efile GRAPHIC print - DO NOT PROCESS

Form 990-PF

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93491119006119

2018

OMB No 1545-0052

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 <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public

| | | | | | | | Tushection |
|--------------------|------------|---|-----------------------|-----------------------|--------------------------|---|----------------------------------|
| For | caler | ndar year 2018, or tax year beginning 01-01-20 |)18 , ar | nd en | ding 12-31- | 2018 | |
| | | indation RRITY CHARITABLE TRUST | | | A Employer ide | entification numbe | r |
| 110 | AIN GE | INTERIOR INCOME | | | 04-6195965 | | |
| | | l street (or P O box number if mail is not delivered to street address) EN PARK STE 4 | | B Telephone nu | mber (see instruction | ns) | |
| - | 5 07 11 12 | | | (781) 535-6070 | ı | | |
| | | i, state or province, country, and ZIP or foreign postal code . MA 021847549 | • | | C If exemption | application is pendin | g, check here _ 🔲 |
| | | | | | | | ▶ ⊔ |
| G Cl | neck al | | former public charity | | | ganizations, check he | ▶ ⊔ |
| | | ☐ Final return ☐ Amended return ☐ Address change ☐ Name change | | | | ganizations meeting k here and attach co | |
| H C | neck tv | pe of organization ✓ Section 501(c)(3) exempt private | foundation | | | indation status was t | |
| | | | e private foundation | | under section | n 507(b)(1)(A), chec | k nere |
| I Fa | r mark | et value of all assets at end J Accounting method | Cash 🗹 Accru | ıal | | ition is in a 60-mont | |
| | | rom Part II, col (c), ▶\$ 5,681,775 Other (specify) | | | under sectioi | n 507(b)(1)(B), chec | k here |
| | | (Part I, column (d) must | be on cash basis) | | | | |
| Pa | rt I | Analysis of Revenue and Expenses (The total | (a) Revenue and | (6) | lat invastment | (a) Adjusted not | (d) Disbursements for charitable |
| | | of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)) | expenses per books | (P) V | let investment income | (c) Adjusted net income | purposes |
| | 1 | Contributions, gifts, grants, etc , received (attach | | 1 | | | (cash basis only) |
| | - | schedule) | | | | | |
| | 2 | Check if the foundation is not required to attach | | | | | |
| | 3 | Sch B Interest on savings and temporary cash investments | 3,251 | L | 3,251 | | |
| | 4 | Dividends and interest from securities | 135,830 | | 135,830 | | |
| | 5a | Gross rents | | | | | |
| | ь | Net rental income or (loss) | | | | | |
| <u>e</u> | 6a | Net gain or (loss) from sale of assets not on line 10 | 400,624 | 1 | | | |
| Revenue | ь | Gross sales price for all assets on line 6a | | | | | |
| Rev | 7 | Capital gain net income (from Part IV, line 2) | | | 397,984 | | |
| _ | 8 | Net short-term capital gain | | | 331,331 | | |
| | 9 | Income modifications | | | | | |
| | 10a | Gross sales less returns and allowances | | | | | |
| | ь | Less Cost of goods sold | | | | | |
| | c | Gross profit or (loss) (attach schedule) | | | | | |
| | 11 | Other income (attach schedule) | | | | | |
| | 12 | Total. Add lines 1 through 11 | 539,705 | 5 | 537,065 | | |
| | 13 | Compensation of officers, directors, trustees, etc | | | | | |
| | 14 | Other employee salaries and wages | | | | | |
| es | 15 | Pension plans, employee benefits | | | | | |
| Sui | 16a | Legal fees (attach schedule) | | | | | |
| Expenses | Ь | Accounting fees (attach schedule) | 9 8,500 |) | 8,500 | | |
| e | С | Other professional fees (attach schedule) | | | | | |
| and Administrative | 17 | Interest | | | | | |
| Stra | 18 | Taxes (attach schedule) (see instructions) | 5,285 | 5 | | | |
| ≣ | 19 | Depreciation (attach schedule) and depletion | | | | | |
| Ę | 20 | Occupancy | | | | | |
| Ρ | 21 | Travel, conferences, and meetings | | | | | |
| | 22 | Printing and publications | | | | | |
| <u> </u> | 23 | Other expenses (attach schedule) | 94 | 1 | 94 | | |
| Operating | 24 | Total operating and administrative expenses. | | | | | |
| <u>8</u> | _ | Add lines 13 through 23 | 13,879 | - | 8,594 | | C |
| _ | 25 | Contributions, gifts, grants paid | 300,550 | 7 | | | 300,550 |
| | 26 | Total expenses and disbursements. Add lines 24 and 25 | 314,429 | | 8,594 | | 300,550 |
| | 27 | Subtract line 26 from line 12 | 51.,125 | | 3,331 | | 223,330 |
| | a | Excess of revenue over expenses and | 225.225 | | | | |
| | ь | disbursements Net investment income (if negative, enter -0-) | 225,276 | | E20 474 | | |
| | C | Adjusted net income (if negative, enter -0-) | | + | 528,471 | | |
| | | , | | | | | L |

2,494,464

2,714,922

1,012

1,012

1.579.756

1,134,154

2,713,910

2,714,922

9

2,538,172

2,937,762

955

955

1.579.756

1,357,051

2,936,807

2,937,762

2,713,910

2,939,186

2,936,807 Form **990-PF** (2018)

2,379

225,276

1

2

3

4

5

6

5,282,185

5,681,775

Receivables due from officers, directors, trustees, and other

Other notes and loans receivable (attach schedule)

Investments—land, buildings, and equipment basis ▶ _

Less accumulated depreciation (attach schedule)

Less accumulated depreciation (attach schedule)

Total assets (to be completed by all filers—see the

Accounts payable and accrued expenses

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Less allowance for doubtful accounts

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

Other assets (describe > _

Other liabilities (describe ▶_

Temporarily restricted

Unrestricted

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶.

Other increases not included in line 2 (itemize) -

Enter amount from Part I, line 27a

Permanently restricted . .

Grants payable

disqualified persons (attach schedule) (see instructions)

Investments—U S and state government obligations (attach schedule)

Investments—corporate stock (attach schedule)

Investments—corporate bonds (attach schedule)

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Foundations that do not follow SFAS 117, check here 🕨 🗹

Paid-in or capital surplus, or land, bldg, and equipment fund

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Total net assets or fund balances at beginning of year-Part II, column (a), line 30 (must agree with end-

