

Form **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.

For extended year 2016 or tax year beginning MAR 27, 2018 and ending MAR 31, 2018	Depa	rtmen	t of the Treasury venue Service									s it may be r I the late <u>st</u> ii			_/		Open to Publi	c inspection
The Cooperative Bank of Cape Cod Charitable Poundation Trust				or tax yea	r begir										20/1	L 8		
Charitable Foundation Trust Service and analysis of Recomment of Comments and accessors accessors and accessors													Α	Employerio	lentificat	tion n	umber	
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2.5 Benjamin Franklin Way City or lown, state or promote, country, and 2 Pr or foreign postal code Hyaninis, MA 02601 6 Check all that apply:									:				┸	82-48	<u> </u>	70		
City or fown, site or growned, country, and ZIP or foreign postal code Hyannis, NA O2601 G Check at that apply: Initial return Amended return Amended return Amended return Amended return Country Amended return Country Cou			•					address)				Room/suite	В	•				
Hyannis, MA 02601 G Check all that spply.				_								l	\bot	508-5	68-3	340	00	<u> </u>
Check all that apply: X Instal return Amended ret							r foreign p	ostal cod	de				C	If exemption a	pplication	is pen	nding, check here	
Address change Check type of organization: Section 901(c)(3) exempt private foundation O					Initial	return					rmer public	charity	D	1. Foreign o	rganızatı	ons,	check here	
Section 4947(a)(1) nonexemple charactable trust Other taxable private foundation V I Fair market value of all assets at end of year Accounting embol. X Cash Accrual If the fundamental continue X X X X X X X X X					7		je						2. Foreign organizations meeting the 85% test, check here and attach computation					· ▶ □
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27 Subtract line 26 from line 12. a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)		26	•		pursem	ents.						^						^
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b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A		27	Subtract line 26	6 from line	e 12.			4	000	070								
c Adjusted net income (if negative, enter -0-)		ı						<u> </u>	998 ,	9/8.			+			+		
		1)-)					U	+	NT / 7		+		
							Act Natio	L	etructions				1		-		Form 990-	PF (2018

_		O-11 (2010) CHAITEADIC I CANAGETO.	Beginning of year	End o	f vear
P	art	II Balance Sheets Attached schedules and amounts in the description column should be for end of year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
$\overline{}$	Τ,		(a) book value	(b) Dook value	(c) i dii Market valde
Ť		Cash - non-interest-bearing			
		Savings and temporary cash investments		. "	
	3	Accounts receivable			
		Less: allowance for doubtful accounts			
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	1	Receivables due from officers, directors, trustees, and other		-	
	١٣				
	۱.	disqualified persons			
	7	Other notes and loans receivable			
	ĺ _	Less, allowance for doubtful accounts			
ets	į.	Inventories for sale or use			
Assets		Prepaid expenses and deferred charges			
•	10a	Investments - U.S and state government obligations			
	b	Investments - corporate stock Stmt 1	0.	2,021,121.	2,021,121.
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment, basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
		Land, buildings, and equipment; basis		-	1
	' -				
	۱.,	Less accumulated depreciation			
	1	Other assets (describe)			
	16	Total assets (to be completed by all filers - see the	ا ۱	2,021,121.	2 021 121
_	▙	instructions. Also, see page 1, item I)	0.	2,021,121.	2,021,121.
	1	Accounts payable and accrued expenses		<u></u>	
	18	Grants payable			
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons]
æ	21	Mortgages and other notes payable			
	22	Other liabilities (describe ▶)			
	23	Total liabilities (add lines 17 through 22)	0.	0.	ļ
_		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26, and lines 30 and 31.			
es	24	Unrestricted			
Š		Temporarily restricted			
ag					
Net Assets or Fund Balances	20	Permanently restricted Foundations that do not follow SFAS 117, check here			
Ë		·			
Ĕ	1	and complete lines 27 through 31.		^	
ţ	27	Capital stock, trust principal, or current funds	0.	0.	
se	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Ä	29	Retained earnings, accumulated income, endowment, or other funds	0.	2,021,121.	
Ĕ	30	Total net assets or fund balances	0.	2,021,121.	
_					Ĭ
	31	Total liabilities and net assets/fund balances	0.	2,021,121.	
_			Janasa		
<u>P</u>	art	Analysis of Changes in Net Assets or Fund Ba	nances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line 3	0		
		t agree with end-of-year figure reported on prior year's return)		1	0.
	•	amount from Part I, line 27a		2	1,998,978.
3	Othe	rincreases not included in line 2 (itemize) Unrealized G	ain on Securi		22,143.
		ines 1, 2, and 3		4	2,021,121.
		eases not included in line 2 (itemize)		5	0.
			umn (h) lina 20	6	2,021,121.
<u> </u>	rotal	net assets or fund balances at end of year (line 4 minus line 5) - Part II, coli	unni (u), inie 30		Form 990-PF (2018)

