Form 990-PF

Return of Private Foundation

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

OMB No 1545-0052

2018

		of the Treasury nue Service ▶ Go to www.irs.gov/Form990PF fi			-	_ 1 april 1	to Public Inspection
		ndar year 2018 or tax year beginning			nd ending	711. Balance	, 20
	ne of fou		7			r identification numbe	
н.	Par	terson Hale Charitable Trust			04-32	267731	
Num	ber and	street (or P O box number if mail is not delivered to street address)		Room/suit	e B Telephone	e number (see instructi	ons)
		m Street			(978)	462-2986	
City	or town	, state or province, country, and ZIP or foreign postal code			C If exempti	on application is pendi	ng, check here 🕨 🗌
_		yport MA 01950					
G	Check		n of a former p	ublic cha	anty D 1. Foreign	organizations, check l	nere ► 🗌
		☐ Final return ☐ Amended				organizations meeting	
	Charl	Address change Name cha		t C		nere and attach compu foundation status was t	
H	Soction	k type of organization: Section 501(c)(3) exempt pon 4947(a)(1) nonexempt charitable trust 🗵 Other ta	orivate lourida vable private f	ion o C	section 50	07(b)(1)(A), check here	▶ □
-		narket value of all assets at J Accounting method					
•		f year (from Part II, col. (c), Other (specify)	2 <u>13</u> Cash [_ /\\	F	idation is in a 60-month	termination here
		5) ► \$ 2,225,229. (Part I, column (d) must be	e on cash basis)			_
IP.	art Is	Analysis of Revenue and Expenses (The total of	(a) Revenue a	and (b) Net investment	' (c) Adjusted net	(d) Disbursements for charitable
		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).	expenses pe books	er (S	income	income	purposes (cash basis only)
				192	PART OF THE STREET	TERRITATION CENT	
	1 2	Contributions, gifts, grants, etc., received (attach schedule) Check ► ☒ if the foundation is not required to attach Sch. B	HALL LAND WHAT AND			INTERPRETATION IN THE PROPERTY OF THE PROPERTY	
•	3	Interest on savings and temporary cash investments	13,3		13,350.	CALL TO DESCRIPT	THE STATE OF T
5	4	Dividends and interest from securities	44,0		44,020.		<u> </u>
	5a	Gross rents	11,0				CAPATRICAL
	, b	Net rental income or (loss)	FITASKIT	1377 96	W-POLIFIE	PRIMITING	
P P	6a	Net gain or (loss) from sale of assets not on line 10	38,7	88. 🚟			
ַבָּי רַ	b	Gross sales price for all assets on line 6a 94,402	医学学的 四十	25 2.4 L		THE PROPERTY OF THE PARTY OF TH	
Revenue	7	Capital gain net income (from Part IV, line 2)	TEIVED	EX.		Mich Heren	
j Œ	8	Net short-term capital gain		1731	美国新疆		in addition of the
	9	Income modifications Gross sales less returns and allowances NOV	10.9 A' ELLER'S	_ 11 11	March (191		HELLMANN THE
	10a					MARKET THE STATE OF THE STATE O	12.34.10113.74
	b	Less: Cost of goods sold .	L. E. F. T. J.		CENTER THE TOTAL	THE PROPERTY.	
	11	Gross profit or (loss) (attach schedule) Other income (attach schedule))EN, U	1 4	1824 Block & BO. 477 4		HARMAGEN HARMAGEN
	12	Total. Add lines 1 through 11	96,1	50	96,158.		Chief Carried
_	13	Compensation of officers, directors, trustees, etc	15,0		30,130.		15,000.
enses	14	Other employee salaries and wages					
eus	15	Pension plans, employee benefits					
Q	16a	Legal fees (attach schedule)					
Ш	b	Accounting fees (attach schedule) L-16b Stmt	9	50.			950.
Ęį	. с	Other professional fees (attach schedule) L-16c Stmt	4	25.	175.		250.
tra	17	Interest	ļ				
nis	18	Taxes (attach schedule) (see instructions e Stmt.	3,6	98.	514.		FROM DESIGNATION OF THE PROPERTY OF THE PROPER
Ξ	19	Depreciation (attach schedule) and depletion					ELIGIBLE
Ą		©ccupancy ∰avel, conferences, and meetings					•
p		Brinting and publications					
Operating and Administrative Ex		Other expenses (attach schedule) See Stmt		70.			, .:
ij		Potal operating and administrative expenses.	-				1
ra		Add lines 13 through 23	20,1	43.	689.		16,200.
)pe		Contributions, gifts, grants paid	124,5			当れなるないまである。	124,500.
_		Total expenses and disbursements. Add lines 24 and 25	144,6		689.		140,700.
		Subtract line 26 from line 12		N.		到这条100 6	
		Excess of revenue over expenses and disbursements	-48,4			CAMPIECH AND	MANUAL TRANSPORT
	1 .	Net investment income (if negative, enter -0-)	ECEMPATED.			CONTRACTIONS.	
	CI	Adjusted net income (if negative, enter -0-) .	ACT SAPER	121FVI VX	他和它的社会		11. 江西湖南江

For Paperwork Reduction Act Notice, see instructions.