Analysis of Changes in Net Assets or Fund Balances

Prepaid expenses and deferred charges

| Assets | |
|--------|--|
| * | |
| | |

6

7

8

9

10a

b

C

11

12

13 14

15

16

17

18

19 20

21

22

23

24

25

28

29

30

31

Part III

2

3

4

Liabilities

Balances

Fund 26

ō

Assets 27

Net

| | e the kınd(s) of property sold (e g , irehouse, or common stock, 200 shs | | (b) How acquired P—Purchase D—Donation | (c) Date acquired (mo , day, yr) | (d) Date sold (mo , day, yr) |
|---|--|---------------------------------|--|--|-------------------------------------|
| 1aSee Additional Data Tabl | e | | | | |
| b | | | | | |
| С | | | | | |
| d | | | | | |
| e | | | | | |
| | (f) | | (g) | (1 | h) |
| (e) Gross sales price | Depreciation allowed | Cost or | other basis | Gain o | r (loss) |
| <u> </u> | (or allowable) | plus exp | ense of sale | (e) plus (f |) mınus (g) |
| a See Additional Data Tabl | e | | | | |
| b | | | | | |
| С | | | | | |
| d | | | | | |
| e | | | | | |
| Complete only for assets | showing gain in column (h) and ow | ned by the foundation | on 12/31/69 | (| I) |
| /i) | (j) | | (k) | Gains (Col (I | h) gain minus |
| (i) F M V as of 12/31/69 | Adjusted basis | I | of col (ı) | | less than -0-) or |
| | as of 12/31/69 | over col | (j), if any | Losses (fro | om col (h)) |
| a See Additional Data Tabl | e e | | | | |
| b | | | | | |
| С | | | | | |
| d | | | | | |
| е | | | | | |
| · | gain or (loss) as defined in sections 1 rt I, line 8, column (c) (see instruction | | · } | 3 | 397,984 51,878 |
| Part V Qualification U | Jnder Section 4940(e) for Re | educed Tax on Net | Investment Ir | come | |
| | rivate foundations subject to the sec | | | | |
| if section 4940(d)(2) applies, le | | , , | | , | |
| | e section 4942 tax on the distributal of qualify under section 4940(e) Do | | | ye Ye | es 🔽 No |
| · · · · · · · · · · · · · · · · · · · | nount in each column for each year, | | | nc | |
| (a) | Tourism each column for each year, | see mstructions before | I making any entrie | :5 (d) | |
| Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitab | le-use assets | Distribution rati (col (b) divided by c | |
| 2017 | 300,458 | | 6,029,740 | | 0 049829 |
| 2016 | 296,294 | | 5,605,047 | | 0 052862 |
| 2015 | 247,909 | | 5,564,435 | | 0 044552 |
| 2014 | 220,350 | | 5,231,415 | | 0 042121 |
| 2013 | 196,479 | | 4,593,609 | | 0 042772 |
| 2 Total of line 1, column (| d) | | 2 | | 0 232136 |
| | for the 5-year base period—divide t | | | | 0.046427 |
| | ndation has been in existence if less | | 3 | + | 0 046427 |
| | ncharitable-use assets for 2018 from | • | 4 | | 6,241,254 |
| 5 Multiply line 4 by line 3 | (10/ (D.17.1 | | 5 | 1 | 289,763 |
| | ent income (1% of Part I, line 27b) | | 6 | 1 | 5,285 |
| | | | 7 | | 295,048 |
| | ons from Part XII, line 4 , | | | 10/ 10 | 300,550 |
| instructions | eater than line 7, check the box in Pa | art vi, line ib, and com | ipiete that part usi | ng a 1% tax rate. Se | e trie Part VI |

| Form 990-PF (2018) | | Page 7 |
|--|--|---------------------------|
| Part VIII Information About Officers, Directors, Trust and Contractors (continued) | ees, Foundation Managers, Highly I | Paid Employees, |
| 3 Five highest-paid independent contractors for professional s | services (see instructions). If none, ente | er "NONE". |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services. | | <u> </u> |
| Part IX-A Summary of Direct Charitable Activities | de velevent statistical information such as the number | of |
| List the foundation's four largest direct charitable activities during the tax year Inclu organizations and other beneficiaries served, conferences convened, research papers | s produced, etc | Expenses |
| 1 | | |
| | | |
| | | |
| 2 | | |
| | | |
| 3 | | |
| | | |
| | | |
| 4 | | |
| | | |
| | | |
| Part IX-B Summary of Program-Related Investments | • | A |
| Describe the two largest program-related investments made by the foundation du 1 N/A | uring the tax year on lines 1 and 2 | Amount |
| 2 | | |
| | | |
| | | |
| All other program-related investments See instructions | | |
| 3 | | |
| | | |
| Total. Add lines 1 through 3 | | . • |
| | | Form 990-PF (2018) |

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

3a 3h

4

5

300.550

5.285

295,265

Form 990-PF (2018)

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

the section 4940(e) reduction of tax in those years

4

5

55,158

251,620

Form 990-PF (2018)

245,392

245,392

| (| , | |
|------|-------------------------------------|------|
| XIII | Undistributed Income (see instructi | ons) |
| | | |

2 Undistributed income, if any, as of the end of 2018

a Enter amount for 2017 only.

Excess distributions carryover, if any, to 2018

f Total of lines 3a through e. 4 Qualifying distributions for 2018 from Part XII, line 4 🕨 \$ a Applied to 2017, but not more than line 2a

b Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election

6 Enter the net total of each column as

7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2019.

10 Analysis of line 9

a Excess from 2014. . . **b** Excess from 2015. . c Excess from 2016. . . . d Excess from 2017. . e Excess from 2018. .

Subtract lines 7 and 8 from line 6a

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b 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. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019

indicated below:

d Applied to 2018 distributable amount. . . . e Remaining amount distributed out of corpus 5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the

same amount must be shown in column (a))

| Form 990-PF (2 | 018) |
|----------------|------|
| Part XIII | Un |
| | |
| | |

b Total for prior years

a From 2013. **b** From 2014. . . . c From 2015. .

d From 2016. e From 2017.

| | (a) | (b) | (c) | (d) |
|--|--------|---------------------|------------|-------------|
| | Corpus | Years prior to 2017 | 2017 | 2018 |
| Distributable amount for 2018 from Part XI, line 7 | | | | 306,778 |

NONE



| inter gross amounts unless otherwise indicated | | Unrelated business income | | Excluded by section | (e) Related or exempt | |
|--|---|---|--------------------------------|-------------------------------------|---|--------------------------------------|
| _ | service revenue | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | function income (See instructions |
| | | | | | | |
| | | | | | | |
| d | | | | | | |
| | | | | | | |
| f | | | | | | |
| g Fees | and contracts from government agencies | | | | | |
| | rship dues and assessments | | | | | |
| ınvestm | | | | 14 | 3,251 | |
| | ds and interest from securities | | | 14 | 135,830 | |
| | tal income or (loss) from real estate | | | | | |
| | financed property. | | | | | |
| | ebt-financed property tal income or (loss) from personal property | | | | | |
| | tal income or (loss) from personal property | | | + | | |
| | (loss) from sales of assets other than | | | + | | |
| invento | ` ' | | | 18 | 400,624 | |
| Net inc | ome or (loss) from special events | | | | , | |
| Gross p | profit or (loss) from sales of inventory | | | | | |
| L Other r | evenue a | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | 1 1 | | | | |
| | | | | + | | |
| 2 Subtota | al Add columns (b), (d), and (e) | | | 1.5 | 539,705 | |
| 2 Subtota 3 Total. | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) | | | 13 | 539,705 | |
| Subtotal. (See wo | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu | lations) | | | <u>'</u> | |
| Subtotal. (See wo | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu | lations) le Accomplish income is reporte | ment of Exemed in column (e) c | pt Purposes If Part XVI-A contribu | Bted importantly to | 539,705 |
| Subtota Total. (See wo Part XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations) le Accomplish income is reporte | ment of Exemed in column (e) c | pt Purposes If Part XVI-A contribu | Bted importantly to | 539,705 |
| Subtota Total. (See wo Part XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations) le Accomplish income is reporte | ment of Exemed in column (e) c | pt Purposes If Part XVI-A contribu | Bted importantly to | 539,705 |
| Subtota Total. (See wo art XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations) le Accomplish income is reporte | ment of Exemed in column (e) c | pt Purposes If Part XVI-A contribu | Bted importantly to | 539,705 |
| Subtotal. (See wo art XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations) le Accomplish income is reporte | ment of Exemed in column (e) c | pt Purposes If Part XVI-A contribu | Bted importantly to | 539,705 |
| Subtota Total. (See wo Part XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations) le Accomplish income is reporte | ment of Exemed in column (e) c | pt Purposes If Part XVI-A contribu | Bted importantly to | 539,705 |
| Subtota Total. (See wo Part XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations) le Accomplish income is reporte | ment of Exemed in column (e) c | pt Purposes If Part XVI-A contribu | Bted importantly to | 539,705 |
| Subtota Total. (See wo art XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations) le Accomplish income is reporte | ment of Exemed in column (e) c | pt Purposes If Part XVI-A contribu | Bted importantly to | 539,705 |
| Subtotal. (See wo art XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations) le Accomplish income is reporte | ment of Exemed in column (e) c | pt Purposes If Part XVI-A contribu | Bted importantly to | 539,705 |
| Subtotal. (See wo art XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations) le Accomplish income is reporte | ment of Exemed in column (e) c | pt Purposes If Part XVI-A contribu | Bted importantly to | 539,705 |
| Subtota Total. (See wo art XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations) le Accomplish income is reporte | ment of Exemed in column (e) c | pt Purposes If Part XVI-A contribu | Bted importantly to | 539,705 |
| Subtotal. (See wo art XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations) le Accomplish income is reporte | ment of Exemed in column (e) c | pt Purposes If Part XVI-A contribu | Bted importantly to | 539,705 |
| Subtotal. (See wo art XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations) le Accomplish income is reporte | ment of Exemed in column (e) c | pt Purposes If Part XVI-A contribu | Bted importantly to | 539,705 |
| Subtotal. (See wo art XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations) le Accomplish income is reporte | ment of Exemed in column (e) c | pt Purposes If Part XVI-A contribu | Bted importantly to | 539,705 |
| Subtotal. (See wo art XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations) le Accomplish income is reporte | ment of Exemed in column (e) c | pt Purposes If Part XVI-A contribu | Bted importantly to | 539,705 |
| Subtotal. (See wo art XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations) le Accomplish income is reporte | ment of Exemed in column (e) c | pt Purposes If Part XVI-A contribu | Bted importantly to | 539,705 |
| Subtotal. (See wo art XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations) le Accomplish income is reporte | ment of Exemed in column (e) c | pt Purposes If Part XVI-A contribu | Bted importantly to | 539,705 |
| Subtotal. (See work art XVI) ine No. | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations) le Accomplish income is reporte | ment of Exemed in column (e) c | pt Purposes If Part XVI-A contribu | Bted importantly to | 539,705 |
| Subtota Total. (See wo art XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations) le Accomplish income is reporte | ment of Exemed in column (e) c | pt Purposes If Part XVI-A contribu | Bted importantly to | 539,705 |
| Subtotal. (See wo art XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations) le Accomplish income is reporte | ment of Exemed in column (e) c | pt Purposes If Part XVI-A contribu | Bted importantly to | 539,705 |
| Subtota Total. (See wo art XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations) le Accomplish income is reporte | ment of Exemed in column (e) c | pt Purposes If Part XVI-A contribu | Bted importantly to | 539,705 |
| Subtota Total. (See wo art XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations) le Accomplish income is reporte | ment of Exemed in column (e) c | pt Purposes If Part XVI-A contribu | Bted importantly to | 539,705 |