Page 3

Part IV Capital Gains	and Losses for Tax on I	nvestmen	t Income					
	 (a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) 					quired hase ation	(c) Date acqui (mo , day, yr	(d) Date sold (mo., day, yr.)
1a	-			1	_			
b NO	NE		-					
c								
d								
е								
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				(h) Gain or ((e) plus (f) n	
a								
b								
<u>c</u>								
_d								
<u>e</u>		11:- (1-4 -	40/04/00					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.						(I) Gains (Col. (h ol. (k), but not le:		
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		xcess of col. (i) r col. (j), if any	555 UT COL. (1)			Losses (from	
<u>a</u>		ļ						
<u>b</u>		<u> </u>						<u>.</u>
<u>c</u>		<u> </u>		_		<u>-</u> .		
d								
е				_				
2 Capital gain net income or (net capital loss) If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7					2			
3 Net short-term capital gain or (los	ss) as defined in sections 1222(5) ar	nd (6):		ς				
If gain, also enter in Part I, line 8,	column (c).			١I				
If (loss), enter -0- in Part I, line 8		. Dadwas	l Tou on Not		3	ant In		
	nder Section 4940(e) for					ient in	come	NT / A
(For optional use by domestic private	e foundations subject to the section	4940(a) tax or	n net investment in	come	9.)			N/A
If section 4940(d)(2) applies, leave to	his part blank							
	•		 					Yes No
Was the foundation liable for the sec If "Yes," the foundation doesn't qualif				100 /				Yes IVO
	each column for each year; see the			ntries				
(a)	·· · · · · · · · · · · · · · · · · · ·	11311 00110113 00	Tore making any c					 (d)
Base period years Calendar year (or tax year beginni	ng in) Adjusted qualifying dis	stributions	Net value of no	(c) nchai		use asset		útión ratio ided by col. (c))
2017							,	
2016							1	
2015								
2014			1					
2013								
2 Total of line 1, column (d)							2	
3 Average distribution ratio for the	5-year base period - divide the total	on line 2 by 5.	0, or by the numb	er of y	years			
the foundation has been in existe	nce if less than 5 years						3	
4 Enter the net value of noncharitat	ole-use assets for 2018 from Part X,	line 5					4	
5 Multiply line 4 by line 3							5	
6 Enter 1% of net investment incon	ne (1% of Part I, line 27b)						6	·
7 Add lines 5 and 6							7	 -
8 Enter qualifying distributions from Part XII, line 4						8	 	
If line 8 is equal to or greater than See the Part VI instructions.	n line 7, check the box in Part VI, line	t 1b, and comp	olete that part usin	g a 1°	% tax r	ate.		-