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Pa	art II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year		End o	,
		should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Valu	ie	(c) Fair Market Value
	1	Cash—non-interest-bearing	27,716.	34,8	08.	34,808.
	2	Savings and temporary cash investments				
	3	Accounts receivable ▶				
		Accounts receivable ► Less. allowance for doubtful accounts ►				
	4	Pledges receivable ▶				
		Less allowance for doubtful accounts ▶				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)				
	7	Other notes and loans receivable (attach schedule) ▶				1
		Less. allowance for doubtful accounts ▶				
ß	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
As	10a	Investments—U S and state government obligations (attach schedule)				
-	b	Investments—corporate stock (attach schedule) L-10b Stmt	678,110.	622,4	97	1,899,381.
	c	Investments—corporate bonds (attach schedule) L-10c Stmt	290,518.	289,9		291,040.
	11	Investments—land, buildings, and equipment basis ▶				
		Less. accumulated depreciation (attach schedule) ▶		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
	12	Investments—mortgage loans				
	13	Investments—other (attach schedule)				
	14	·				
	' -	Land, buildings, and equipment. basis ► Less accumulated depreciation (attach schedule) ►	······································	•		
	15	Other assets (describe ►)		<u> </u>		
	16	Other assets (describe ►) Total assets (to be completed by all filers—see the				
	10	instructions. Also, see page 1, item l)	205 244	045.0	.	0 005 000
_	17	Accounts payable and accrued expenses	996,344.	947,2	6/.	2,225,229.
es	18	Grants payable	+			. 0 *
Liabilities	19	Deferred revenue				
ē	20	Loans from officers, directors, trustees, and other disqualified persons	-			L
<u>"</u>	21	Mortgages and other notes payable (attach schedule)				<u>'</u>
	22	Other liabilities (describe ►				
	23	Total liabilities (add lines 17 through 22)				
S		Foundations that follow SFAS 117, check here and complete lines 24 through 26, and lines 30 and 31.				
č	24	Unrestricted	996,344.	947,2	67	
Balances	25	Temporarily restricted	990,344.		67.	
	26	Permanently restricted		·		
ď	20					
Ξ		Foundations that do not follow SFAS 117, check here ► □ and complete lines 27 through 31.				一個語句表
Net Assets or Fun	27	Capital stock, trust principal, or current funds .				() () () () () ()
S	27	Paid-in or capital surplus, or land, bldg., and equipment fund				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
set	28	Retained earnings, accumulated income, endowment, or other funds				, , , , , , , , , , , , , , , , , , ,
Ąŝ	29	Total net assets or fund balances (see instructions)	006 244	047.0	<u></u>	1,
7	30	·	996,344.	947,2	6/.	
ž	31	Total liabilities and net assets/fund balances (see	006 244	047.0	<i>-</i> -	
		Instructions)	996,344.	947,2	0/.	
	rt III	Analysis of Changes in Net Assets or Fund Balances	(a) 1		г	1
1		al net assets or fund balances at beginning of year—Part II, colu		agree with	_	006 344
_		-of-year figure reported on prior year's return)	• • •		1	996,344.
		er amount from Part I, line 27a .	• •		2	-48,485.
3					3	045.050
4		Ulines 1, 2, and 3	,		4	947,859.
5	Deci	reases not included in line 2 (itemize) Basis adjustment	Dort II. ook woo (b) ka	- 20	5	592.
6) Tota	al net assets or fund balances at end of year (line 4 minus line 5) -	rari II, column (D), IIN	ს ა∪ . <u>.</u>	6	947,267.