| . , | 1 0) |
|------|--|
| | Information Regarding Transfers To and Transactions and Relationships With Noncharitable |
| 1111 | Exempt Organizations |

| Part XVII | Exempt Organize | zations | | | | • | | | | | | | | |
|--|---|-------------------|--------------------|-----------------------|--------------------|-----------------------------|--------------------------|----------------|-----------------|--|--|--|--|--|
| | ganization directly or inc than section 501(c)(3) | | | | | | 501 | Yes | No | | | | | |
| a Transfers | from the reporting found | dation to a noi | ncharitable exe | empt organization | of | | | | | | | | | |
| (1) Cash | | | | | | | 1a(1) | | No | | | | | |
| (2) Othe | rassets | | | | | | 1a(2) | | No | | | | | |
| b Other tran | nsactions | | | | | | | | | | | | | |
| (1) Sales | s of assets to a noncharı | table exempt | organization. | | | | . 1b(1) | | No | | | | | |
| (2) Purch | hases of assets from a n | oncharitable e | exempt organiz | ation | | | . 1b(2) | | No | | | | | |
| (3) Rental of facilities, equipment, or other assets | | | | | | | | | No | | | | | |
| (3) Rental or facilities, equipment, or other assets | | | | | | | | | No | | | | | |
| (5) Loan | s or loan guarantees. | | | | | | 1b(5) | | No | | | | | |
| (6) Perfor | rmance of services or me | embership or f | fundraısıng solı | icitations | | | 1b(6) | | No | | | | | |
| c Sharing of | f facılıtıes, equipment, m | nailing lists, ot | her assets, or | paid employees. | | | 1c | | No | | | | | |
| | wer to any of the above | | | | | | | | | | | | | |
| | ods, other assets, or serv nsaction or sharing arrai | | | | | | | | | | | | | |
| III ally Lia | nisaction of sharing arrai | ngement, snow | w iii coluiiiii (u | i) the value of the | goods, other asse | ts, or services received | u | | | | | | | |
| (a) Line No | (b) Amount involved | (c) Name of no | oncharitable exer | mpt organization | (d) Description of | transfers, transactions, ar | nd sharing arra | ngemen | ts | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 2a Is the fou | ndation directly or indire | ctly affiliated | with, or related | d to, one or more t | ax-exempt organ | zations | | | | | | | | |
| described | ın section 501(c) (other | than section ! | 501(c)(3)) or ıı | n section 527? . | | 🗆 Yes | ✓ No | | | | | | | |
| b If "Yes," o | complete the following so | hedule | | | | | | | | | | | | |
| | (a) Name of organizatio | n | (Ь |) Type of organizatio | n | (c) Description of | relationship | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Und | ler penalties of perjury, | I declare that | I have examine | ed this return, incl | uding accompanyi | ng schedules and state | ements, and | to the | best | | | | | |
| | ny knowledge and belief, ch preparer has any kno | | rect, and comp | olete Declaration o | of preparer (other | than taxpayer) is base | ed on all info | rmatior | n of | | | | | |
| Sign | en preparer has any kno | meage | | I | | May | | scuss th | 115 | | | | | |
| lere L | ***** | | | 2019-04-24 | | | return with the prepa | ror chou | un. | | | | | |
| | - · · · · · · · · · · · · · · · · · · · | | | <u> </u> | — P | | below | 161 31101 | *** | | | | | |
| | Signature of officer or tr | ustee | | Date | , Title | | (see ınstr)? | √ γes l | □ _{No} | | | | | |
| 1 | Print/Type preparer's | name | Preparer's Sign | ature | D-4- | PT | TNI | | | | | | | |
| | Trinic, Type preparers | name | reparers sign | iacui E | Date | Check if self- | | | | | | | | |
| | BUSSELL C WILDS | CDA | | | | employed ▶ 🔲 | P0007 | 1289 | | | | | | |
| Paid | RUSSELL G WILDE | CPA | | | 2019-04-29 | | | | | | | | | |
| Preparer | THE THAT I WAS A STATE OF | SON WILDE & | BARRETT | | I | | m's EIN Nac | _22517 | | | | | | |
| Jse Only | | | | | | FIL | m's EIN ►26 | -23210 | ,+U | | | | | |
| | Firm's address ► 25 | GARDEN PAR | K STE 4 | | | | | | | | | | | |
| | BR | AINTREE, MA | 02184 | | | Pho | one no (781 |) 535-6 | 5070 | | | | | |
| | 1 | | | | | BRAINTREE, MA 02184 | | | | | | | | |

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e g , real estate, (c) (d) (b) How acquired (a) 2-story brick warehouse, or common stock, 200 shs MLC Co) Date acquired Date sold P-Purchase (mo, day, yr) (mo, day, yr) D-Donation Р 2018-07-20 1 ABBVIE INC (700) 1986-10-23 1 CLOUDERA INCORPORATED (2500) Ρ 2018-04-16 2018-10-04 ABBVIE INC (300) Р 2014-06-18 2018-07-20 DNP SELECT INCOME FUND (1500) Р 1999-12-31 2018-06-22 CABOT OIL & GAS CORPORATION (2000) Ρ 2016-12-05 2018-01-08 Р EATON VANCE TAX MGD GLBL DIV (5500) 2017-02-28 2018-01-24 Р CONSOLIDATED COMM HLDGS INC (1000) 2018-05-10 2018-11-29 Р GENERAL ELECTRIC CO (4000) 2017-12-21 2018-01-24 EATON VANCE TAX MGD DBL DV (11000) Ρ 2017-02-28 2018-01-29 Р 2007-03-14 PHILIP MORRIS INTL INC (350) 2018-05-31 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 61,457 1,893 59,564 49,027 35,481 13,546 26,339 16,519 9,820 16,304 11,246 5,058 56,878 47,629 9,249 44,378 8,800 53,178 13,739 11,314 2,425 67,992 71,188 -3,19688,419 106,412 17,993 27,349 15,633 11,716 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (i) **(I)** Losses (from col (h)) (j) as of 12/31/69 (k) over col (j), if any 59,564 13,546 9,820 5,058 9,249 8,800 2,425 -3,19617,993 11,716

