9

Form 990-PF
Department of the Treasur
Internal Revenue Service
For calendar year 20

Return of Private Foundation

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

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No 1545-0052

2018
Open to Public Inspection

	FOLG	aien	dar year 2018 or tax year	beginning			, and ending			
	Nar	ne of	foundation						A Employer identification	ınumber
	ď	7A T .1	PM PTVP CUAD	ייי אבו.בי ביינו	י מרדאו	TION, INC.			04-3342405	
							B Telephone number			
			ESSEX STREE						978-745-55	55
			own, state or province, col		n nosta	L code			C If exemption application is p	
			EM, MA 0197		n posta				a complian application to p	onang, onook noo
			all that apply:	Initial return	ſ	Initial return of a fo	ormer public charity		D 1. Foreign organization	s, check here
		•		Final return	Ī	Amended return	, ,			,
				Address change	ĺ	Name change			Foreign organizations me check here and attach co	eting the 85% test, omputation
	H 0	heck	type of organization;	X Section 501(c)(3) exemp		$\overline{\Box}$	1	E If private foundation sta	atus was terminated
\circ		Se	ction 4947(a)(1) nonexem	· · · · · · · · · · · · · · · · · · ·	<u>-</u>	er taxable private founda	tion U	1	under section 507(b)(1	
	I Fa		arket value of all assets at		unting n	nethod: X Cash	Accrual	•	F If the foundation is in a	
			Part II, col. (c), line 16)	. _		(specify)			under section 507(b)(1	
TI		\$	5,860) , 559 . (Part I, co	- olumn (d	d) must be on cash basis	s.)			
	_	ırt I	Analysis of Revenue an	nd Expenses		(a) Revenue and	(b) Net investme	nt	(c) Adjusted net	(d) Disbursements
-	Nadara.	-	(The total of amounts in colu- necessarily equal the amoun	mns (b), (c), and (d) may not its in column (a))		expenses per books	` income		income	for charitable purposes (cash basis only)
RE(ĴΕ	17	Contributions, gifts, gran	ts, etc., received		1,018,265.			N/A	
		-"2"	Check O if the foundation	on is not required to attach Sch. B.						
400	4i.	3	Interest on savings and tempo cash investments	_		1,542.	1,5			STATEMENT 1
APR	Q.,	1 42	Midends and interest fro	om securities 🔭		101,240.	97,90)4.		STATEMENT 2
	Ţ.	'5a	Gross rents	γ,						
OGE	1) b	Net reptal income or (loss)							
	<u> </u>	63	theorganiso (loss) from sale of	assets not on line 10		6,057.				
	ã	ь	Gross sales price for all assets on line 6a	1,533,936	<u>.</u> L					<u> </u>
	Revent	7	Capital gain net income (from	Part IV, line 2)	L		494,1	<u>33.</u>		
	ď	8	Net short-term capital ga	ıın						
	Ĭ	9	Income modifications							<u></u>
	Ŷ.	10a	Gross sales less returns and allowances						<u>.</u>	
	ct of the state	Ь	Less Cost of goods sold							
	ħ.	٥٠٪; ا	Gross profit or (loss)							
		11	Other income							
		12	Total. Add lines 1 through	jh 11		1,127,104.	593,5		<u></u>	
		13	Compensation of officers, dire	ectors, trustees, etc		0.		0.		0.
		14	Other employee salaries	and wages						
		15	Pension plans, employee	benefits						
	ses	16a	Legal fees	_						1 000
	KDen	1	Accounting fees	STMT 3	\vdash	1,900.		0.		1,900.
	Ä	C	Other professional fees	STMT 4	\vdash	23,846.	23,8	16.		0.
	Š	17 18	Interest	~ F	<u> </u>	66 422		_		
	rat		Taxes	STMT 5	-	66,433.		0.	-	0.
2019	nistr		Depreciation and depletion	n	<u> </u>					_
20	Admin	20	Оссирапсу						<u> </u>	
ත			Travel, conferences, and		<u> </u>				ļ	
~	and	1	Printing and publications		\vdash			^	 	E00
	2	23	Other expenses	STMT 6	<u> </u>	500.		0.		500.
APR	rati		Total operating and adm			92 670	22 0	16		2 400
	Opera		expenses Add lines 13	-	\vdash	92,679. 454,353.	23,8	±0.	 	2,400. 454,353.
	Ŭ	1-4	Contributions, gifts, gran		<u> </u>	404,000.			-	404,000.
Z		26	Total expenses and disb	ursements.		547,032.	23,8	16		456,753.
Z	_	-	Add lines 24 and 25		\dashv	341,032.	43,0	± U .		430,733.
SCANNED		27			1	580,072.				
Š		ı	Excess of revenue over exper		├	300,012.	569,7	3 2		+
			Net investment income		\vdash			. د د	N/A	
		_ C	Adjusted net income (if i	negative, enter -0-)					I N/A	

