
2 Information Regarding Contributi					
Check here ► X if the foundation of the foundation makes gifts, grants, etc.,					Jests for lunds. If
a The name, address, and telephone num	ber or email address of	the person to whom applic	ations should be addresse	ed	
b The form in which applications should t	e submitted and inform	nation and materials they sl	nould include		
c Any submission deadlines:					
	n nuch as h./ ******	unal aroan shariteble field-	kinds of institutions as a	ther factors	
d Any restrictions or limitations on award	s, such as by geograph	icai areas, chafitadie fields,	KINGS OF MISURUMONS, OF O	ther Idutors	

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

iter gross amounts unless otherwise indicated.	Unrelated b	usiness income		ed by section 512, 513, or 514	(e)
•	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exemp
Program service revenue: a	Code				
	-				
Fees and contracts from government agencies					
Nembership dues and assessments					
nterest on savings and temporary cash					
vestments					
ividends and interest from securities					
et rental income or (loss) from real estate.					
Debt-financed property					
Not debt-financed property					
et rental income or (loss) from personal					
roperty		·			
ther investment income					
ain or (loss) from sales of assets other					
nan inventory					
et income or (loss) from special events			_		
ross profit or (loss) from sales of inventory					
ther revenue					
l	_		1 1		
·	l i	<u> </u>	+ +		
·			- +		
	_		+ +		
		0	1 1	0.	
Subbabal Add calumans (b) (d) and (a)			•		
Subtotal Add columns (b), (d), and (e)				12	
Subtotal Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e)	1			13	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations.					_
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations.			xempt		
subtotal Add columns (b), (d), and (e) fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations. Relationship of Activities	to the Accom	olishment of E		Purposes	olishment of
subtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations. ort XVI-B Relationship of Activities e No. Explain below how each activity for which in	to the Accomp	olishment of E		Purposes	olishment of
subtotal Add columns (b), (d), and (e) fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations. THE XVI-B Relationship of Activities e No. Explain below how each activity for which in	to the Accomp	olishment of E		Purposes	olishment of
subtotal Add columns (b), (d), and (e) fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations. THE XVI-B Relationship of Activities e No. Explain below how each activity for which in	to the Accomp	olishment of E		Purposes	olishment of
ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations. rt XVI-B Relationship of Activities e No. Explain below how each activity for which in	to the Accomp	olishment of E		Purposes	olishment of
ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations. rt XVI-B Relationship of Activities e No. Explain below how each activity for which in	to the Accomp	olishment of E		Purposes	olishment of
ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations. rt XVI-B Relationship of Activities e No. Explain below how each activity for which in	to the Accomp	olishment of E		Purposes	olishment of
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ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations. rt XVI-B Relationship of Activities e No. Explain below how each activity for which in	to the Accomp	olishment of E		Purposes	olishment of
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ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations. ITT XVI-B Relationship of Activities e No. Explain below how each activity for which in	to the Accomp	olishment of E		Purposes	olishment of
ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations. ITT XVI-B Relationship of Activities e No. Explain below how each activity for which in	to the Accomp	olishment of E		Purposes	olishment of
ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations. ITT XVI-B Relationship of Activities e No. Explain below how each activity for which in	to the Accomp	olishment of E		Purposes	plishment of
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subtotal Add columns (b), (d), and (e) fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations. THE XVI-B Relationship of Activities e No. Explain below how each activity for which in	to the Accomp	olishment of E		Purposes	Dishment of
subtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations. ITT XVI-B Relationship of Activities e No. Explain below how each activity for which in	to the Accomp	olishment of E		Purposes	Dishment of
Subtotal Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations. ART XVI-B Relationship of Activities The No. Explain below how each activity for which in	to the Accomp	olishment of E		Purposes	olishment of

723621 01-03-18

Form 990-PF (2		CITIZENS						2-3772741	Pa	age 13
Part XVII	Information Re		sfers to a	nd Transa	actions an	d Relation	ships With No	oncharitable		
	Exempt Organ								Vaa	l NIa
	ganization directly or indi					n described in s	section 501(c)		Yes	140
•	n section 501(c)(3) organ	·	_		rganizations?					
	from the reporting found	ation to a noncharita	bie exempt org	ganization of:				1a(1)	 	x
(1) Cash								1a(1)		X
(2) Other b Other tran								14(2)	 	
		ble exempt erganizat	tion					1b(1)	 	X
` '	of assets to a noncharita hases of assets from a no	· -						1b(2)	 	X
٠,		-	n gamzanon					1b(3)		X
(3) Rental of facilities, equipment, or other assets(4) Reimbursement arrangements								1b(4)		х
• •	s or loan guarantees							1b(5)		Х
• •	rmance of services or me	embership or fundrai	sino solicitatio	ns				1b(6)	<u> </u>	Х
٠.	f facilities, equipment, ma	•	_					1c		Х
-	wer to any of the above is	= :			(b) should alv	vays show the fa	air market value of t	the goods, other as:	sets,	
or service	s given by the reporting f	oundation. If the four	ndation receive	ed less than fa	ır market valu	e in any transact	tion or sharing arrai	ngement, show in		
column (c	i) the value of the goods,	other assets, or serv	rices received							
(a) Line no	(b) Amount involved	(c) Name o	f noncharitable	e exempt orga	nization	(d) Descrip	ption of transfers trans	actions, and sharing ari	angemer	nts
			N/A							
										_
										