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e g , real estate, (c) (d) (b) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co) How acquired Date acquired Date sold P-Purchase (mo, day, yr) (mo, day, yr) D-Donation D 2018-09-25 MARSH & MCLENNAN COS INC (500) 1964-06-08 PHILIP MORRIS INTL INC (200) Ρ 2008-04-07 2018-05-31 MARSH & MCLENNAN COS INC (1000) D 1964-05-12 2018-09-25 PHILIP MORRIS INTL INC (250) Р 2001-06-18 2018-05-31 PHILIP MORRIS INTL INC (350) Р 2007-03-14 2018-06-11 Р PHILIP MORRIS INTL INC (300) 2014-02-18 2018-05-31 Р PHILIP MORRIS INTL INC (200) 2008-04-07 2018-06-11 Р WEYERHAEUSER COMPANY REIT (2000) 2016-12-15 2018-09-12 Ρ 2018-06-11 PHILIP MORRIS INTL INC (250) 2001-06-18 Р 2018-06-11 PHILIP MORRIS INTL INC (300) 2014-02-18 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 42,092 175 41,917 15,628 10,403 5,225 84,185 350 83,835 19,535 6.448 13,087 27,656 15,633 12,023 24,431 -989 23,442 15,804 10,403 5,401 67,591 61,919 5,672 19,755 6,448 13,307 23,706 24,431 -725 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (1) **(I)** Losses (from col (h)) (j) as of 12/31/69 (k) over col (j), if any 1.055 175 880 41,037 5,225 2,110 350 1,760 82,075 13,087 12,023 -989 5,401 5,672 13,307 -725

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (b) (c) (d) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co) How acquired Date acquired Date sold P-Purchase (mo, day, yr) (mo, day, yr) D-Donation ABBVIE INC (600) Ρ 1986-10-23 2018-07-19 ABBVIE INC (300) Р 2014-06-18 2018-07-19 ALTRIA GROUP INC (250) Ρ 2001-06-18 2018-05-31 CABOT OIL & GAS CORPORATION (3000) Р 2017-04-19 2018-01-02 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (q) 53,415 1,622 51,793 26,708 16,519 10,189 13.810 2,807 11.003 85,261 72,951 12,310 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (1) **(I)** Losses (from col (h)) (i) as of 12/31/69 (k) over col (1), if any 51,793 10,189 11,003

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year AFS - USA120 WALL STREET 4TH FL NONE PUBLIC CHAR GENERAL GRANT 1,000 NEW YORK, NY 10005

| AMERICAN UNIVERSITY 4400 MASSACHUSETTS AVE NW WASHINGTON, DC 20016 | NONE | UNIVERSITY | GENERAL GRANT | 4,000 |
|--|------|-------------|---------------|-------|
| AVON FREE PUBLIC LIBRARY 281 COUNTRY CLUB ROAD AVON, CT 06001 | NONE | PUBLIC CHAR | GENERAL GRANT | 1,000 |

Total . .

300,550

▶ 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year BOCA GRANDE COMMUNITY CENTER NONE PUBLIC CHAR GENERAL GRANT 500 PO BOX 1222

| BOCA GRANDE, FL 33921 | | | | |
|---|------|-------------|---------------|-------|
| BOCA GRANDE HEALTH CLINIC FOUNDATN PO BOX 2340 BOCA GRANDE, FL 33921 | NONE | HOSPITAL | GENERAL GRANT | 1,000 |
| BOYS & GIRLS CLUB OF HILTON HEAD | NONE | PUBLIC CHAR | GENERAL GRANT | 1,000 |

| PO BOX 2340 BOCA GRANDE, FL 33921 | | | | |
|--|------|-------------|---------------|------|
| BOYS & GIRLS CLUB OF HILTON HEAD PO BOX 22267 | NONE | PUBLIC CHAR | GENERAL GRANT | 1,00 |

| PO BOX 2340 BOCA GRANDE, FL 33921 | | | | |
|--|------|-------------|---------------|-------|
| BOYS & GIRLS CLUB OF HILTON HEAD PO BOX 22267 HILTON HEAD ISLAND, SC 29925 | NONE | PUBLIC CHAR | GENERAL GRANT | 1,000 |

| BOYS & GIRLS CLUB OF HILTON HEAD | NONE | PUBLIC CHAR | GENERAL GRANT | 1,000 |
|----------------------------------|------|-------------|---------------|-------|
| PO BOX 22267 | | | | |
| LITETON LIEAD ICLAND CC 2002E | | I | | |

| DOTS & GIRLS CLUB OF HILTON HEAD | NONE | LAOPTIC CUAK | GENERAL GRANT | 1,000 |
|----------------------------------|------|--------------|---------------|-------|
| PO BOX 22267 | | | | |
| HILTON HEAD ISLAND, SC 29925 | | | | |

| HILTON HEAD ISLAND, SC 29925 | | |
|------------------------------|----------|---------|
| Total | ▶ 3a | 300,550 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

| or substantial contributor | · | | |
|----------------------------|---------------------------|---------------------------|----------------------------|
| | | | |
| С | r substantial contributor | r substantial contributor | or substantial contributor |

| BRAZELTON TOUCHPOINTS | NONE | PUBLIC CHAR | GENERAL GRANT | 500 |
|-------------------------------------|------|-------------|---------------|-----|
| FOUNDATION 1295 BOYLSTON ST STE 500 | | | | |
| BOSTON, MA 02215 | | | | |

| 1295 BOYLSTON ST STE 500 BOSTON, MA 02215 | | | | |
|--|------|----------|---------------|-------|
| BRIGHAM & WOMENS HOSPITAL 116 HUNTINGTON AV STE 500 | NONE | HOSPITAL | GENERAL GRANT | 5,500 |

| l · | | | | |
|--|------|------------|---------------|-------|
| BRIGHAM & WOMENS HOSPITAL 116 HUNTINGTON AV STE 500 BOSTON, MA 02116 | NONE | HOSPITAL | GENERAL GRANT | 5,500 |
| BROWN UNIVERSITYPO BOX 1893 | NONE | UNIVERSITY | GENERAL GRANT | 500 |

| BOSTON, MA 02116 | | | | |
|---|------|------------|---------------|-----|
| BROWN UNIVERSITYPO BOX 1893 PROVIDENCE, RI 02912 | NONE | UNIVERSITY | GENERAL GRANT | 500 |

| BROWN UNIVERSITYPO BOX 1893 PROVIDENCE, RI 02912 | NONE | UNIVERSITY | GENERAL GRANT | 500 |
|---|------|------------|---------------|---------|
| Total | | | ▶ 3a | 300,550 |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

| a Paid during the year | | | | |
|---|------|----------|---------------|-------|
| CATHOLIC UNIVERSITY SCHOOL OF SOCIAL WORK620 MICHIGAN AVE NE | NONE | PUB UNIV | GENERAL GRANT | 1,000 |

| WASHINGTON, DC 20064 | | | | |
|--|------|-------------|---------------|--|
| CHARLES RIVER WATERSHED ASSOC 190 PARK ROAD WESTON, MA 02493 | NONE | PUBLIC CHAR | GENERAL GRANT | |

| CHARLES RIVER WATERSHED ASSOC 190 PARK ROAD WESTON, MA 02493 | NONE | PUBLIC CHAR | GENERAL GRANT | 500 |
|--|------|-------------|---------------|--------|
| CHURCH OF THE REDEEMER 379 HAMMOND STREET CHESTNUT HILL MA 02467 | NONE | CHURCH | GENERAL GRANT | 13,000 |

| 190 PARK ROAD WESTON, MA 02493 | NONE | TOBLIC CIVIL | GENERAL GIVINI | 300 |
|---|------|--------------|----------------|--------|
| CHURCH OF THE REDEEMER 379 HAMMOND STREET CHESTNUT HILL, MA 02467 | NONE | CHURCH | GENERAL GRANT | 13,000 |

| WESTON, MA 02493 | | | | |
|---|------|--------|---------------|---------|
| CHURCH OF THE REDEEMER 379 HAMMOND STREET CHESTNUT HILL, MA 02467 | NONE | CHURCH | GENERAL GRANT | 13,000 |
| Total | | | ▶ 3a | 300,550 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CONNECTICUT PUBLIC RADIO NONE PUBLIC CHAR GENERAL GRANT 2,000 1049 ASYLUM AVENUE HARTFORD, CT 06105

| | 1 | | 1 | |
|--|------|-------------|---------------|-----|
| CUMMINGS VETERINARY FUND AT TUFTS 200 WESTBORO ROAD NORTH GRAFTON, MA 01536 | NONE | UNIVERSITY | GENERAL GRANT | 500 |
| CURE ALZHEIMERS FUND | NONE | PUBLIC CHAR | GENERAL GRANT | 500 |

| 1 | 200 WESTBORO ROAD NORTH GRAFTON, MA 01536 | | | | |
|---|--|------|-------------|---------------|-----|
| | CURE ALZHEIMERS FUND 34 WASHUNGTON ST STE 200 WELLESLY HILLS, MA 02481 | NONE | PUBLIC CHAR | GENERAL GRANT | 500 |