823501 12-11-18 LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2018

For	m 99	0-PF (2018) SALEM FIVE CHARITABLE FO	DUNDATION, INC.	<u>04-3</u>	342405 Page 2
<u> </u>	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of y	
_	ar t	column should be for end-of-year amounts only.	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	14,143.	50,913.	50,913.
	2	Savings and temporary cash investments	447,223.	706,054.	706,054.
	3	Accounts receivable -		<u>.</u>	
		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			
	7	Other notes and loans receivable	,		
		Less: allowance for doubtful accounts			
	8	Inventories for sale or use			
Assets		Prepaid expenses and deferred charges			
₹	10a	Investments - U.S. and state government obligations			
	Ь	Investments - corporate stock STMT 7	4,633,963.	4,916,420.	5,094,573.
	c	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment: bases			
		Less' accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment basis			
		Lass, accumulated depreciation			
	15	Other assets (describe ► OTHER ASSETS	7,005.	9,019.	9,019.
	16	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	5,102,334.	5,682,406.	5,860,559.
	17	Accounts payable and accrued expenses			
	18	Grants payable	_		
	19	Deferred revenue			
를	20	Loans from officers, directors, trustees, and other disqualified persons			.]
Liabilitie	21	Mortgages and other notes payable			
Ĭ	22	Other liabilities (describe)			
	-				
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26, and lines 30 and 31.			ľ
9	24	Unrestricted	L		
	25	Temporarily restricted			
8	26	Permanently restricted Foundations that do not follow SFAS 117, check here X			
Fund Balan		Foundations that do not follow SFAS 117, check here > X		T	
Ţ		and complete lines 27 through 31.			
9	27	Capital stock, trust principal, or current funds	0.	0.	
Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	•
	29	Retained earnings, accumulated income, endowment, or other funds	5,102,334.	5,682,406.	•
ž	30	Total net assets or fund balances	5,102,334.	5,682,406.	
_			Ι		
	31	Total liabilities and net assets/fund balances	5,102,334.	5,682,406.	
P	art	III Analysis of Changes in Net Assets or Fund Ba	alances		
_					
		net assets or fund balances at beginning of year - Part II, column (a), line			E 400 004
		st agree with end-of-year figure reported on prior year's return)			5,102,334.
		r amount from Part I, line 27a			580,072.
			-	3	0.
4	Add	lines 1, 2, and 3		4	5,682,406.
		eases not included in line 2 (itemize)	1 (1) !!		<u> </u>
<u> </u>	Tota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	5,682,406.
					Form 990-PF (2018)

	ha kund/a			Income	SEE				CATEME acquired	
		 of property sold (for examor common stock, 200 shs. 		ie,	(b) How acquired P - Purchase D - Donation		se ((mo., d		(d) Date so (mo., day, y
		<u> </u>			Ť	<u> </u>				
					<u> </u>					
					 					
					 					
(e) Gross sales price	(f) l	Depreciation allowed (or allowable)		st or other basis expense of sale			(ain or (loss) (f) minus (
· <u>-</u>					_					
					+					
1,533,936.				1,039,80	3.					494,1
Complete only for assets showing	g gain in e	column (h) and owned by th	he foundation	on 12/31/69.					ol (h) gaın	
(i) FMV as of 12/31/69	((j) Adjusted basis as of 12/31/69		cess of col. (i) col. (j), if any		col. (k), but not less than -0-) or Losses (from col. (h))				
					+					494,1
					$\overline{}$	$\neg au$				374,1
Capital gain net income or (net cap	pital loss)	If gain, also enter If (loss), enter -0-	ın Part I, line ın Part I, line	7 17	<u>}</u>	2				494,13
Net short-term capital gain or (los	s) as defi	ned in sections 1222(5) and	d (6).							
If gain, also enter in Part I, line 8,			, ,		\downarrow				27 / 2	
If (loss), enter -0- in Part I, line 8 Part V. Qualification Ur	ador 6	action 4040(a) for	Doduood	Tay on Not	Invos	3	t Incon	10	N/A	
ss the foundation liable for the secti Yes," the foundation doesn't qualify	under se	ection 4940(e). Do not com	plete this part	i						Yes X
Enter the appropriate amount in e (a)	ach colui		structions bei	ore making any er						(d)
Base periód years Calendar year (or tax year beginnin	ıg ın)	Adjusted qualifying dist		Net value of no					Distrib (col (b) div	(d) ution ratio ided by col. (c))
2017			9,561. 1,422.				<u>,724.</u> ,533.			.1509
2016 2015			$\frac{1,422.}{3,014.}$,240.			.421
2014			4,993.				,169.	-		.2804
2013			7,351.				,850.			.231
										4
Total of line 1, column (d)	_				_			2		1.313
Average distribution ratio for the 5 the foundation has been in existen	•	•	on line 2 by 5.0	0, or by the numbe	er of ye	ars		3		.262
Enter the net value of noncharitable	le-use ass	sets for 2018 from Part X, Ii	ine 5					4	!	5,44 <u>8,1</u> 4
								5	<u></u> .	1,431,3
Multiply line 4 by line 3	e (1% of	Part I, line 27b)						6		5,69
Multiply line 4 by line 3 Enter 1% of net investment incom										
Enter 1% of net investment incom								7		1,437,03
	·	line 4						7		1,437,01 456,7!