Capital Gains and Losses for Tax on Investment Income

Part IV

BAA

	(a) List and describe the ki	nd(s) of property sold (for example, real e	state,	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)		
12	600 shares Omnicom	Group Inc		P	10/29/2004	09/25/2018		
	600 shares Target			P	02/09/2006	09/25/2018		
	ood Bilares Targee	<u> </u>		-	02/03/2000	03/23/2010		
<u>d</u>								
е								
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis inse of sale		(h) Gain or (loss) ((e) plus (f) minus (g))		
a	42,072.			23,667.		18,405.		
b	52,330.		20,383.					
С								
d					<u> </u>			
e_								
	Complete only for assets sho	owing gain in column (h) and owned	by the foundation	on 12/31/69	(I) Gains (C	of (h) gain minus		
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col (i) (j), if any		ot less than -0-) or (from col (h))		
_ a						18,405.		
b						20,383.		
c								
d								
е								
2	Capital gain net income o		also enter in Pa , enter -0- in Pai		2	38,788.		
3	Net short-term capital gai	in or (loss) as defined in sections	1222(5) and (6)	:				
		I, line 8, column (c) See instru			3			
Part	V Qualification Und	ler Section 4940(e) for Redu	iced Tax on N	let Investment	1 - 1			
Was t	s," the foundation doesn't o	section 4942 tax on the distribu qualify under section 4940(e) Do	not complete t	his part.		☐ Yes ⊠ No		
		ount in each column for each yea	ar; see the instru	uctions before m	akıng any entries			
Cale	(a) Base penod years endar year (or tax year beginning in	(b) Adjusted qualifying distribution:	s Net value o	(c) f noncharitable-use a		(d) stribution ratio) divided by col (c))		
	2017	16,3	85.	2,228,8	26.	0.007351		
	2016	31,3		2,102,5		0.014903		
	2015	36,7		1,966,4	22.	0.018696		
	2014	85,4	79.	1,990,1	.99.	0.042950		
2 3	Total of line 1, column (d)	for the 5-year base period—div			2	0.083900		
J		oundation has been in existence			3	0.020975		
4	Enter the net value of non	charitable-use assets for 2018 fi	rom Part X, line	5	. 4	2,361,589.		
5	Multiply line 4 by line 3		•		5	49,534.		
6	Enter 1% of net investme	nt income (1% of Part I, line 27b			6	955.		
7	Add lines 5 and 6 .				. 7	50,489.		
8	Enter qualifying distribution of line 8 is equal to or great Part VI instructions.	ons from Part XII, line 4 ater than line 7, check the box in	Part VI, line 1b		. 8 that part using a			
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Part		-se	<u>e instr</u>	uctio	<u>1S)</u>			
1a				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ĺ			
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)	<u> </u>		}	ائد			
b	Defined to the first the desirent to to(o) to quite me the try of the section to to(o) to quite me the try of the section to	1		955.				
	here ► 🗵 and enter 1% of Part I, line 27b	- 1	•••					
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).				<u>. + </u>			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2		0.				
3		3		955.				
4		4		0.				
5		5		955.				
6	Credits/Payments.	"	,					
а	2018 estimated tax payments and 2017 overpayment credited to 2018 6a	., .		1	: }			
b	Exempt foreign organizations—tax withheld at source 6b	. '	_	,	'. I			
C	Tax paid with application for extension of time to file (Form 8868)	1'	٠, .	5 4	}			
_d	Backup withholding erroneously withheld 6d	╼┪╾		1				
7	Total ordina physical and physical and an analysis of the state of the	7		4-1				
8		8 9		41.				
9		0		996.				
10 11	1	1		<u>u.</u>				
	VII-A Statements Regarding Activities	<u>'</u>						
	During the tax year, did the foundation attempt to influence any national, state, or local legislation of	r did		Yes	No			
Ia	participate or intervene in any political campaign?		1a		×			
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition							
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any ma	aterial	s	-	· [
	published or distributed by the foundation in connection with the activities.							
С	the state of the s							
d	, ,							
	(1) On the foundation. ► \$ (2) On foundation managers. ► \$		_					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imp	osed	"					
_	on foundation managers. > \$			4	لبب			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	•	2	1 2-	×			
_	If "Yes," attach a detailed description of the activities			1 :	1			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, a of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change		s	1				
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		×			
	If "Yes," has it filed a tax return on Form 990-T for this year?		4b	 	^ -			
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5	+	×			
•	If "Yes," attach the statement required by General Instruction T.		-	4				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			<u> </u>				
	By language in the governing instrument, or		ŀ	<u>i</u>	· [
	By state legislation that effectively amends the governing instrument so that no mandatory direction	ns tha	ıt İ.	1				
	conflict with the state law remain in the governing instrument?		6	×				
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and	Part X	v 7	×				
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.			Ţ				
	MA		_	9	ľ			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney G	enera	ıl		<u> </u>			
	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8b	×				
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942	(j)(3) c	r	<u> </u>				
	4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If		"					
	complete Part XIV	•	9	1,	_x_			
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing			1.				
	names and addresses	<u>· · · </u>	10	O-PE	_ <u>×</u> _			