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

NICHIE

Total .

| 77 FOURTH AVE NEEDHAM, MA 02494 | NONE | HOSPITAL | GENERAL GRANT | 1,500 |
|------------------------------------|------|----------|---------------|-------|
| DEXTER SOUTHFIELD SCHOOL | NONE | SCHOOL | GENERAL GRANT | 600 |

LICCRITAI

300,550

▶ 3a

| DEXTER SOUTHFIELD SCHOOL PO BOX 845914 BOSTON, MA 02284 | NONE | SCHOOL | GENERAL GRANT | 600 |
|---|------|----------|---------------|-----|
| ELIHU CLUB175 ELM STREET | NONE | PUB CHAR | GENERAL GRANT | 250 |

| BOSTON, MA 02284 | | | | |
|---|------|----------|---------------|-----|
| ELIHU CLUB175 ELM STREET NEW HAVEN, CT 06511 | NONE | PUB CHAR | GENERAL GRANT | 250 |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

or substantial contributor

| a Paid during the year | | | | |
|--|------|--------|---------------|--------|
| EPIPHANY MIDDLE SCHOOL 154 CENTRE STREET DORCHESTER MA 02124 | NONE | SCHOOL | GENERAL GRANT | 62,000 |

| DORCHESTER, MA 02124 | | | | |
|--|------|-------------|---------------|-------|
| FIDELCO GUIDE DOG FOUNDATION 103 VISION WAY BLOOMFIELD, CT 06002 | NONE | PUBLIC CHAR | GENERAL GRANT | 5,000 |
| | | | | |

| 103 VISION WAY BLOOMFIELD, CT 06002 | 110112 | T OBEIG ON III | CENERALE GIVINI | 3,000 |
|--|--------|----------------|-----------------|--------|
| GRACE COMMUNITY CHURCH 450 SPANISH WELLS ROAD HILTON HEAD ISLAND, SC 29996 | NONE | CHURCH | GENERAL GRANT | 15,000 |

| 103 VISION WAY BLOOMFIELD, CT 06002 | | | | |
|--|---------|--------|---------------|--------|
| GRACE COMMUNITY CHURCH 450 SPANISH WELLS ROAD HILTON HEAD ISLAND, SC 29996 | NONE | CHURCH | GENERAL GRANT | 15,000 |
| Total | 300 550 | | | |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year HAITI PROJECTS335 WATER STREET NONE PUBLIC CHAR GENERAL GRANT 1.000 HANOVER, MA 02339

| HANDEL & HAYDEN SOCIETY 9 HARCOURT STREET BOSTON, MA 02116 | NONE | PUBLIC CHAR | GENERAL GRANT | 9,000 |
|--|------|-------------|---------------|-------|
| HARVARD BUSINESS SCHOOL SOLDIERS FIELD ROAD | NONE | UNIVERSITY | GENERAL GRANT | 750 |

300,550

| HARVARD BUSINESS SCHOOL SOLDIERS FIELD ROAD BOSTON, MA 02163 | NONE | UNIVERSITY | GENERAL GRANT | 75 |
|--|------|------------|---------------|----|
| 1 | | | | |

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

| | or substantial contributor | | | |
|--|----------------------------|------------|---------------|-----|
| a Paid during the year | | | | |
| HARVARD COLLEGE 124 MT AUBURN STREET CAMBRIDGE, MA 02138 | NONE | UNIVERSITY | GENERAL GRANT | 800 |

| CAMBRIDGE, MA 02138 | | | | |
|---|------|-------------|---------------|-------|
| HAZELTON BETTY FORD FOUNDATION PO BOX 11 OS 3 CENTER CITY, MN 55012 | NONE | PUB CHAR | GENERAL GRANT | 500 |
| HERREN PROJECT | NONE | PUBLIC CHAR | GENERAL GRANT | 1,000 |

| PO BOX 11 OS 3 CENTER CITY, MN 55012 | NONE | PUB CHAR | GENERAL GRANT | 500 |
|--|------|-------------|---------------|-------|
| HERREN PROJECT 1061 FISH ROAD BLDG 4C TIVERTON, RI 02878 | NONE | PUBLIC CHAR | GENERAL GRANT | 1,000 |

| Total | 300,550 | | | |
|--|---------|-------------|---------------|-------|
| HERREN PROJECT 1061 FISH ROAD BLDG 4C TIVERTON, RI 02878 | NONE | PUBLIC CHAR | GENERAL GRANT | 1,000 |
| CENTER CITY, MN 55012 | | | | |

Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

or substantial contributor

| | or substantial contributor | | | |
|-------------------------------|----------------------------|----------|---------------|-------|
| a Paid during the year | | | | |
| HILTON HEAD DEEP WELL PROJECT | NONE | PUB CHAR | GENERAL GRANT | 3,000 |

| PO BOX 5543 HILTON HEAD ISLAND, SC 29938 | NONE | PUB CHAR | GENERAL GRANT | 3,000 |
|--|------|-------------|---------------|-------|
| HILTON HEAD HUMANE SOCIETY PO BOX 21790 HILTON HEAD ISLAND, SC 29925 | NONE | PUBLIC CHAR | GENERAL GRANT | 500 |

| HILTON HEAD HUMANE SOCIETY PO BOX 21790 HILTON HEAD ISLAND, SC 29925 | NONE | PUBLIC CHAR | GENERAL GRANT | 500 |
|--|------|-------------|---------------|-----|
| HILTON HEAD PREPARATORY SCHOOL 8 FOX GRAPE ROAD | NONE | SCHOOL | GENERAL GRANT | 750 |

| 8 FOX GRAPE ROAD | HILTON HEAD ISLAND, SC 29925 | | | | |
|------------------|--|------|--------|---------------|-----|
| | HILTON HEAD PREPARATORY SCHOOL 8 FOX GRAPE ROAD HILTON HEAD ISLAND, SC 29928 | NONE | SCHOOL | GENERAL GRANT | 750 |

| HILTON HEAD PREPARATORY SCHOOL 8 FOX GRAPE ROAD HILTON HEAD ISLAND, SC 29928 | NONE | SCHOOL | GENERAL GRANT | 750 |
|--|------|--------|---------------|---------|
| Total | | | ▶ 3a | 300,550 |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

| a Paid during the year | | | | |
|--|------|-------------|---------------|-----|
| HOSPICE CARE OF THE LOW COUNTRY PO BOX 3827 BLUFFTON, SC 29910 | NONE | PUBLIC CHAR | GENERAL GRANT | 750 |

| JNTINGTON THEATRE GROUP | NONE | PUB CHARITY | GENERAL GRANT |
|-------------------------|------|-------------|---------------|
| 4 HUNTINGTON AVENUE | | | |
| OSTON, MA 02115 | | | |

Total .