Form 990-PF (2018) SALEM FIVE CHARITABLE FOUNDAT Part VI Excise Tax Based on Investment Income (Section 494)	ION, INC. 10(a), 4940(b), 4940(e), or 49	04-334 348 - see	2405	Page 4
1a Exempt operating foundations described in section 4940(d)(2), check here and				-/-
Date of ruling or determination letter: (attach copy of letter if n				
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here		1	11,3	95.
of Part I, line 27b	· —			<u> </u>
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4	4% of Part I, line 12, col. (b).	ll		
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; of		2		0.
3 Add lines 1 and 2	•	3	11,3	95.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only;	others, enter -0-)	4		0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	11,3	95.
6 Credits/Payments:				
a 2018 estimated tax payments and 2017 overpayment credited to 2018	$\begin{array}{ c c c c c c } \hline & & & & 40,000. \end{array}$	[[ĺ
b Exempt foreign organizations - tax withheld at source	6b 0.			
c Tax paid with application for extension of time to file (Form 8868)	6cO.]		
d Backup withholding erroneously withheld	6d 0.]		
7 Total credits and payments Add lines 6a through 6d		7	40,0	00.
8 Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is at	ttached	8		0.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	· •	9		
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	•	10	28,6	05.
11 Enter the amount of line 10 to be Credited to 2019 estimated tax	28,605. Refunded	11		0.
Part VII-A Statements Regarding Activities		-		
_1a During the tax year, did the foundation attempt to influence any national, state, or local leg	gislation or did it participate or intervene	ın	Yes	No
any political campaign?			1a	X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purp	oses? See the instructions for the defin	ition	1b	X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies	s of any materials published or			
distributed by the foundation in connection with the activities			_	
c Did the foundation file Form 1120-POL for this year?			1c	X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the	he year.		T T	
(1) On the foundation. \blacktriangleright \$ (2) On foundation manage	ers > \$0.			
e Enter the reimbursement (if any) paid by the foundation during the year for political expen	· · · · · · · · · · · · · · · · · · ·	•	1 1	
managers. ▶ \$ 0.				
2 Has the foundation engaged in any activities that have not previously been reported to the	IRS?		2	X
If "Yes," attach a detailed description of the activities.				Ī
3 Has the foundation made any changes, not previously reported to the IRS, in its governing	instrument, articles of incorporation, o	r		
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3	X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year	ear?		4a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the yea	r?		5	X
If "Yes," attach the statement required by General Instruction T				
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied	either			
By language in the governing instrument, or				
By state legislation that effectively amends the governing instrument so that no mandate	ory directions that conflict with the state	law		
remain in the governing instrument?			6 X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," con	nplete Part II, col. (c), and Part XV		7 X	
,	•			
8a Enter the states to which the foundation reports or with which it is registered. See instruct	tions ►		-	
MA	AND 11 Oct 1/1 1	·	-	
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the	Attorney General (or designate)			
of each state as required by General Instruction G2 If "No," attach explanation			8b X	<u>├</u> .,,,
9 Is the foundation claiming status as a private operating foundation within the meaning of		ndar		! <i>[/]</i>
year 2018 or the tax year beginning in 2018? See the instructions for Part XIV If "Yes," co			9	<u> X </u>
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a sche	dule listing their names and addresses		10	X
·		f	Form 990-PF	(2018)

	990-PF (2018) SALEM FIVE CHARITABLE FOUNDATION, INC. 04-334:	2405		Page 5
Ŗа	rt VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement. See instructions	12		_X_
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ► WILLIAM SMITH Telephone no. ► 978-72		<u> 308</u>	
	Located at ► 210 ESSEX STREET, SALEM, MA ZIP+4 ►0	<u> 1970</u>		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		_X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	'		
_	foreign country	<u> </u>		
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required		V	NI -
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			l
	(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?			1
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1		
	(5) Transfer any income or assets to a disqualified person (or make any of either available			1
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception, Check "No"			1
	If the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days)			
b	if any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A			
		1b		
	Organizations relying on a current notice regarding disaster assistance, check here			
C	E Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	 		<u>X</u>
_	before the first day of the tax year beginning in 2018?	10		<u> </u>
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	٠,		
_	defined in section 4942(j)(3) or 4942(j)(5)): 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			
a				
	MINOR HISANDE STATE			
	If "Yes," list the years \(\bigs_{			
ט	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			1
	statement - see instructions.)	2b		—
	: If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
·				
10	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			l
0.	during the year? Yes X No			
Ь	of "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		
42	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
	had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b		X
_		orm 990)-PF	

Form 990-PF (2018) SALEM FIVE CHARITABLE FOU			04-33424	05	Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be R	equired _{(contin}	ued)		
 5a During the year, did the foundation pay or incur any amount to: (1) Carry on propaganda, or otherwise attempt to influence legislation (section (2) Influence the outcome of any specific public election (see section 4955); or any voter registration drive? 	r to carry on, directly or indire	ectly,	es X No	Yes	No
 (3) Provide a grant to an individual for travel, study, or other similar purposes' (4) Provide a grant to an organization other than a charitable, etc., organization 4945(d)(4)(A)? See instructions (5) Provide for any purpose other than religious, charitable, scientific, literary, 	n described in section	or Ye	es X No		
the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und			es X No		
section 53.4945 or in a current notice regarding disaster assistance? See instru Organizations relying on a current notice regarding disaster assistance, check h c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	ere	ned	N/A ►□	5b	
expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d)		I/A Y	es 🔲 No		
 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a pulf "Yes" to 6b, file Form 8870 		Y6	es X No	5b	X
7a At any time during the tax year, was the foundation a party to a prohibited tax s b If "Yes," did the foundation receive any proceeds or have any net income attribu		Ye	es X No N/A	7b	
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$excess parachute payment(s) during the year?			es X No		
Part VIII Information About Officers, Directors, Truste Paid Employees, and Contractors	es, Foundation Mar				
1 List all officers, directors, trustees, and foundation managers and the		I. 10	[(d) o		
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Exp account, allowai	other
SEE STATEMENT 8		0.	0.		0.
2 Compensation of five highest-paid employees (other than those incl	luded on line 1). If none,	enter "NONE."	·		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Exp account, allowa	other
NONE ,					
Total number of other employees paid over \$50,000			Form	990-PF	0