The Cooperative Bank of Cape Cod

Form	n 990-PF (2018) Charitable Foundation Trust					<u>4890</u>			Page 4	_
	art VI Excise Tax Based on Investment Income (Section 4940			r 494	18 -	see ii	nstru	ctio	ns)	_
1a	Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔛 and en	ter "N/	A" on line 1.							1
•	Date of ruling or determination letter: (attach copy of letter if nece	essary	-see instructions)							
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	. 🔲	and enter 1%	L	1				0.	_
	of Part I, line 27b									ĺ
C	: All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4%	of Par	t I, line 12, col. (b). 💚	_					لحي	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; oth	iers, er	nter -0-)	L	2				0.	
3	Add lines 1 and 2			L	3				0.	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, of	hers, e	nter -0-)	L	4				0.	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			L	5				0.	-
6	Credits/Payments,									
а	2018 estimated tax payments and 2017 overpayment credited to 2018	6a		<u>.</u>						ĺ
b	Exempt foreign organizations - tax withheld at source	6b		<u>.</u>						1
C	Tax paid with application for extension of time to file (Form 8868)	6c		<u>.</u>						ĺ
d	l Backup withholding erroneously withheld	6d		\Box					لـــــ	i
	Total credits and payments. Add lines 6a through 6d			\perp	7				0.	
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attac	hed		\perp	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		, •		10					
	Enter the amount of line 10 to be. Credited to 2019 estimated tax		Refunded		11					
	art VII-A Statements Regarding Activities							V	A1 -	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legisla	ation o	r did it participate or intervi	ene in			1a	Yes		
	any political campaign?								X	
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purpose			efinitio	n		1b		Х	i
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or										
	distributed by the foundation in connection with the activities.								-	i
	Did the foundation file Form 1120-POL for this year?						1c		X	i
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the		,	,						1
	(1) On the foundation. \$ 0. (2) On foundation managers.			<u>.</u>						1
е	Enter the reimbursement (if any) paid by the foundation during the year for political expendition	ure tax	imposed on foundation							ĺ
	managers ▶\$ 0.	00								i
2	Has the foundation engaged in any activities that have not previously been reported to the IR	Sy					2			i
	If "Yes," attach a detailed description of the activities.									ĺ
3	Has the foundation made any changes, not previously reported to the IRS, in its governing in	istrume	ent, articles of incorporatio	n, or			-3		<u></u>	į
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	^					<u> </u>		$\frac{\mathbf{x}}{\mathbf{x}}$	
	Did the foundation have unrelated business gross income of \$1,000 or more during the year'	•			N	/A	4a 4b			
	If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, termination, dissolution, or substantial contraction during the year?				14	/ ħ	5		Х	
Ð	, , , , , , , , , , , , , , , , , , , ,									i
•	If "Yes," attach the statement required by General Instruction T Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eith	har.								1
0	By language in the governing instrument, or	1161.								l
	By state legislation that effectively amends the governing instrument so that no mandatory	directi	one that conflict with the s	tate la	ıA/					ĺ
	remain in the governing instrument?	uncon	ons that connict with the s	uito iu	••		6	X		ı
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete	ete Par	t II. col. (c), and Part XV				7	X		
•	big the foundation have at least 40,000 in assets at any time during the year. In 1805, comple	010 1 41	t 11, 001 (0), and 1 alt xx			ŀ				ĺ
g o	Enter the states to which the foundation reports or with which it is registered. See instruction	ıs Þ								l
va	MA									İ
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Att	tornev	General (or designate)							ĺ
	of each state as required by General Instruction G? If "No," attach explanation						8b	$\overline{\mathbf{x}}$		
									Ī	_
	year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV						9		X	
	Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule			Sti	mţ	2	10	X		
							n 990		(2018)	

LP:	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	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	Х	
	Website address ► www.thecooperativebankofcapecod.com			L
14	The books are in care of ► Mark Linehan Telephone no ►508-56	8-3	400	
	Located at ▶ 25 Benjamin Franklin Way, Hyannis, MA ZIP+4 ▶02			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		$\overline{}$	
10	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
10	securities, or other financial account in a foreign country?	16	703	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	10		41
	foreign country			
ΓPa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
18	a 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)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		ĺ	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(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"		ļ	
	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)		j	
ŀ	o 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 relying 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			
-	before the first day of the tax year beginning in 2018?	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(i)(3) or 4942(i)(5)):			
a	a At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2018?		- 1	
	If "Yes," list the years ▶ , ,		1	
t	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect		- 1	1
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	ł	- 1	- 1
	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.		\neg	
			l	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?		- [
ь	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after			
_	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose		}	
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2018) N/A	3b	-	1
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		<u>x</u>
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that		\dashv	<u></u> 1
•	had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b	 	<u></u> _
	- 10-10-10-10-10-10-10-10-10-10-10-10-10-1			