						+				
										
		-								
								.,.		
		<u> </u>								
	ndation directly or indirec	-		or more tax-	exempt organiz	zations describe	d	V	\ \\] No
	501(c) (other than section		ection 52/7					Yes		_ №о
b if Yes, co	omplete the following sch (a) Name of org			(h) Type of	organization		(c) Description	of relationship		
	N/A			(=) ////			(0) = 000p			
			·							
	· · ·									
	penalties of perjury, I declare teleficial penalties of perjury, I declare teleficial penalties of penalties							May the IRS		
Sign L	/ ///	. 11	77	1 .	1-10	L	1 1	return with the	7 See ins	
Here	Many 1	J.71cm	<u> </u>		<u> </u>	THEASH	ON FOLIZINK / VIC	<u>- </u>	•	No
Sign	nature of officer or trustee		l Dranarasia a	Date		Title Date		ıf PTIN		
	Print/Type preparer's na		Preparer's si	_		Date	self- employed			
Paid	HARRY A. K	ALAUIAN,	Harry	a. Kel	ajion Je	11/7/2018		P00464	296	
Preparer	JR., CPA Firm's name ► WOL	F & COMPA	<i>' 1</i>	<u> </u>	0	11//2010		04-26898		
Use Only	THIIIS HAIRE WOL	i a compa	L.I, E.	· ·			FIIII S EIN	0 ± 20000	55	
	Firm's address ▶ 99	HIGH STR	EET. 2	1ST FL	OOR	,				
	Firm's address ▶ 99 HIGH STREET, 21ST FLOOR BOSTON, MA 02110						Phone no.	617-439-9	700	

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

FIRST CITIZENS CHARITABLE FOUNDATION INC

82-3772741

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

501(c)(

) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

X 501(c)(3) exempt private foundation

4947(a)(1) nonexempt 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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of organization

Employer identification number

FIRST CITIZENS CHARITABLE FOUNDATION INC

82-3772741

TRST	CITIZENS CHARITABLE FOUNDATION INC 82-3772741				
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	FIRST CITIZENS' FEDERAL CREDIT UNION 200 MILL RD FAIRHAVEN, MA 02719	\$ 300,000.	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		
		- - \$	Person Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		- \$	Person Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		- - -	Person Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		- \$	Person Payroll Noncash (Complete Part II for noncash contributions)		

Name of organization

Employer identification number

FIRST CITIZENS CHARITABLE FOUNDATION INC

82-3772741

Part II	Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$	900 900 FT or 900 PE (2017)	

Name of organ	nization	Employer identification number		
ETRST (CITIZENS CHARITABLE FOU	82-3772741		
Part III	Exclusively religious, charitable, etc., contri the year from any one contributor. Complete of completing Part III, enter the total of exclusively religious.	butions to organizations described in se blumns (a) through (e) and the following charitable, etc., contributions of \$1,000 or less f	ection 501(c)(7), (8), or (10) that total more than \$1,000 for	
(a) No.	Use duplicate copies of Part III if additiona	space is needed		
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, an	d ZIP + 4	Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
-	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	(e) Transfer of gift			
 - - -	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
		(e) Transfer of gift		
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee	

	STANTIAL CONTRIBUTORS VII-A, LINE 10	STATEMENT 1
NAME OF CONTRIBUTOR	ADDRESS	
FIRST CITIZENS' FEDERAL CREDIT	200 MILL RD	
UNION	FAIRHAVEN, MA 02719	

	I - LIST OF OFFICERS, D EES AND FOUNDATION MANA		STAT	EMENT 2
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	
PETER MUISE 200 MILL RD FAIRHAVEN, MA 02719	PRESIDENT/CHAI	RMAN 0.	0.	0.
CHRISTOPHER HOWARD 200 MILL RD FAIRHAVEN, MA 02719	TREASURER/CLER	K/VICE CHAIR 0.	RMAN 0.	0.
MARY PENKALA 200 MILL RD FAIRHAVEN, MA 02719	DIRECTOR 0.00	0.	0.	0.
LESLIE POULIN 200 MILL RD FAIRHAVEN, MA 02719	DIRECTOR 0.00	0.	0.	0.
SARAH PEDERCINI 200 MILL RD FAIRHAVEN, MA 02719	DIRECTOR 0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF,	PAGE 6, PART VIII	0.	0.	0.