(a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation NONE Cotal number of others receiving over \$50,000 for professional services □ 0	Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)		
NONE Otal number of others receiving over \$50,000 for professional services	3 Five highest-paid independent contractors for professional services. If none, enter "NON	IE."	
Total 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 information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. NONE Part IX-B Summary of Program-Related investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount NONE All other program-related investments, See instructions. NONE O .		(b) Type of service	(c) Compensation
Part IX-B 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 organizations and other beneficiaries served, conferences convened, research papers produced, etc. NONE Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount NONE All other program-related investments. See instructions. NONE All other program-related investments. See instructions. NONE O . O . Total, Add lines 1 through 3	NONE		
Part IX-B 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 organizations and other beneficiaries served, conferences convened, research papers produced, etc. NONE Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount NONE All other program-related investments. See instructions. NONE All other program-related investments. See instructions. NONE O . O . Total, Add lines 1 through 3			
Part IX-B 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 organizations and other beneficiaries served, conferences convened, research papers produced, etc. NONE Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount NONE All other program-related investments. See instructions. NONE All other program-related investments. See instructions. NONE O . O . Total, Add lines 1 through 3			
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Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount NONE O . All other program-related investments. See instructions. NONE O . Fotal, Add lines 1 through 3	number of organizations and other beneficiaries served, conferences convened, research papers produced, e	tc.	Expenses
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. NONE All other program-related investments. See instructions. NONE 10 . 10 . 10 . 10 . 10 . 10 . 10 . 10 . 10 . 10 .	1 NONE		
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NONE O. All other program-related investments. See instructions. NONE O. Total, Add lines 1 through 3		and 2	Amount
All other program-related investments. See instructions. S NONE O . Total, Add lines 1 through 3		anu z.	Amount
All other program-related investments. See instructions. B NONE O. Total, Add lines 1 through 3	INONE		
All other program-related investments. See instructions. S NONE O. Total, Add lines 1 through 3			0.
0 . Total. Add lines 1 through 3 ■ 0 .	2		
0 . Total. Add lines 1 through 3 ■ 0 .			
0 . Total. Add lines 1 through 3 ■ 0 .			
0. Total, Add lines 1 through 3 ▶ 0.			
	3 NONE		
			0.
	Total. Add lines 1 through 3		

₽.	Minimum Investment Return (All domestic foundations m	nust complete	this part. Foreign four	idations, se	ee instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable	e, etc , purposes	S:		
а	Average monthly fair market value of securities			18	5,472,604. 50,493.
ь	Average of monthly cash balances			1b	
c	Fair market value of all other assets			1c	8,012.
d	Total (add lines 1a, b, and c)			1d	5,531,109.
е	Reduction claimed for blockage or other factors reported on lines 1a and				
	1c (attach detailed explanation)	1e	0.		
2	Acquisition indebtedness applicable to line 1 assets			2	0.
3	Subtract line 2 from line 1d			3	5,531,109.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount,	see instructions	s)	4	82,967.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and or	n Part V, line 4		5	5,448,142.
6	Minimum investment return. Enter 5% of line 5			6	272,407.
P.	art:XII Distributable Amount (see instructions) (Section 4942(I)(3) ar	nd (j)(5) private	operating foundations ar	d certain	
	foreign organizations, check here 🕨 🔃 and do not complete this part.)			
1	Minimum investment return from Part X, line 6			1	272,407.
2a	Tax on investment income for 2018 from Part VI, line 5	2a	11,395.		
b	Income tax for 2018. (This does not include the tax from Part VI.)	2b			
C	Add lines 2a and 2b			2c	11,395.
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	261,012.
4	Recoveries of amounts treated as qualifying distributions			4	0.
5 ်	Add lines 3 and 4			5	261,012.
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	1	7	261,012.
P	Qualifying Distributions (see instructions)				
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purp	ooses.	,		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26			1a	456,753.
b	Program-related investments - total from Part IX-B			1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable	ole, etc , purpose	es	2	
3.	Amounts set aside for specific charitable projects that satisfy the				
a	Suitability test (prior IRS approval required)			3a	
b	Cash distribution test (attach the required schedule)			3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; an		4	4	456,753.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investigations.	stment			
	income Enter 1% of Part I, line 27b			5	<u> </u>
6	Adjusted qualifying distributions. Subtract line 5 from line 4			6	456,753.
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years w	hen calculating	whether the foundation o	jualifies for t	he section
	4940(e) reduction of tax in those years.				

Form **990-PF** (2018)

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,				261,012.
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only			0.	
b Total for prior years				
		0.		
3 Excess distributions carryover, if any, to 2018				
a From 2013 250, 211.	`		1	
b From 2014 284,776.		j		
c From 2015 377, 134.				
d From 2016 339,608.				
e From 2017 351,295.	1 602 004			
f Total of lines 3a through e	1,603,024.			
4 Qualifying distributions for 2018 from				
Part XII, line 4: ► \$ 456,753.			0.	
a Applied to 2017, but not more than line 2a			0.	
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				261,012.
e Remaining amount distributed out of corpus	195,741.			
5 Excess distributions carryover applied to 2018	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below	1 700 765			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,798,765.			
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.				
f Undistributed income for 2018. Subtract				
lines 4d and 5 from line 1. This amount must				0
be distributed in 2019				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	0.			
may be required - see instructions)	0.			
8 Excess distributions carryover from 2013 not applied on line 5 or line 7	250,211.			
9 Excess distributions carryover to 2019.	230/2220		·	
Subtract lines 7 and 8 from line 6a	1,548,554.			
10 Analysis of line 9:	_,			
a Excess from 2014 284,776.				
b Excess from 2015 377,134.	-			
c Excess from 2016 339,608.				
d Excess from 2017 351,295.				
e Excess from 2018 195,741.				
823581 12-11-18			<u> </u>	Form 990-PF (2018)