Part VII-B Statements Regarding Activities for Which I	orm 4720 May Be F	Required (contin	ued)		
5a During the year, did the foundation pay or incur any amount to:				ي.⊸ Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Y	es 🗶 No 🏻	100	134
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire	ectly,		المراجعة الأسارة	
any voter registration drive?		Y	es 🗶 No 📗		1 4
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Y	es 🗶 No	10 8 19 14	4.4
(4) Provide a grant to an organization other than a charitable, etc., organization			;		
4945(d)(4)(A)? See instructions		Y	es 🗓 No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	or	,		1. 31
the prevention of cruelty to children or animals?	• • •	Y	es 🗶 No 🖟	4 w 13 .	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	ler the exceptions described i	n Regulations			. 8/1
section 53.4945 or in a current notice regarding disaster assistance? See instri		J	N/A	5b	
Organizations relying on a current notice regarding disaster assistance, check h			▶□□	5. rx 1 2.	~
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ned		والمتعمير أأران	12.
expenditure responsibility for the grant?			es 🔲 No 📗	S. 3 12 3	1 1 2
If "Yes," attach the statement required by Regulations section 53.4945-5(d).		. —			1:34
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	nav nremilims on			1	138
a personal benefit contract?	ouy promisino on		es 🗶 No		上漢
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?	٠٠ ســـــ	,	6b	X
If "Yes" to 6b, file Form 8870.	orsonal sonone contract		ļ.	5,7 pr *	2.8
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?		es 🗶 No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu		N/A	7b	\ 	
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$			· · · · · · · · · · · · · · · · · · ·	2012	KSTA
excess parachute payment(s) during the year?	1,000,000 iii remanoration oi		es 🗶 No		
Part VIII Information About Officers, Directors, Trust	es Foundation Ma			2 1 4352	1, 43
Paid Employees, and Contractors	ccs, roundation ma	ilugoro, riigiii	,		
1 List all officers, directors, trustees, and foundation managers and t	heir compensation.	- <u></u>	 , ,		
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Ex accoun	pense
(a) Name and address	hòurs per week devoted to position	(If not paid, enter -0-)	and deferred compensation	accoun	t, otner ances
		<u> </u>	compensacin		
See Statement 3		l o.	l o.		0.
Dec Beacement 5		<u> </u>		 	
			ļ		
				+	
			}		
				 	
2 Compensation of five highest-paid employees (other than those inc	luded on line 1) If none	enter "NONE "			
2 Compensation of five highest-paid employees (other than those inc	(b) Title, and average	enter HONE.	(d) Contributions to	(e) Ex	oense
(a) Name and address of each employee paid more than \$50,000	'hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	accoun allowa	t, other
NONE	devoted to position		compensation	allowe	111063
NONE					
				+	
			ļ	 	
			<u> </u>	<u>L</u>	
Total number of other employees paid over \$50,000					0
			Forn	990-PF	(2018)

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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		
· · · · · · · · · · · · · · · · · · ·		
otal number of others receiving over \$50,000 for professional services		>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical informat number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	on such as the	Expenses
N/A		
	•	
Part IX-B Summary of Program-Related Investments		Americat
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
N/A		
		-
	-	
All other program related investments. See instructions		
All other program-related investments. See instructions.		
All other program-related investments. See instructions.		
• •		
• •		
• •		
• •		

Form 990-PF (2018)