| HUNTINGTON THEATRE GROUP 264 HUNTINGTON AVENUE BOSTON, MA 02115 | NONE | PUB CHARITY | GENERAL GRANT | |
|---|------|-------------|---------------|--|
| JACKSON LABORATORY | NONE | PUBLIC CHAR | GENERAL GRANT | |

| 264 HUNTINGTON AVENUE BOSTON, MA 02115 | | | | |
|---|------|-------------|---------------|--------|
| JACKSON LABORATORY 600 MAIN STREET | NONE | PUBLIC CHAR | GENERAL GRANT | 40,000 |

| BOSTON, MA 02115 | | | | |
|---|------|-------------|---------------|--------|
| JACKSON LABORATORY 600 MAIN STREET BAR HARBOR, ME 04609 | NONE | PUBLIC CHAR | GENERAL GRANT | 40,000 |

1,000

| JACKSON LABORATORY | NONE | PUBLIC CHAR | GENERAL GRANT | 40,000 |
|----------------------|------|-------------|---------------|--------|
| 600 MAIN STREET | | | | |
| BAR HARBOR, ME 04609 | | | | |
| | | | | |

| BAR HARBOR, ME 04609 | | |
|----------------------|--|--|
| 600 MAIN STREET | | |

Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

| LAND'S SAKE27 CRESCENT ROAD WESTON, MA 02493 | NONE | PUBLIC CHAR | GENERAL GRANT | 500 |
|---|------|-------------|---------------|-------|
| LEEDS COMMUNITY CHURCH | NONE | CHURCH | GENERAL GRANT | 1.000 |

| EDS COMMUNITY CHURCH | NONE | CHURCH | GENERAL GRANT |
|----------------------|------|--------|---------------|
| B CHURCH HILL ROAD | | | |
| DS, ME 04263 | | | |

Total . .

| 123 CHURCH HILL ROAD LEEDS, ME 04263 | | S. I.G. I.G. I. | 0.000 | 2,00 |
|---|------|-----------------|---------------|------|
| LOW COUNTRY LEGAL ATDRO BOX 2496 | NONE | DUBLIC CHAR | GENERAL GRANT | 750 |

| LEEDS, ME 04263 | | | | |
|----------------------------------|------|-------------|---------------|----|
| LOW COUNTRY LEGAL AIDPO BOX 2496 | NONE | PUBLIC CHAR | GENERAL GRANT | 75 |

| LEEDS, ME 04263 | | | | |
|--|------|-------------|---------------|-----|
| LOW COUNTRY LEGAL AIDPO BOX 2496 BLUFFTON, SC 29910 | NONE | PUBLIC CHAR | GENERAL GRANT | 750 |

| LOW COUNTRY LEGAL AIDPO BOX 2496 | NONE | PUBLIC CHAR | GENERAL GRANT | 75 |
|----------------------------------|------|-------------|---------------|----|
| BLUFFTON, SC 29910 | | | | |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient

| I | Name and address (home or business) | or substantial contributor | | |
|---|-------------------------------------|----------------------------|--|--|
| I | a Paid during the year | | | |
| | | | | |

| MAINE MEDICAL CENTER 22 BRAMHILL STREET PORTLAND, ME 04102 | NONE | HOSPITAL | GENERAL GRANT | 2,000 |
|--|------|----------|---------------|-------|
| | | | | |

| FORTLAND, ME 04102 | | | | |
|---|------|-------------|---------------|-------|
| MARANATHA FARM 342 CRABAPPLE LANE RIDGELAND, SC 29936 | NONE | PUBLIC CHAR | GENERAL GRANT | 1,000 |

| MARANATHA FARM 342 CRABAPPLE LANE RIDGELAND, SC 29936 | NONE | PUBLIC CHAR | GENERAL GRANT | 1,000 |
|---|------|-------------|---------------|-------|
| MAX WARBURG COURAGE CURRICULUM 263 HUNTINGTON AVENUE | NONE | PUCLIC CHAR | GENERAL GRANT | 250 |

| RIDGELAND, SC 29936 | | | | |
|--|-----|-------------|---------------|-----|
| MAX WARBURG COURAGE CURRICULUM NO 263 HUNTINGTON AVENUE BOSTON, MA 02215 | ONE | PUCLIC CHAR | GENERAL GRANT | 250 |

| MAX WARBURG COURAGE CURRICULUM 263 HUNTINGTON AVENUE BOSTON, MA 02215 | NONE | PUCLIC CHAR | GENERAL GRANT | 2! |
|---|------|-------------|---------------|---------|
| Total | | | ▶ 3a | 300,550 |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient

Name and address (home or business)

Total .

| | or substantial contributor | | | |
|---|----------------------------|--------|---------------|-------|
| a Paid during the year | | | | |
| MILTON ACADEMY170 CENTRE STREET MILTON, MA 02186 | NONE | SCHOOL | GENERAL GRANT | 5,000 |
| | | | | |

| MOUNT VERNON LADIES ASSOCIATION 3200 MOUNT VERNON MEM HWY MOUNT VERNON, VA 22121 | NONE | PUBLIC CHAR | GENERAL GRANT | 1,000 |
|--|------|-------------|---------------|-------|
| NATIONAL MULTIPLE SCLEROSIS SOCIETY | NONE | PUBLIC CHAR | GENERAL GRANT | 500 |

| 3200 MOUNT VERNON MEM HWY MOUNT VERNON, VA 22121 | | | | |
|---|------|-------------|---------------|-----|
| NATIONAL MULTIPLE SCLEROSIS SOCIETY 101 A FIRST AVENUE WALTHAM, MA 02451 | NONE | PUBLIC CHAR | GENERAL GRANT | 500 |
| | | | | |

Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

| a Paid during the year | | | | |
|---|------|--------|---------------|-------|
| NOBLE & GREENOUGH SCHOOL 10 CAMPUS DRIVE | NONE | SCHOOL | GENERAL GRANT | 1,000 |

| NORTH YARMOUTH ACADEMY 148 MAIN STREET YARMOUTH, ME 04096 NONE SCHOOL GENERAL GRANT GENERAL GRANT | 1,000 |
|--|-------|

| NORTH YARMOUTH ACADEMY 148 MAIN STREET YARMOUTH, ME 04096 | NONE | SCHOOL | GENERAL GRANT | 1,000 |
|---|------|----------|---------------|-------|
| OLD YORK HISTORICAL SOCIETY PO BOX 312 YORK, ME 03909 | NONE | PUB CHAR | GENERAL GRANT | 500 |

| Total | | | ▶ 3a | 300,550 |
|---|------|----------|---------------|---------|
| OLD YORK HISTORICAL SOCIETY PO BOX 312 YORK, ME 03909 | NONE | PUB CHAR | GENERAL GRANT | 500 |
| 148 MAIN STREET YARMOUTH, ME 04096 | | | | |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year PINE COBBLE SCHOOL 163 GALE ROAD NONE GENERAL GRANT 500 SCHOOL WILLIAMSTOWN, MA 01267

| PLANNED PARENTHOOD 1055 COMMONWEALTH AVE BOSTON, MA 02215 | NONE | PUBLIC CHAR | GENERAL GRANT | 9,950 |
|---|------|-------------|---------------|-------|
| PROJECT HEALING WATERS FLYFISHING PO BOX 695 | NONE | PUBLIC CHAR | GENERAL GRANT | 750 |

| Total | | | > 3a | 300 550 |
|---|------|-------------|----------------|---------|
| PROJECT HEALING WATERS FLYFISHING PO BOX 695 LA PLATA, MD 20646 | NONE | PUBLIC CHAR | GENERAL GRANT | 750 |
| BOSTON, MA 02215 | | | | |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Purpose of grant or Recipient If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year **OUEBEC LABRADOR FOUNDATION** NONE PUBLIC CHAR GENERAL GRANT 250 55 SOUTH MAIN STREET IPSWICH, MA 01938

| SOLDIERS' FUND711 ATLANTIC AVENUE BOSTON, MA 02111 | NONE | PUB CHARITY | GENERAL GRANT | 1,000 |
|--|------|-------------|---------------|-------|
| SOUTH SHORE HABITAT FOR HUMANITY 20 MATHEWSON DRIVE WEYMOUTH, MA 02189 | NONE | PUB CHARITY | GENERAL GRANT | 1,000 |

Total . .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

or substantial contributor

Total .