823581 12-11-18

		BLE FOUNDAT			42405 Page
Part XIV Private Operating Fo	<u>`</u>	-	I-A, question 9)	N/A	
1 a If the foundation has received a ruling or					
foundation, and the ruling is effective for			un contion	1942(j)(3) or 4	042(4)(5)
b Check box to indicate whether the found	Tax year	ng roundation described	Prior 3 years	1 1042())(3) 01 1 1	J424)(3)
2 a Enter the lesser of the adjusted net income from Part I or the minimum	(a) 2018	(b) 2017	(c) 2016	(d) 2015	(e) Total
investment return from Part X for	(4) 25 15	(4/	(0)	1 1	(-,
each year listed					
b 85% of line 2a			<u> </u>		
c Qualifying distributions from Part XII,		· ·			
line 4 for each year listed					
d Amounts included in line 2c not	_				
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test - enter			1		
(1) Value of all assets			+		
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year					
listed	<u>/</u>	 		-	
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 oyalties)					
(2) Support from general public and 5 of 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	(01	A . Abia b	 	had 65 000 as ma	
Part XV Supplementary Information at any time during the			it the toundation	nad \$5,000 or mo	re in assets
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation who year (but only if they have contributed m			tributions received by the	e foundation before the clos	se of any tax
NONE					
b List any managers of the foundation who other entity) of which the foundation has			(or an equally large port	ion of the ownership of a pa	artnership or
NONE					_ <u></u>
2 Information Regarding Contribute Check here ► X if the foundation o the foundation makes gifts, grants, etc.,	nly makes contributions	to preselected charitable	organizations and does		ests for funds If
a The name, address, and telephone numb					
	or ornan godiess of t	рогоол то чтот цррп			
b The form in which applications should b	e submitted and informa	ation and materials they s	hould include:		 .
c Any submission deadlines		<u> </u>			
	 				
d Any restrictions or limitations on awards	s, such as by geographic	cai areas, charitable fields	, Kinds of institutions, Or	otner factors:	

Form **990-PF** (2018)

3 Grants and Contributions Paid During the Year or Approved for Future Payment							
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation	Purpose of grant or contribution	Amount			
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount			
a Paid during the year							
SEE ATTACHMENT ON FILE	NOT RELATED	PC	CHARITY EXEMPT PURPOSE				
AVAILABLE UPON REQUEST				454,353.			
	,						
Total		• • • • • • • • • • • • • • • • • • •	► 3 <u>a</u>	454,353.			
Approved for future payment							
NONE							
Total			▶ 3b	0.			
			F	orm 990-PF (2018)			

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated	business income		d by section 512, 513, or 514	(e)	
-	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income	
1 Program service revenue.	coue		-			
a			+			
b			+			
<u> </u>	-		+			
d						
e	-		+			
g Fees and contracts from government agencies	- 		+ +			
2 Membership dues and assessments			+ +			
3 Interest on savings and temporary cash investments			14	1,542.		
4 Dividends and interest from securities			14	1,542.		
5 Net rental income or (loss) from real estate.						
a Debt-financed property						
b Not debt-financed property			\bot			
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	6,057.		
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory						
11 Other revenue:						
a	_					
b	_		$\perp \perp$			
c	_		+			
d	_		\perp			
e	_		+			
12 Subtotal Add columns (b), (d), and (e)		0	•	108,839.	0.	
13 Total. Add line 12, columns (b), (d), and (e)				13	108,839.	
(See worksheet in line 13 instructions to verify calculations.)						

Part XVI-B	Relationship of Activi	ties to the Accom	plishment of Exem	pt Purposes
------------	------------------------	-------------------	-------------------	-------------

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

Form 990-PF (2018)