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Part	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		×
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		×
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	×	
	Website address ► N/A			
14	The books are in care of ► Leslie A. Ferlazzo Telephone no. ► (978) 4 Located at ► 7 Lorum Street Newburyport MA ZIP+4 ► 01950	62-	2986	
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		•	
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		×
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of	. 1	3 7 7	
	the foreign country ►	4	1,413.1	
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):			İ
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☑ No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?	ì		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No	,	:	1 . 1
	(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)?	;	3 ,	
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			7
	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	'	ļ. '	`
_	Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions .	1b		
•	Organizations relying on a current notice regarding disaster assistance, check here ▶	- 1	3.5	
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		-, 1	
_	were not corrected before the first day of the tax year beginning in 2018?	1c		×
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 2018, did the foundation have any undistributed income (lines 6d and	- 1		
	6e, Part XIII) for tax year(s) beginning before 2018?		1	
	If "Yes," list the years ▶ 20 , 20 , 20 , 20		ĺ	1 1
D	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)	2b	 -	
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	- 1		1
	▶ 20 ,20 ,20 ,20	١.		1 1
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	·	ε.	
	at any time during the year?	1		
b	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.)	3b	 	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		×
b	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 2018?	4b		×

Par	VII-B	Statements Regarding Activities	s for W	/hich Form	4720	May Be P	equire	d (conti	nued)			
5a		the year, did the foundation pay or incur								, ,	Yes	No
		ry on propaganda, or otherwise attempt t						☐ Yes	⊠ No		.	1
		ience the outcome of any specific public		on (see secti	ion 495	55); or to ca	arry on,		_	;	.	. 1
		ctly or indirectly, any voter registration dr						☐ Yes	⊠ No	"	.	7
		vide a grant to an individual for travel, stu						☐ Yes	X No	• :	4.	
		vide a grant to an organization other that tion 4945(d)(4)(A)? See instructions	n a cna				ribea in	_	(C)	' ;	"	
		vide for any purpose other than religious	oboriti	 abla calentif		any or odu	 Sational	∐ Yes	⊠ No		· ,	nî.
		poses, or for the prevention of cruelty to						∏Yes	X No	1 . 1	ار ٹق ا	1
b	•	nswer is "Yes" to 5a(1)-(5), did any of the						_	_		, ,	
		lations section 53 4945 or in a current no								5b		لبسب
	Organiz	rations relying on a current notice regardi	ng disa	ster assistan	ice, che	eck here			▶ 🗆	- 1		
С	If the a	nswer is "Yes" to question 5a(4), does t	the four	ndation claim	ı exem	ption from	the tax				.5	
		e it maintained expenditure responsibility		_				☐ Yes	☐ No	4		,
		" attach the statement required by Regul										7 .
6a		foundation, during the year, receive any	funds,	directly or in-	directly	, to pay pre	emiums	_	_			
	on a personal benefit contract?										ننڌ	
b												_×_
70	If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes No										•	.
7a b		ine during the tax year, was the foundation " did the foundation receive any proceed		•					_	7b		
8		oundation subject to the section 4960 ta								70	 	
•		ration or excess parachute payment(s) di							∏No		1 1	
Par	VIII	Information About Officers, Direct							Paid E	mploy	ees,	
		and Contractors										
	List all	officers, directors, trustees, and found			<u> </u>							
		(a) Name and address	hou	e, and average rs per week ed to position	(If r	mpensation not paid, nter -0-)	emplo	Contribution byee benefit erred compe	plans	(e) Expe	nse acc allowan	
		Ferlazzo	Trust	tee								
		treet Newburyport MA 01950		2.00		10,000.			0.			0.
	herine		Trust									_
_9 Or	ange Si	reet Apt 2 Newburyport MA 01950		1.00		5,000.			0.			0.
	· · · · · · · · · · · · · · · · · · ·	•••••	1		ĺ		1					
			 				 					
	•••••		ł				ł					
2	Compe "NONE	nsation of five highest-paid employed."	es (oth	er than tho	se incl	uded on li	ne 1—:	see instr	uctions	s). If n	one, o	enter
				(b) Title, and a	average			(d) Contribu		(a) E	D00 5 5	
	(a) Name a	nd address of each employee paid more than \$50,00	00	hours per v devoted to p	veek	(c) Compe	nsation	employee plans and c compens	deferred	(e) Expe	allowan	ces
None												
										-		
									7			
otal	number	of other employees paid over \$50,000	·	· · · ·	:	· · · ·			. 💌	0 Form 99	N-DE	(2010)

Part	and Contractors (continued)	
3	Five highest-paid independent contractors for professional services. See instructions. If none, enter "NON	E."
	(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
	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 as the number of inizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	Charitable contributions made to 5 non-profit organizations.	
-		
_		124,500.
2 _		
-		
3		
٠.		
-		
4		
-		
		,1
	IX-B Summary of Program Related Investments (see instructions)	
Des	cribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 _		
-		
2		<u> </u>
۷.		
-		
All o	other program-related investments. See instructions	
3		
-		
Total.	Add lines 1 through 3	Form 990-PF (2018
		rorm 330-F F (2018