| a Paid during the year | | | | |
|---|------|-------------|---------------|-------|
| SOUTHERN MAINE AGCY ON AGING 136 US ROUTE ONE SCARBOROUGH, ME 04074 | NONE | PUBLIC CHAR | GENERAL GRANT | 4,250 |

| SPAULDING REHAB HOSPITAL FUND 1575 CAMBRIDGE STREET CAMBRIDGE, MA 02138 | NONE | HOSPITAL | GENERAL GRANT | 2,250 |
|---|------|----------|---------------|-------|
| ST BETERS EDISCODAL CHURCH | NONE | CHIBCH | CENERAL CRANT | F00 |

| 1575 CAMBRIDGE STREET CAMBRIDGE, MA 02138 | | | | |
|--|------|--------|---------------|-----|
| ST PETERS EPISCOPAL CHURCH 320 BOSTON POST ROAD WESTON, MA 02493 | NONE | CHURCH | GENERAL GRANT | 500 |

| CAMBRIDGE, MA 02138 | | | | |
|--|------|--------|---------------|---|
| ST PETERS EPISCOPAL CHURCH 320 BOSTON POST ROAD WESTON, MA 02493 | NONE | CHURCH | GENERAL GRANT | 5 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Purpose of grant or Recipient If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year ST TIMOTHY'S SCHOOL NONE SCHOOL GENERAL GRANT 600 8400 GREENSPRING AVENUE

| STEVENSON, MD 21153 | | | | |
|---|------|------------|---------------|-------|
| STANFORD UNIVERSITYPO BOX 20466 STANFORD, CA 94309 | NONE | UNIVERSITY | GENERAL GRANT | 4,000 |
| SUDBURY VALLEY TRUSTEES | NONE | PUB CHAR | GENERAL GRANT | 500 |

| Total | | | ▶ 3a | 300,550 |
|---|------|----------|---------------|---------|
| SUDBURY VALLEY TRUSTEES 18 WOLBACH ROAD SUDBURY, MA 01776 | NONE | PUB CHAR | GENERAL GRANT | 50 |
| STANFORD, CA 94309 | | | | |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Purpose of grant or Recipient Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year NONE PUB CHAR GENERAL GRANT 100 TENACITY38 EVERETT STREET

| BOSTON, MA 02134 | | | | |
|--|------|-------------|---------------|--------|
| TINY HANDS FOUNDATION PO BOX 67195 LINCOLN, NE 68506 | NONE | PUBLIC CHAR | GENERAL GRANT | 19,750 |
| TRINITY CHURCH MA | NONE | CHURCH | GENERAL GRANT | 500 |

| LINCOLN, NE 68506 | | | | |
|---|------|--------|---------------|-----|
| TRINITY CHURCH MA 206 CLARENDON STREET BOSTON, MA 02116 | NONE | CHURCH | GENERAL GRANT | 500 |

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year TRINITY CHURCH MEPO BOX 323 NONE CHURCH 250 GENERAL GRANT YORK HARBOR, ME 03911

| UNIVERSITY OF MAINE FOUNDATION TWO ALIMNI PLACE ORONO, ME 04469 | NONE | UNIVERSITY | GENERAL GRANT | 2,500 |
|---|------|------------|---------------|-------|
| VALLEY COMMUNITY BAPTIST CHURCH 590 WEST AVON ROAD | NONE | CHURCH | GENERAL GRANT | 2,000 |

| Total | | | ▶ 3a | 300,550 |
|---|------|--------|---------------|---------|
| VALLEY COMMUNITY BAPTIST CHURCH 590 WEST AVON ROAD AVON, CT 06001 | NONE | CHURCH | GENERAL GRANT | 2,000 |
| ORONO, ME 04469 | | | | |

Purpose of grant or Recipient If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year VANDERBILT UNIVERSITY NONE UNIVERSITY GENERAL GRANT 4.000 2301 VANDERBILT PLACE

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| NASHVILLE, TN 37240 | | | | |
|---|------|------------|---------------|--------|
| VASSAR COLLEGEPO BOX 14 POUGHKEEPSIE, NY 12604 | NONE | UNIVERSITY | GENERAL GRANT | 19,500 |
| WAKE FOREST UNIVERSITY PO BOX 7227 | NONE | UNIVERSITY | GENERAL GRANT | 1,000 |

| Total | | | ▶ 3a | 300,550 |
|---|------|------------|---------------|---------|
| WAKE FOREST UNIVERSITY PO BOX 7227 WINSTONSALEM, NC 27109 | NONE | UNIVERSITY | GENERAL GRANT | 1,000 |
| POOGHKEEPSIE, NT 12004 | | | | |

Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| a Paid during the year | | | | |
|---|------|-------------|---------------|-----|
| WBUR 909 FMPO BOX 9235 CHELSEA, MA 02150 | NONE | PUBLIC CHAR | GENERAL GRANT | 500 |

| | CHELSEA, MA UZISU | | | | |
|---|--------------------|------|------------|---------------|-----|
| ĺ | WELLESLEY COLLEGE | NONE | UNIVERSITY | GENERAL GRANT | 500 |
| | 106 CENTRAL STREET | | | | |
| ı | WELLEGIEV MA 03401 | | | | |

| WEST POINTSON MILLS BOAD | NONE | LINITY/EDCITTY | CENEDAL CRANT | 1 000 |
|--|------|----------------|---------------|-------|
| WELLESLEY COLLEGE 106 CENTRAL STREET WELLESLEY, MA 02481 | NONE | UNIVERSITY | GENERAL GRANT | 500 |

| WELLESLEY, MA 02481 | | | | |
|---------------------|------|------------|---------------|-------|
| WEST POINT NY 1999 | NONE | UNIVERSITY | GENERAL GRANT | 4,000 |

| WELLESLET, MA 02461 | | | | |
|--|------|------------|---------------|-------|
| WEST POINT698 MILLS ROAD WEST POINT, NY 10096 | NONE | UNIVERSITY | GENERAL GRANT | 4,000 |

300,550

| WEST POINT698 MILLS ROAD WEST POINT, NY 10096 | NONE | UNIVERSITY | GENERAL GRANT | 4. |
|--|------|------------|---------------|----|
| | • | | | |

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution

any foundation manager

Name and address (home or business)

Total .

| , | or substantial contributor | | | |
|---|----------------------------|-------------|---------------|-------|
| a Paid during the year | | | | |
| WESTON FOREST & TRAIL ASSOCIATION 266 GLEN ROAD WESTON, MA 02493 | NONE | PUBLIC CHAR | GENERAL GRANT | 1,000 |

recipient

300,550

| | WESTON, MA 02493 | | | | |
|---|-----------------------------|------|-------------|---------------|--|
| l | WGBH EDUCATIONAL FOUNDATION | NONE | PUBLIC CHAR | GENERAL GRANT | |
| | PO BOX 55875 | | | | |
| | BOSTON, MA 02205 | | | | |

| WGBH EDUCATIONAL FOUNDATION PO BOX 55875 BOSTON, MA 02205 | NONE | PUBLIC CHAR | GENERAL GRANT | 500 |
|---|------|-------------|---------------|-------|
| WINSOR SCHOOL103 PILGROM ROAD | NONE | SCHOOL | GENERAL GRANT | 7,250 |

| BOSTON, MA 02205 | | | | |
|---|------|--------|---------------|-------|
| WINSOR SCHOOL103 PILGROM ROAD BOSTON, MA 02215 | NONE | SCHOOL | GENERAL GRANT | 7,250 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year WOOSTER SCHOOL NONE SCHOOL GENERAL GRANT 500

| 91 MIRY BROOK ROAD DANBURY, CT 06810 | | | | |
|--|------|-------------|---------------|--------|
| YALE ALUMNI FUNDPO BOX 2038 NEW HAVEN, CT 06521 | NONE | PUBLIC CHAR | GENERAL GRANT | 13,500 |

| NEW HAVEN, CT 06521 | NONE | PUBLIC CHAR | GENERAL GRANT | 13,500 |
|--|------|-------------|---------------|--------|
| YALE SCHOOL OF ORG & MGTMT PO BOX 2038 NEW HAVEN, CT 06521 | NONE | UNIVERSITY | GENERAL GRANT | 5,000 |

Total .