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Form 990)-PF (20						FOUNDATION,			342405	Pa	age 13
Part)	KVII	Information Re Exempt Organ		Trans	sfers to a	and	Transactions an	d Relations	hips With Nonc	haritable		
1 Did	the ord			e in anv	of the follow	ına w	vith any other organizatio	n described in se	ction 501(c)		Yes	No
							political organizations?		.,			
•		rom the reporting found	•			-	· -					<u> </u>
(1)	Cash	, ,								1a(1)		X
(2)	Other	assets								1a(2)		X
b Oth	er trans	sactions:										<u> </u>
(1)	Sales	of assets to a noncharita	able exempt o	organiza	tion					1b(1)	ļ	X
(2)	Purch	ases of assets from a no	oncharitable e	exempt o	organization					1b(2)	ļ	X
(3)	Renta	of facilities, equipment,	, or other ass	ets						1b(3)	<u> </u>	X
(4)	Reimt	ursement arrangements	5							1b(4)	T	X
(5)	Loans	or loan guarantees								1 <u>b(5)</u>	1	X
٠,		mance of services or me			=					1b(6)		X
		facilitios, equipment, m									<u> </u>	X
							e. Column (b) should alv				sets,	
							ess than fair market valu	e in any transacti	on or snaring arrangem	ient, snow in		
		the value of the goods, (b) Amount involved					empt organization	(d) Descript	ion of transfers, transaction	e and charing arr	angemei	
(a) Line no	-	(b) Amount involved	(0)	Name o	N/A		empt organization	(u) Descript	non or variates, variaction	3, 2110 31121119 011	angeme	
	+		 		М/А			+	·		_	
	+		 									
	+-								•			
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			<u> </u>									
		•	•	•	•	ne or	more tax-exempt organi	zations described			77	n
		501(c) (other than section		or in se	ection 527?					Yes	_X	No
<u>b lf"\</u>	Yes," co	mplete the following sci				Τ,	b) Type of organization		(c) Description of re	lationehin		
		(a) Name of or N/A	ganization			+	b) Type of Organization		(c) Description of re	auonsnip		
	•	N/A				+				•		
						+-		•				
						+						
						+						
	Under	penalties of perjury, I declare	that I have exar	mined this	s return, includir	ng acc	companying schedules and st	tements, and to the	best of my knowledge	May the IRS	dinaviaa	thus
Sign	and be	lief, y is true, correct, and co	mplete Declara	tion of pre	eparer (other tha	ın taxı	payer) is based on all informa	tion of which prepare	r has any knowledge	return with the	e prepar	er
Here		Umit Ili	MA				3/25/19	TAEAS	VREAL	X Yes		No
	Sign	ature of officer or truste	e				Date	Title				
		Print/Type preparer's r	iame	_	Preparer's	sign	ature	Date	Check If	PTIN		
		HARRY A. F	KALAJI	AN,	-2/	Λ	20.0		self- employed			
Paid		JR., CPA			Harry	и.	Kalazier Jr	3/22/2019		P00464		
Prepa		Firm's name ► WOI	LF & C	OMPA	NY, P	C.	•		Firm's EIN ► 04	1-26898	83	
Use (Only								1			

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

BOSTON, MA 02110

Phone no. 617-439-9700

Form **990-PF** (2018)

Schèdule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990. Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

Name of the organization

Employer identification number

SALEM FIVE CHARITABLE FOUNDATION,

04-3342405

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

501(c)(

) (enter number) organization

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

527 political organization

Form 990-PF

X 501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

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

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

Employer identification number

SALEM FIVE CHARITABLE FOUNDATION, INC.

Part I	Contributors (see instructions) Use duplicate copies of Part I if ac	iditional space is needed	-3342403
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SALEM FIVE CENTS SAVINGS BANK 210 ESSEX STREET SALEM, MA 01970	s 464,302.	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
2	SALEM FIVE CENTS SAVINGS BANK 210 ESSEX STREET SALEM, MA 01970	\$115,115.	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
3	SALEM FIVE CENTS SAVINGS BANK 210 ESSEX STREET SALEM, MA 01970	\$\$.	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
4	SALEM FIVE CENTS SAVINGS BANK 210 ESSEX STREET SALEM, MA 01970	\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	SALEM FIVE CENTS SAVINGS BANK 210 ESSEX STREET SALEM, MA 01970	\$18,353.	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
823452 11-0	SALEM FIVE CENTS SAVINGS BANK 210 ESSEX STREET SALEM, MA 01970	\$\$ 129,984.	Person Payroll Noncash X (Complete Part II for noncash contributions) 990, 990-EZ, or 990-PF) (2018)

Employer identification number

SALEM FIVE CHARITABLE FOUNDATION, INC.

	FIVE CHARITABLE FOUNDATION, INC.		1-3342403
Part I	Contributors (see instructions) Use duplicate copies of Part I if		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	SALEM FIVE CENTS SAVINGS BANK 210 ESSEX STREET SALEM, MA 01970	\$61,759.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	SALEM FIVE CENTS SAVINGS BANK 210 ESSEX STREET SALEM, MA 01970	s40,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person - Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Employer identification number

SALEM FIVE CHARITABLE FOUNDATION, INC.

SALEM	FIVE CHARITABLE FOUNDATION, INC.	04	-3342405
Part II	Noncash Property (see instructions) Use duplicate copies of Part II if a	additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	285 SHARES OF AMAZON		
1			
		\$ 464,302.	12/07/18
(a) No. from Part I	· (b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	1860 SHARES OF COMMUNITY BANK SYSTEM		
2		\$ <u>115,115.</u>	12/07/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	760 SHARES OF EPAM SYSTEMS		
3			
		\$93,366.	12/07/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	960 SHARES OF MSA SAFETY INC		
4			
		\$95,386.	12/07/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	135 SHARES OF SALESFORCE (CRM)		
5			
		\$ 18,353.	12/07/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	1200 SUN COMMUNITIES INC		
6			
		\$ 129,984.	12/07/18
823453 11-0	8-18	Schedule B (Form	990, 990-EZ, or 990-PF) (2018)

Employer identification number

SALEM FIVE CHARITABLE FOUNDATION, INC.

art II	Noncash Property (see instructions) Use duplicate copies of Pa	rt 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
	580 SHARES OF UBIQUITI NETWORKS INC		
_7			
		s 61,759.	12/07/18
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions)	Date received
Part I			
		<u> </u>	
		\$	
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noncasti property given	(See instructions)	Date received
(a)		-	
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions)	Date received
Part I			_
			•
(a)			
No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions)	Date received
Part I		,	
		\$	
(a)		(0)	<u> </u>
No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions)	Date received
Part I			