F	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign for	undations, s	see instructions)
ነ	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes	22	
а	Average monthly fair market value of securities	1a	2,021,121
	Average of monthly cash balances	1b	0.
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	2,021,121
е	Reduction claimed for blockage or other factors reported on lines 1a and	65.5	
	1c (attach detailed explanation) 1e 0		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	2,021,121
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	30,317
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,990,804
6	Minimum investment return. Enter 5% of line 5 Adjusted for Short Tax Period	6	1,364
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a foreign organizations, check here and do not complete this part.)	and certain	
1	Minimum investment return from Part X, line 6	1	1,364
2a	Tax on investment income for 2018 from Part VI, line 5	120.3	
b			
C		2c	0
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,364
4	Recoveries of amounts treated as qualifying distributions	4	0 .
5	Add lines 3 and 4	5	1,364
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	1,364
=	art XII. Qualifying Distributions (see instructions)	آد العدد ا	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	3377	0 .
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	0.
	Program-related investments - total from Part IX-B	1b 2	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes		<u> </u>
3	Amounts set aside for specific charitable projects that satisfy the:	25	•
	Suitability test (prior IRS approval required)	3a	
b		3b	0.
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8; and Part XIII, line 4	4	
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	
	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	qualities for	tne section

Part XIII Undistributed Income (see instructions)

•	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7			-	1,364.
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only			0.	
b Total for prior years:		·		
o rotal for prior yours,		0.		
3 Excess distributions carryover, if any, to 2018:	<u> </u>			
a From 2013				
b From 2014		· ·		
c From 2015				
d From 2016				
e From 2017				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2018 from		 		
Part XII, line 4: >\$ 0.				
			0.	
a Applied to 2017, 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)				
d Applied to 2018 distributable amount				0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2018 (if an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
& Corpus Add linos 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 2017 Subtract line			 -	
4a from line 2a. Taxable amount - see instr			0.	
f Undistributed income for 2018 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2019			1	1,364.
7 Amounts treated as distributions out of				2,3011
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 2013	0.			
not applied on line 5 or line 7				
9 Excess distributions carryover to 2019.	n			
Subtract lines 7 and 8 from line 6a	0.	·		
O Analysis of line 9.				
a Excess from 2014				İ
b Excess from 2015				
c Excess from 2016				_
d Excess from 2017		,	ľ	•
e Excess from 2018				

823581 12-11-18

The Cooperative Bank of Cape Cod

Form 990-PF (2018) Charitable Foundation Trust 82-4890570 Page 10 Part XIV | Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling 4942(j)(3) or b Check box to indicate whether the foundation is a private operating foundation described in section 4942(1)(5) Prior 3 years 2 a Enter the lesser of the adjusted net Tax year (a) 2018 (b) 2017 (c) 2016 (d) 2015 (e) Total income from Part I or the minimum investment return from Part X for each year listed **b** 85% of line 2a c Qualifying distributions from Part XII, line 4 for each year listed d Amounts included in line 2c not used directly for active conduct of exempt activities e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter. (1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year c "Support" alternative test - enter: (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III) (3) Largest amount of support from an exempt organization (4) Gross investment income Part XV: Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.) 1 Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. None Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here X if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. a The name, address, and telephone number or email address of the person to whom applications should be addressed. N/A b The form in which applications should be submitted and information and materials they should include: N/Ac Any submission deadlines. None d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Form **990-PF** (2018)

None

Part XV. Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year None ٥. **▶** 3a Total b Approved for future payment None 0. Total

Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelat	ed business income		ided by section 512, 513, or 514	(e)
·	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code	Amount	code	Amount	Turiction income
a	_				
b	_				
c	_				
d					
е	_				
1					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash	-	· =			
investments					
4 Dividends and interest from securities			 		
5 Net rental income or (loss) from real estate:	1 (276N 1/2e)	THE CUSA POW.	1- 59V	H. NOWELL ST. E. W. P. P. OF	建筑建筑设置的
	12 4 A 14 14 15 15 15	THE GOOD WITH LIFTS	. 13.0	THE R SPERMENT TREESENCE IN	AND STREET STREET COLUMN
a Debt-financed property			-	·	
b Not debt-financed property			├		·
6 Net rental income or (loss) from personal					
property -		· · · · · · · · · · · · · · · · · · ·	ļ	<u>-</u> -	
7 Other investment income					
8 Gain or (loss) from sales of assets other	ļ				
than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
a b	_				
			1		
·					-
	_		 		
e 12 Subtotal. Add columns (b), (d), and (e)	\$ 20 th 2 h 1	0.	5 4.25 L	0.	0.
	4 434 474 267		11000	13	0.
13 Total. Add line 12, columns (b), (d), and (e)				··-	
(See worksheet in line 13 instructions to verify calculations		-			
Part XVI-B Relationship of Activities	s to the Acc	omplishment of Ex	kemp	t Purposes	
Line No. Explain below how each activity for which in			000411	hutad importantly to the secon	mplichment of
— the foundation is exempt our poon (other th			COIIIII	outed importantly to the accor	iipiisiiiileiit oi
the foundation's exempt purposes (other th	an by providing it	ilius iui sucii purpuses).		***	··
				-	
				<u> </u>	·
	<u> </u>				
	_		_	_	
		· <u></u>			
				·	
		<u></u>			
			-		
823621 12-11-18					Form 990-PF (2018)

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Part XVII	Information Regard Exempt Organization	~	to and Transactions	and Relationsr	iips with Noncha	ritable	•	
1 Did the o	rganization directly or indirectly el		llowing with any other organiz	ation described in secti	on 501/c)	-T 1	Yes	No
	an section 501(c)(3) organization:				50 1(c)	. ,		
				15'		-	.	١
	from the reporting foundation to	a nonchamable exem	ipt organization of.			1a(1)		X
(1) Cash						1a(2)		X
(2) Othe						18(2)		
	nsactions,	mot organization				1b(1)		X
• •	s of assets to a noncharitable exer	· -	ıon.			1b(2)		X
٠,,	hases of assets from a noncharita		IUII			1b(3)		X
	al of facilities, equipment, or othe	1 455615				1b(4)		X
• •	nbursement arrangements is or loan guarantees					1b(5)		X
	ormance of services or membersh	nn or fundraising soli	entations			1b(6)		X
• •	of facilities, equipment, mailing lis	•				1c		X
-	wer to any of the above is "Yes," o		-	always show the fair m	arket value of the goods.		ets.	
	es given by the reporting foundate						,	
	d) the value of the goods, other as				,			
(a)Line no	(b) Amount involved	(c) Name of nonchar	ritable exempt organization	(d) Description	of transfers, transactions, and	sharing arr	rangeme	ints
		N/	'A					
			<u> </u>					
								
					<u> </u>			
					· · ·			
				-	-			
								
	··· - -							
			74-74	-				
				-				
		-	· · · · · ·					
ın section	ndation directly or indirectly affilia 501(c) (other than section 501(c omplete the following schedule.	c)(3)) or in section 527	?? 			Yes	X	□ No
	(a) Name of organization	on	(b) Type of organizatio	n (c) Description of relations	mp		
	N/A			 				
	<u></u>	- -						
					 ,	_		
Sign Here	r penalties of perjury, I declare that I have elief, it is true, correct, and complete Declared in the correct and complete Declared in the correct and complete Declared in the correct and complete Declared in the correct and correct in the correct and correct in the correct and correct in the correct and correct in the correct in the correct and correct in the correct and correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the correct in the corre				has any knowledge ret	y the IRS of urn with the own below? X Yes	Prepare See ins	er
	Print/Type preparer's name	Prepare	er's signature	Date	Check If PTIN			
			γ		self- employed			
Paid	Nicholas E. Po	orto	/M V \	02/06/19		1310		
Preparer	Firm's name ▶ Baker	Newman & N	loyes		Firm's EIN ▶ 01-0	4945	26	
Use Only								
	Firm's address ▶ P.O.				/	0.00	010	^
	Portl	and, ME 04	112		Phone no. (207)			
					F	orm 990	,-ドト ((2018)