Part	X Minimum Investment Return (All domestic foundations must complete this part. Forei	gn fol	undations,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
а	purposes: Average monthly fair market value of securities	1a	2,360,148.
_	Average of monthly cash balances	1b	37,404.
b	Fair market value of all other assets (see instructions)	1c	37,101.
	Total (add lines 1a, b, and c)	1d	2,397,552.
d e	Reduction claimed for blockage or other factors reported on lines 1a and	, -	2,331,332.
C	1c (attach detailed explanation) 1e	٠	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	2,397,552.
ა 4	Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount, see	 	2,337,332.
7	instructions)	4	35,963.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,361,589.
6	Minimum investment return. Enter 5% of line 5	6	118,079.
Part		_	
rait	and certain foreign organizations, check here ► □ and do not complete this part.)	ounac	1110110
1	Minimum investment return from Part X, line 6	1	118,079.
2а	Tax on investment income for 2018 from Part VI, line 5	┝┷╅	120,0.5.
b	Income tax for 2018. (This does not include the tax from Part VI) 2b	1	
c	Add lines 2a and 2b	2c	955.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	117,124.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	117,124.
6	Deduction from distributable amount (see instructions)	6	227,222
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,	- 	
•	line 1	7	117,124.
Pari	XII Qualifying Distributions (see instructions)	1 1	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.	ГТ	
' a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	140,700.
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	1.2	
_	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the	-	
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	·
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	140,700.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		2201700.
•	Enter 1% of Part I, line 27b. See instructions	5	955.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	139,745.
•	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating	لــــــا	
	qualifies for the section 4940(e) reduction of tax in those years.	<i>5</i> 0	
	DEL CONTRA DELO		Form 990-PF (2018)

Part	XIII Undistributed Income (see instruction	ons)			
		(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1	Distributable amount for 2018 from Part XI, line 7				117,124.
2	Undistributed income, if any, as of the end of 2018:				
а	Enter amount for 2017 only			95,056.	
b	Total for prior years 20, 20, 20				
3	Excess distributions carryover, if any, to 2018.				
а	From 2013				
b	From 2014		·		
С	From 2015	:			
d	From 2016				
e f	From 2017				
4	Total of lines 3a through e Qualifying distributions for 2018 from Part XII,				
·	line 4: ► \$140,700.			05 056	,
a	Applied to 2017, but not more than line 2a.			95,056.	
b	(Election required—see instructions)				
С	Treated as distributions out of corpus (Election required—see instructions)				
d	Applied to 2018 distributable amount				45,644.
е	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).)				
6	Enter the net total of each column as indicated below:				711
а	Corpus Add lines 3f, 4c, and 4e. Subtract line 5	0.			
b	Prior years' undistributed income Subtract line 4b from line 2b		0.		in the land
С	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				a · · ·
d	Subtract line 6c from line 6b. Taxable				214
u	amount-see instructions		0.		
е	Undistributed income for 2017. Subtract line 4a from line 2a. Taxable amount—see				
	instructions			0.	· · · · · · · · · · · · · · · · · · ·
f	Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019				71,480.
7	Amounts treated as distributions out of corpus			,	7 pl 11-
·	to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)			* 4 · · · · · · · · · · · · · · · · · ·	
8	Excess distributions carryover from 2013 not				में भूति है र
	applied on line 5 or line 7 (see instructions)	0.		,	भू- ग्रु हिं।
9	Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	0.			· · · · · · · · · · · · · · · · · · ·
10	Analysis of line 9				"说话!
а	Excess from 2014 . 0.				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
b	Excess from 2015 0 .			, ,	
С	Excess from 2016 0 .			· ,	· · · · · · · · · · · · · · · · · · ·
d	Excess from 2017 0 .			,	老额
e	Excess from 2018 0 .				建筑了战胜。3.8 8