Name of o	rganization	Employer identification number							
SALEM	FIVE CHARITABLE FOUNDAT	TON. INC.		04-3342405					
Part III	Exclusively religious, charitable, etc., contributing from any one contributor. Complete columns (a)	ons to organizations described in se	ection 501(c)(7), (8), or (10) t	hat total more than \$1,000 for the year					
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or	less for the year (Enter this info on	ce}►\$					
(a) No.	Use duplicate copies of Part III if additional	space is needed							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held					
Parti									
				 					
}		(e) Transfer of gif	<u> </u>						
		(e) Transier of gir	•						
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	nsferor to transferee					
			· · ·						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held					
Part I		•		<u> </u>					
-		(a) Transfer of air	<u> </u>						
	(e) Transfer of gift								
]	Transferee's name, address, a	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							
									
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held					
Part I									
		(e) Transfer of gr							
		(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	insferor to transferee					
			· · · · · · · · · · · · · · · · · · ·						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held					
Part I									
		(e) Transfer of gi	l ft						
		(e) manerer er gr	•						
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	insferor to transferee					

CONTINUAR N FOR 990-PF, PART IV SALEM FIVE CHARITABLE FOUNDATION, INC. 04-3342405 PAGE OF Part IV | Capital Gains and Losses for Tax on Investment Income (b) How acquired (a) List and describe the kind(s) of property sold, e.g., real estate, (c) Date acquired (d) Date sold - Purchase (mo., day, yr.) 2-story brick warehouse, or common stock, 200 shs. MLC Co. (mo., day, yr.) D - Donation 10/26/1602/22/18 TJX COS INC b TJX COS P 01/29/16|02/22/18 INC P 01/20/1602/22/18 c TJX COS INC 07/31/1702/22/18 P d TJX COS INC P 12/26/17|02/22/18 TJX COS INC P 12/24/1205/18/18 IBERIABANK CORP 10/26/1605/18/18 g IBERIABANK P CORP P 12/17/1505/18/18 h IBERIABANK CORP P 01/29/1605/18/18 | IBERIABANK CORP 12/26/1705/18/18 P IBERIABANK CORP P 01/29/16|09/28/18 k CAPITAL ONE FINANCIAL P 08/19/13|09/28/18 | CAPITAL ONE FINANCIAL 12/17/1509/28/18 P m CAPITAL ONE FINANCIAL 10/26/1609/28/18 P n CAPITAL ONE FINANCIAL P 07/31/17|09/28/18 O CAPITAL ONE FINANCIAL (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (e) plus (f) minus (g) (or allowable) plus expense of sale 714. 16,500 17,214. 473. 5,738. 5,265. 20,274. 18,334. 940. С 6,890. 761. 7,651. d 231. 24,858. 24,627. $3, \overline{192}$ 1,908. 5,100. 10,372. 1,397. 11.769. g 3,712. 12,554. 8,842. h $4,\overline{400}$ 3,446. 7,846. $\overline{19}, 614.$ 4. 19,618. 2,969. 7.789. 4,820. 3,090. 1.291. 4,381. 18,263 6,076. 24,339. m 3,388. 14,604. 11,216. n 26,773. 23,963. 2,810. 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (j) Adjusted basis (k) Excess of col (i) but not less than "-0-") (i) F.M.V. as of 12/31/69 as of 12/31/69 over col (j), if any $\overline{714}$. a 473. b 1,940. C 761. d 231. 1,908. 1,397. 712. h 3,446. 4. 2,969. 1,291. 6,076.m 3,388. n 2,810. 0

_	Capital gain not moonlo or (. oup.tu. 1000/
3	Net short-term capital gain or	(loss) as define

2

If gain, also enter in Part I, line 7 Capital dain net income or (net capital loss) If (loss), enter "-0-" in Part I, line 7 ed in sections 1222(5) and (6)

If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8

If gain, also enter in Part I, line 7 2 Capital gain net income or (net capital loss) If (loss), enter "-0-" in Part I, line 7

3 Not short term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) If (loss), enter "-0-" in Part I, line 8

823591 04-01-18

m

0

2

10,740.

5,269. 217,484.

04-3342405

3 OF

SALEM FIVE CHARITABLE FOUNDATION, Part IV | Capital Gains and Losses for Tax on Investment Income INC.