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

2018

Name of the organization

The Cooperative Bank of Co

The Cooperative Bank of Cape Cod Charitable Foundation Trust Employer identification number

82-4890570

Organiza	ation type (check or	ne)	
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	
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions	-
General	Rule		
		filing Form 990, 990·EZ, or 990·PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.	
Special	Rules		
	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 r, 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 line 1 Complete Parts I and II	ī
	year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the ty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address),	
	year, contributions is checked, enter hi purpose Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year.	_
but it mu	ist answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization
The Cooperative Bank of Cape Cod
Charitable Foundation Trust

Employer identification number

82-4890570

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	Coastal Affiliates, MHC 25 Benjamin Franklin Way Hyannis, MA 02601	\$1,998,978.	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 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 The Cooperative Bank of Cape Cod Charitable Foundation Trust Employer identification number

82-4890570

CHa	ritable Foundation Trust	02	-4030370
art;II]	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
	Various Publicly Traded Stock		
$-\frac{1}{}$		 \$1,998,978.	03/30/18
(a) No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions)	Date received
		\$	
(a) No. from	(b) - Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
Part I			<u></u>
		\$	_
(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
		\$	
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (See instructions)	Date received
		_{\$}	

Name of organization

Employer identification number

	coperative Bank of Cape		00.4000570		
Part III	aritable Foundation Tru	82-4890570 Stron 501(c)(7), (8), or (10) that total more than \$1,000 for the year			
شتصت	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	a) through (e) and the following line entry	For organizations		
	Use duplicate copies of Part III if additiona	I space is needed	SS for the year (Effer this into 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, a	Transferee's name, address, and ZIP + 4			
}					
(a) No.		<u> </u>			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		·	_		
			-		
	(e) Transfer of gift				
	Transferoo's name address a	nd 7ID + 4	Relationship of transferor to transferee		
ŀ	Transferee's name, address, and ZIP + 4		netationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
ļ					
	(e) Transfer of gift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
1					
Ì	(e) Transfer of gift				
}	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		

Statement

Ch	a	r

Form 990-PF	Corporate Stock		Statement	1	
Description		Book Value	Fair Market Value	;	
Corporate Stock - See Statement	4	2,021,121.	2,021,12	121.	
Total to Form 990-PF, Part II, line 10b			2,021,121.		
· · · · · ·	ubstantial Contrib t VII-A, Line 10	utors	Statement	2	
Name of Contributor	Address	· ···		•	

Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib	Expense Account	
Lee Ann Hesse 25 Benjamin Franklin Way Hyannis, MA 02601	Trustee 1.00	0.	0.	. 0.	
Jessica Terry 25 Benjamin Franklin Way Hyannis, MA 02601	Trustee 1.00	0.	0.	0.	
Nancy Garran 25 Benjamin Franklin Way Hyannis, MA 02601	Trustee 1.00	0.	0.	0.	
Martha Ramsey 25 Benjamin Franklin Way Hyannis, MA 02601	Trustee 1.00	0.	0.	0.	
Matt Cole 25 Benjamin Franklin Way Hyannis, MA 02601	Trustee 1.00	0.	0.	0.	

Part VIII - List of Officers, Directors

Trustees and Foundation Managers

Form 990-PF

The Cooperative Bank of C	Cape Cod Char		82-4	890570
Justin Manning 25 Benjamin Franklin Way Hyannis, MA 02601	Trustee 1.00	0.	0.	0.
Geoff Nickerson 25 Benjamin Franklin Way Hyannis, MA 02601	Trustee 1.00	0.	0.	0.
Elizabeth Oliver 25 Benjamin Franklin Way Hyannis, MA 02601	President 1.00	0.	0.	0.
Mark Linehan 25 Benjamin Franklin Way Hyannis, MA 02601	Treasurer 1.00	0.	0.	0.
Totals included on 990-PF,	Page 6, Part VIII	0.	0.	0.