300,550

Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Recipient

If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Foundation Purpose of grant or contribution

recipient

a Paid during the year

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| YORK HARBOR READING ROOM FOUNDATION PO BOX 66 YORK HARBOR, ME 03911 | NONE | PUBLIC CHAR | GENERAL GRANT | 1,000 |
|--|------|-------------|---------------|-------|
| | | | | |

| ORK HARBOR, ME U3911 | | | | |
|---|------|-------------|---------------|-------|
| ORK LAND TRUST LONG NECK MARSH ROAD ORK, ME 03909 | NONE | PUBLIC CHAR | GENERAL GRANT | 1,250 |

300,550

Total .

| efile GRAPHIC print - DO NOT P | ROCESS | As Filed D | ata - | | | DLN: 93491119006119 |
|--------------------------------|---------|------------|--------------------|---------|------------------------|---|
| TY 2018 Accounting Fe | es Sche | dule | | | | |
| _ | | | | | | |
| | Name: | FRANK G | ERRITY CH | ARITABL | _E TRUST | |
| | | 04-6195 | | , , | | |
| <u></u> | LIIV. | 04-0195 | | | | 1 |
| Category | Amo | ount | Net Inves Incor | | Adjusted Net Income | Disbursements for Charitable Purposes |
| MORGAN WILDE, PC | | 8,500 | | 8,500 | | |

DLN: 93491119006119

TY 2018 Investments Corporate Stock Schedule

Name: FRANK GERRITY CHARITABLE TRUST

EIN: 04-6195965

Investments Corporation Stock Schedule

| Investments Corporation Stock Schedule | | | | |
|--|---------------------------|----------------------------------|--|--|
| Name of Stock | End of Year Book Value | End of Year Fair Market Value | | |
| ABBOTT LABS (4000) | 10,207 | 289,320 | | |
| ABBVIE INC (1900) | | | | |
| ALTRIA GROUP INC (250) | 2,807 | 12,348 | | |
| ANNALY MORTGAGE(5000) | 46,527 | 49,100 | | |
| APACHE CORPORATION (1000) | 50,996 | 26,250 | | |
| AUTOMATIC DATA PROCESSING (3000) | 8,571 | 393,360 | | |
| BANKAMERICA CORP (6555) | 180,897 | 161,515 | | |
| BECTON DICKINSON (1000) | 34,725 | 225,320 | | |
| BROADRIDGE FINL SOLUTIONS INC (750) | 1,116 | 72,188 | | |
| CABOT OIL & GAS CORP (5000) | | | | |
| CERNER CORP (1200) | 25,132 | 62,928 | | |
| COCA COLA (2400) | 24,000 | 113,640 | | |
| COGNIZANT TECH SOLUTIONS (2000) | 32,760 | 126,960 | | |
| COLGATE PALMOLIVE (3200) | 20,171 | 190,464 | | |
| CVS HEALTH CORP (2500) | 132,792 | 163,800 | | |
| DENTSPLY SIRONA INC (3000) | 85,396 | 111,630 | | |
| DNP SELECT INCOME FUND (1500) | | | | |
| EATON VANCE TAX MGD GBL (16500) | | | | |
| FORD MOTOR COMPANY (8000) | 97,935 | 61,200 | | |
| GENERAL ELECTRIC CO (4000) | | | | |
| HALLIBURTON COMPANY (1775) | 94,351 | 47,180 | | |
| HOME DEPOT (2000) | 44,487 | 343,640 | | |
| ILLINOIS TOOL WORKS INC (1000) | 46,065 | 126,690 | | |
| JOHNSON & JOHNSON (4100) | 51,970 | 529,106 | | |
| KINDER MORGAN INC (3400) | 96,711 | 52,292 | | |
| MARSH MCLENNAN CO (1500) | 525 | 119,625 | | |
| MERCK & CO (725) | 1,777 | 55,397 | | |
| MOODYS CORP (2000) | 102,450 | 280,080 | | |
| MYLAN NV SHS EURO (1600) | 57,838 | 43,840 | | |
| NEWELL BRANDS INC (5400) | 165,735 | 100,386 | | |

Investments Corporation Stock Schedule

| Name of Stock | End of Year Book Value | End of Year Fair Market Value |
|------------------------------------|---------------------------|----------------------------------|
| PAYCHEX INC (1181) | 13,812 | 76,942 |
| PENNYMAC MORTGAGE INV (1675) | 33,131 | 31,189 |
| PFIZER INC (4000) | 122,639 | 174,600 |
| PHILIP MORRIS INTL INC (2200) | | |
| PROCTOR & GAMBLE CO (1170) | 35,636 | 107,546 |
| QUOTIENT LIMITED (4000) | 29,599 | 24,480 |
| RENAISSANCE RE HLDGS LTD (1000) | 51,200 | 133,700 |
| RPM INC (2000) | 37,557 | 117,560 |
| SCHLUMBERGER LTD (550) | 25,107 | 19,844 |
| SOUTHSIDE BANCSHARES INC (2600) | 76,098 | 82,550 |
| SYNCHRONY FINANCIAL (2000) | 60,826 | 46,920 |
| SYSCO CORP (3000) | 20,306 | 187,980 |
| UNIT CORPORATION (3700) | 102,551 | 52,836 |
| VALERO ENERGY CORP (580) | 39,902 | 43,483 |
| WEYERHAEUSER COMPANY REIT (2000) | | |
| WILLIAMS COS (3000) | 80,093 | 66,150 |
| WPX ENERGY INC (7500) | 96,499 | 85,125 |
| BLACKSTONE MTG TR INC (2000) | 63,527 | 63,720 |
| CONSOLIDATED COMM HLDGS INC (9400) | 104,829 | 92,872 |
| DEVON ENERGY CORPORATION (1000) | 27,526 | 22,540 |
| ENTERPRISE PRODUCTS LP (1000) | 22,624 | 24,590 |
| KOHLS CORPORATION (400) | 27,020 | 26,536 |
| SQUARE INCORPORATED (250) | 24,504 | 14,023 |
| TWITTER INCORPORATED (1000) | 27,245 | 28,740 |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | | DLN: 93491119006119 | | | |
|--------------------------------------|-----------------|---------------------|---------------------|--|--|--|
| TY 2018 Other Decreases Schedule | | | | | | |
| | | | | | | |
| Name: | FRANK GERRI | TY CHARITABLE TRUST | | | | |
| EIN: | 04-6195965 | | | | | |
| Description | | | Amount | | | |

PARTNERSHIP K-1 ADJUSTMENTS

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | | DLN | : 93491119006119 |
|--------------------------------------|--------------------------------------|--------------------------|------------------------|---|
| TY 2018 Other Expenses Sche | dule | | | |
| - | | | | |
| Name: | FRANK GERRIT | Y CHARITABLE TR | ≀UST | |
| EIN: 04-6195965 | | | | |
| Other Expenses Schedule | | | | |
| Description | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
| EXPENSES | 1 | | | |
| MASSACHUSETTS FILING FEE | 70 | 70 | | |
| NEWSPAPER NOTICE | 24 | 24 | | |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | | D | LN: 93491119006119 |
|---------------------------------------|-----------------|-------------|-------------------|--------------------|
| TY 2018 Other Liabilities Sche | dule | | | <u> </u> |
| | | | | |
| Name | FRANK GERRI | ΤΥ СΗΔΡΙΤΔΕ | RI F TRIIST | |
| | | II CHAMIAL | DEL TROST | |
| EIN: | 04-6195965 | | | |
| Description | n | | Beginning of Year | End of Year - |
| | | | - Book Value | Book Value |
| FEDERAL EXCISE TAX | | | 942 | 885 |
| MASS. FILING FEE | | | 70 | 70 |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data | - | DL | N: 93491119006119 |
|--------------------------------------|---------------|--------------------------|------------------------|---|
| TY 2018 Taxes Schedule | | | | |
| | | | | |
| Name: FRANK GERRITY CHARITABLE TRUST | | | | |
| EIN: 04-6195965 | | | | |
| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
| FEDERAL EXCISE TAX | 5,285 | | | |