Part IV Capital Gains and	Losses for Tax on Investment Income		······································			
	and describe the kind(s) of property soly brick warehouse; or common stock, 2		(c) Date acquired P - Purchase D - Donation (c) Date acquired (d) Date so (mo., day, yr.)			
1a COMMUNITY BK	SYS		D 10/08/1312/20/			
D EPAM SYS INC			D 11/17/1612/20/			
c MINE SAFETY A	APPLIANCE		D 10/08/1312/20/			
d SUN CMNTYS IN	IC BK		D 05/16/1412/20/			
e UBIQUITI NETW	ORKS INC		D 09/29/1712/20/			
f CISCO SYSTEMS	INC		P 03/28/1408/31/			
g GENERAL ELECT	TRIC CO		P 12/28/1601/22/			
h GILEAD SCIENC	CES INC.		P 03/28/1407/13/			
APPLE	_		P 06/24/1407/20/			
<u> APPLE</u>			P 12/26/1707/20/			
k ECOLAB INC NO		P 08/21/1704/13/				
STRYKER CORP		P 07/27/1706/22/				
m UNITED TECHNO	LOGIES	P 08/23/1702/28/				
<u>n</u>						
0		T				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)			
a 108,019		62,140.	45,879			
b 89,195		48,346.	40,849			
c 95,062		47,860.	47,20			
d 125,503		56,446.	69,05			
e 59,394		32,569.	26,82			
<u>f</u> 24,942		25,002.	<60			
g 25,170		25,766.	<596			
h 24,845		24,987.	<142			
25,065		25,065.	222			
47,002		50,125. 50,150.	<323			
k 49,724 I 24,864		25,336.				
40 103		50,070.	<877			
	· · · · · · · · · · · · · · · · · · ·	30,070:				
0						
	owing gain in column (h) and owned by	the foundation on 12/31/69	(I) Losses (from col (h))			
(ı) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	Gains (excess of col. (h) gain over col. (k), but not less than "-0-")			
a	·		45,879			
b			40,849			
С		_	47,202			
d			69,05			
e			26,82			
<u>f</u>			<60			
g			<596			
h			<142			
1						
1			<323			
k		<426				
1	<472					
<u>m</u>			<877.			
<u>n</u>		 				
0	(If nam also ente	r in Part I line 7				
2 Capital gain net income or (ne		r in Part I, line 7 0-" in Part I, line 7	2 494,133			
If gain, also enter in Part I, lin	(loss) as defined in sections 1222(5) ar e 8, column (c).	iu (u)	•			
If (loss), enter "-0-" in Part I, I			3 N/A			

823591 04-01-18

FORM 990-PF INTERES	ST ON SAVI	NGS AND TEM	PORARY CA	ASH IN	VESTMENTS	STATEMENT 1
SOURCE	(A REVE PER B	NUE 1	NET IN	(B) (C) T INVESTMENT ADJUSTED INCOME NET INCOM		
INTEREST ON SAVINGS		1,542.		1,542.		
TOTAL TO PART I, LII	NE 3		1,542.		1,542.	
FORM 990-PF	DIVIDEND	S AND INTER	EST FROM	SECUR	ITIES	STATEMENT 2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	REVI	ENUE	(B) NET INVEST MENT INCOM	
DIVIDENDS MUNICIPAL INTEREST	97,904 3,336			7,904. 3,336.	97,904	
TO PART I, LINE 4	101,240	· ·	0. 101	L,240.	97,904	•
FORM 990-PF	- :	ACCOUNTI	NG FEES			STATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVI MENT INC		(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
WOLF & COMPANY, P.C	•	1,900.	-	0.		1,900.
TO FORM 990-PF, PG	1, LN 16B =	1,900.		0.	···	1,900.
FORM 990-PF	0	THER PROFES	SIONAL FI	EES		STATEMENT 4
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVI MENT INC		(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ADVISOR FEE	_	23,846.	23	,846.		0.
TO FORM 990-PF, PG	1, LN 16C_	23,846.	23	,846.		0.
	=					

FORM 990-PF	TAX	ES	S	TATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
2017 FEDERAL TAXES	26,433.	0:		0.
2018 FEDERAL ESTIMATED TAXES	40,000.	0.		0.
TO FORM 990-PF, PG 1, LN 18	66,433.	0.		0.
	OMVIDD D	VDENGEG		UMA MEMENTA 6
FORM 990-PF	OTHER E	XPENSES		TATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FILING FEE	500.	0.		500.
TO FORM 990-PF, PG 1, LN 23	500.	0.		500.

FORM 990-PF CORPORATE STOCK		STATEMENT 7
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
CORPORATE/MUNICIPAL BONDS EQUITY	1,308,290. 3,608,130.	1,278,190. 3,816,383.
TOTAL TO FORM 990-PF, PART II, LINE 10B	4,916,420.	5,094,573.

0.

0.

STATEMENT 8

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII

FORM 990-PF

TRUSTEES AND FOUNDATION MANAGERS **EMPLOYEE** COMPEN-BEN PLAN EXPENSE TITLE AND CONTRIB ACCOUNT NAME AND ADDRESS AVRG HRS/WK SATION DIRECTOR/CHAIRMAN OF BOARD WILLIAM H MITCHELSON 1.00 0. 0. 0. 210 ESSEX STREET SALEM, MA 01970 PING YIN CHAI PRESIDENT 0. 0. 0. 210 ESSEX STREET 1.00 SALEM, MA 01970 DIRECTOR DONALD A SADOSKI D.M.D. 0. · 0 . 0. 1.00 210 ESSEX STREET SALEM, MA 01970 WILLIAM J LUNDGREN III DIRECTOR 0. 0. 0. 210 ESSEX STREET 1.00 SALEM, MA 01970 BRIAN W. SHAUGHNESSY CLERK 1.00 0. 0. 0. 210 ESSEX STREET SALEM, MA 01970 KENNETH S KLIPPER TREASURER 0. 0. 0. 210 ESSEX STREET 1.00 SALEM, MA 01970

PART VIII - LIST OF OFFICERS, DIRECTORS

0.

FORM 990-PF

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

STATEMENT 9

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

BRIAN W. SHAUGHNESSY 210 ESSEX STREET SALEM, MA 01970

TELEPHONE NUMBER

978-740-5401

FORM AND CONTENT OF APPLICATIONS

APPLICATIONS AVAILABLE AT ABOVE ADDRESS

ANY SUBMISSION DEADLINES

SEE APPLICATIONS FOR VARIOUS DEADLINES

RESTRICTIONS AND LIMITATIONS ON AWARDS

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