orm 99	0-PF (2018)					Page 10
Part	XIV Private Operating Founda	tions (see ınstru	ctions and Part	VII-A, question 9)	N/A
1a	If the foundation has received a ruling					
	foundation, and the ruling is effective fo					
b	Check box to indicate whether the four		operating founda		ection	3) or 🔲 4942(j)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year	#1.0045	Prior 3 years	10005	(e) Total
	investment return from Part X for	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
	each year listed				/	
	85% of line 2a			 		<u> </u>
С	Qualifying distributions from Part XII, line 4 for each year listed				/	
	•			 	/	
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
•	·			 		· · · · · · · · · · · · · · · · · · ·
е	Qualifying distributions made directly for active conduct of exempt activities					
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the			 / 		
•	alternative test relied upon					
а	"Assets" alternative test—enter					
a	(1) Value of all assets .		/	1		
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(j)				1	
b	"Endowment" alternative test-enter 2/3					
	of minimum investment return shown in Part X, line 6 for each year listed					
С	"Support" alternative test—enter.					
	(1) Total support other than gross					
	investment income (interest,		1			
	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				the foundation h	ad \$5,000 or mo	ore in assets at
	any time during the year-		าร.)			
1	Information Regarding Foundation			0/ -		h Ah.a. £aa.da.k.a.m.
а	List any managers of the foundation before the close of any tax year (but of					by the foundation
	•	only if they have co	Jillibutea more ti	nan 45,000). (Gee s	section sor (a)(z))	
	None List any managers of the foundation	who own 10% o	r more of the sto	ock of a corporation	n (or an equally lai	rge portion of the
D	ownership of a partnership or other e					go portion or the
,	None	, 5		, c, c o g care m		
2	Information Regarding Contribution	Grant Gift Loa	n. Scholarship.	etc Programs:		
-	Check here ► 🗵 if the foundation				organizations and	does not accept
	unsolicited requests for funds If the f					
	complete items 2a, b, c, and d. See in		3 / 3 /	,	5	
а	The name, address, and telephone no	umber or email add	dress of the perso	on to whom applica	ations should be ac	Idressed:
			•			
b	The form in which applications should	d be submitted and	d information and	I materials they sho	ould include.	<u> </u>
С	Any submission deadlines:					
						
d	Any restrictions or limitations on av	vards, such as b	y geographical a	areas, charitable fi	elds, kinds of inst	litutions, or other
	factors:					

Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to Recipient Foundation Purpose of grant or Amount status of any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year Mass Audubon Society 1 Plum Island Turnpike Public Unrestricted Charity General Support 12,000. Newburyport MA 01950 Historical Society of Old Newbury Public Unrestricted 98 High Street Charity General Support 12,500. Newburyport MA 01950 Firehouse Center for the Arts Public Unrestricted 1 Market Square Charity General Support 20,000. Newburyport MA 01950 First Religious Society Unitarian Universalist Public Unrestricted 26 Pleasant Street Newburyport MA 01950 Charity General Support 30,000. Newburyport Art Association 65 Water Street Public Unrestricted 50,000. Charity General Support Newburyport MA 01950 124,500. **b** Approved for future payment

Total

	Analysis of Income-Producing Ac			Evaluded by seets	on 512 512 or 514	
	r gross amounts unless otherwise indicated	(a) Business code	(b) Amount	(c) Exclusion code	on 512, 513, or 514 (d) Amount	(e) Related or exemptifunction income (See instructions)
1	Program service revenue:			1		<u>'</u>
	a					
	b					
	c			1	<u> </u>	
	d			+		
	e					
	f			ļ		
	g Fees and contracts from government agencies				· -	
2	Membership dues and assessments					
3	Interest on savings and temporary cash investments			14	13,350.	
4	Dividends and interest from securities			14	44,020.	
5	Net rental income or (loss) from real estate.					
	a Debt-financed property					
	b Not debt-financed property					
6	Net rental income or (loss) from personal property					
7	Other investment income					
8	Gain or (loss) from sales of assets other than inventory			18	38,788.	
9	Net income or (loss) from special events					
10	Gross profit or (loss) from sales of inventory					
11	Other revenue: a					
	b					
	c					
	d					
	e					
12	Subtotal Add columns (b), (d), and (e) .				96,158.	
						
	Total. Add line 12, columns (b), (d), and (e)				13	96,158.
(See	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation	s)				96,158.
(See	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation at XVI-B Relationship of Activities to the A	s) .ccomplishm	ent of Exemp	ot Purposes	13	
(See	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation at XVI-B Relationship of Activities to the A	s) .ccomplishm	ent of Exemp	ot Purposes	13	
(See	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation 1 XVI-B Relationship of Activities to the A	s) .ccomplishm	ent of Exemp	ot Purposes	13	
(See	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation at XVI-B Relationship of Activities to the A	s) .ccomplishm	ent of Exemp	ot Purposes	13	
(See	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation at XVI-B Relationship of Activities to the A	s) .ccomplishm	ent of Exemp	ot Purposes	13	
(See	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation at XVI-B Relationship of Activities to the A	s) .ccomplishm	ent of Exemp	ot Purposes	13	
(See	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation at XVI-B Relationship of Activities to the A	s) .ccomplishm	ent of Exemp	ot Purposes	13	
(See	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation at XVI-B Relationship of Activities to the A	s) .ccomplishm	ent of Exemp	ot Purposes	13	
(See	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation at XVI-B Relationship of Activities to the A	s) .ccomplishm	ent of Exemp	ot Purposes	13	
(See	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation at XVI-B Relationship of Activities to the A	s) .ccomplishm	ent of Exemp	ot Purposes	13	
(See	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation at XVI-B Relationship of Activities to the A	s) .ccomplishm	ent of Exemp	ot Purposes	13	
(See	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation at XVI-B Relationship of Activities to the A	s) .ccomplishm	ent of Exemp	ot Purposes	13	
(See	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation at XVI-B Relationship of Activities to the A	s) .ccomplishm	ent of Exemp	ot Purposes	13	
(See	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation at XVI-B Relationship of Activities to the A	s) .ccomplishm	ent of Exemp	ot Purposes	13	
(See	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation at XVI-B Relationship of Activities to the A	s) .ccomplishm	ent of Exemp	ot Purposes	13	
(See	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation at XVI-B Relationship of Activities to the A	s) .ccomplishm	ent of Exemp	ot Purposes	13	
(See	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation at XVI-B Relationship of Activities to the A	s) .ccomplishm	ent of Exemp	ot Purposes	13	
(See	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation at XVI-B Relationship of Activities to the A	s) .ccomplishm	ent of Exemp	ot Purposes	13	
(See	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation at XVI-B Relationship of Activities to the A	s) .ccomplishm	ent of Exemp	ot Purposes	13	
(See	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation at XVI-B Relationship of Activities to the A	s) .ccomplishm	ent of Exemp	ot Purposes	13	
(See	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation at XVI-B Relationship of Activities to the A	s) .ccomplishm	ent of Exemp	ot Purposes	13	
(See	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation at XVI-B Relationship of Activities to the A	s) .ccomplishm	ent of Exemp	ot Purposes	13	
(See	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation at XVI-B Relationship of Activities to the A	s) .ccomplishm	ent of Exemp	ot Purposes	13	
(See	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation at XVI-B Relationship of Activities to the A	s) .ccomplishm	ent of Exemp	ot Purposes	13	
(See	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation at XVI-B Relationship of Activities to the A	s) .ccomplishm	ent of Exemp	ot Purposes	13	
(See	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation at XVI-B Relationship of Activities to the A	s) .ccomplishm	ent of Exemp	ot Purposes	13	

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

1	Did ti	he organization o	directly or indirectly	engage in	any of the	followin	with an	v other or	ganizatio	n descri	bed	Ye	s No
			ther than section										
		nizations?		(-/(-/	3	,		,		•			
а	Trans	sfers from the rep	porting foundation to	a nonch	arıtable exe	mpt org	anızatıor	of:			1.		
		ash									. 1	a(1)	×
	(2) 0	ther assets .									. 1	a(2)	×
b	Othe	r transactions.											
	(1) S	ales of assets to	a noncharitable exe	mpt orga	nization .					<i>.</i>	. 1	b(1)	×
			ets from a noncharita			tion					. 1	b(2)	×
			, equipment, or othe								<u> </u>	b(3)	×
		eimbursement ai									_	5(4)	×
		oans or loan gua	_									b(5)	×
		-	ervices or membersh	nip or fund	draising soli	citations					_	b(6)	×
			quipment, mailing lis	-	-							1c	×
		_	of the above is "Ye				-	Column (b	should	 I alwavs	L		
			ther assets, or servi										
			on or sharing arrang										
(a) Line		b) Amount involved	(c) Name of noncl					ription of tran					
	- T	,-,-	1,7,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1				(-/ -000					, aage	
										• • • • • • • • • • • • • • • • • • • •			
——	-											_	
					· · · · · · · · · · · · · · · · · · ·								
													
										-		-	
———		·-		_									
	-												
													
		 ,.											
			 										
						_			···-	-			
			ectly or indirectly a						xempt o	rganızatı			
			501(c) (other than se	ction 501	(c)(3)) or in s	section 5	277 .					Yes	⊠ No
<u>b</u>	If "Ye	s," complete the	following schedule										
		(a) Name of organ	ization		(b) Type of org	anization			(c) Des	cription of	relationsh	ip	
			<u> </u>										
			declare that I have examine							est of my k	nowledge	and belief	, it is true,
Sign	corre	ct, and complete Deck	aration of preparer (other the	an taxpayer) i	s dased on all ir	ntormation o	ir which prej	parer nas any i	knowleage	Ma	the IRS	discuss th	ıs return
Here		malia d.	-Kel-10		16-8-19	Tr	ıstee					arer shows	
	_	ature of officer or trus			Date	Title	_				· · · · Str UC110	ns ⊠Ye	-∍ UNO
— Paid		Print/Type preparer	's name	Preparer'	sugnature/	11/1	10.0	Date		Check	ıf PTI	N	
		Stephen J	DeGuglielmo, CP.	A //	AN N	#11	C/A	10/30	/2019			01669	92
Prepa		Firm's name	FRITZ DEGUG		ILC ///	/ / / /		1		EIN ▶ 04			
Use C	אוחע	Firm's address ▶	8 ESSEX STRE						Phone			-2161	
BAA		, 223,000 -	NEWBURYPORT			MA	01950)					F (2018)

Additional information from your Form 990-PF: Return of Private Foundation

Form 990-PF: Return of Private Foundation

Taxes

Continuation Statement

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income	Disbursement for charitable purpose
Excise Taxes	3,184.			
Foreign Taxes	514.	514.		
Tota	3,698.	514.		

Form 990-PF: Return of Private Foundation

Other Expenses

Continuation Statement

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income	Disbursement for charitable purpose
State Filing Fees	70.			
Total	70.			<u>—</u>

71 11

Part I, Line 6a

Name	Employer Identification No
H. Patterson Hale Charitable Trust	04-3267731
A a a A lufa ma a Alam	
Asset Information:	
Description of Property Omnicom Group Inc.	
Business Code Exclusion Code <u>18</u>	
Date Acquired10/29/04 How Acquired . Purchased	
Date Sold 09/25/18 Name of Buyer	
Check Box, if Buyer is a Business	
Sales Price42, 072. Cost or other basis (do not reduce by depreciation)	
Sales Expense Valuation Method	
Total Gain (Loss) 18,405. Accumulated Depreciation	
Description of Property Target Corp	
Business Code Exclusion Code 18	
Date Acquiredvarious How Acquired . Purchased	
Date Sold09/25/18 Name of Buyer	
Check Box, if Buyer is a Business	_
Sales Price 52, 330. Cost or other basis (do not reduce by depreciation of the control of the contro	
Sales Expense Valuation Method	
Total Gain (Loss) 20,383 . Accumulated Depreciation	····
Description of Property	
Business Code Exclusion Code	
Date Acquired How Acquired	
Date Sold Name of Buyer	
Check Box, if Buyer is a Business	
Sales Price Cost or other basis (do not reduce by depreciati	ion)
Sales Expense Valuation Method .	
Total Gain (Loss) Accumulated Depreciation	
Description of Property	
Business Code Exclusion Code	
Date Acquired How Acquired	
Date Sold Name of Buyer .	
Check Box, if Buyer is a Business	\
Sales Price Cost or other basis (do not reduce by depreciati	
Sales Expense Valuation Method	
Total Gain (Loss) Accumulated Depreciation	
Description of Property	
Business Code Exclusion Code	
Date Acquired How Acquired	
Date Sold Name of Buyer Check Box, if Buyer is a Business []	
· ——	an)
Sales Price Cost or other basis (do not reduce by depreciati	011)
Sales Expense Valuation Method Total Gain (Loss) Accumulated Depreciation	
Total Gain (Loss) Accumulated Depreciation	· · · · · · · · · · · · · · · · · · ·
Totals:	
Total Gain (Loss) of all assets38,788.	
Gross Sales Price of all assets	
Unrelated Business IncomeBusiness Code	
Excluded by section 512, 513, 514 38, 788. Exclusion Code . 18	•
Related/Exempt Function Income	
Totaled/Exempt Function income : .	
QuickZoom here to Form 990-PF, Page 1	
QuickZoom here to Form 990-PF, Page 12	
_ _	

Legal and Professional Fees

Form 990-PF Part I, Lines 16a - 16c

Name	Employer Identification No
H. Patterson Hale Charitable Trust	04-3267731

Line 16a - Legal Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
	_				
tal to Form 990)-PF, Part I, Line 16a				

Line 16b - Accounting Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Willman & Company	Accounting Services	950.			950.
Total to Form 990-	PF, Part I, Line 16b	950.			950.

Line 16c - Other Professional Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
UBS Financial Services Donna Scott	Asset Management Secretarial Services	175. 250.	175.		250.
Total to Form 990-	PF, Part I, Line 16c	425.	175.		250.

Name H. Patterson Hale Charit		Employer Identification No 04-3267731			
Line 10a - Investments - State and Local State and Local Obligations Obligations: Book Value FMV			US Governm Obligation Book Valu	ons Obligations	
Tot to Fm 990-PF, Pt II, Ln 10a					
Line 10b - Investme	nts - Corporate	Stock:	E Book Value	nd of Year Fair Market Value	
See attached statement			622,49	1,899,381.	
Totals to Form 990-PF, Part II, Li	ine 10b		622,497. 1,899,38		
Line 10c - Investme	E Book Value	nd of Year Fair Market Value			
See attached statement			289,96	291,040.	
Totals to Form 990-PF, Part II, L	ine 10c		289,96	291,040.	
Line 12 - Investments - Mortgage Ioans:			E Book Value	nd of Year Fair Market Value	
Totals to Form 990-PF, Part II, Li	ine 12				
Line 13 - Investments - Other:			E Book Value	nd of Year Fair Market Value	
Totals to Form 990-PF, Part II, Li	ine 13				