



Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.)			
		Beginning of year (a) Book Value	End of year (b) Book Value (c) Fair Market Value		
Assets	1	Cash—non-interest-bearing . . . . .	387,701	200,268	200,268
	2	Savings and temporary cash investments . . . . .	5,151	252	252
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5	Grants receivable . . . . .			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	7	Other notes and loans receivable (attach schedule) ▶ <u>2,000,000</u> Less allowance for doubtful accounts ▶ <u>0</u>	2,008,333	2,000,000	2,000,000
	8	Inventories for sale or use . . . . .			
	9	Prepaid expenses and deferred charges . . . . .	1,100		
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule) . . . . .			
	c	Investments—corporate bonds (attach schedule) . . . . .			
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans . . . . .			
	13	Investments—other (attach schedule) . . . . .	5,938,714	5,948,262	5,948,262
	14	Land, buildings, and equipment basis ▶ <u>6,564</u> Less accumulated depreciation (attach schedule) ▶ <u>4,899</u>	1,788	1,665	1,665
15	Other assets (describe ▶ _____)				
16	<b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	8,342,787	8,150,447	8,150,447	
Liabilities	17	Accounts payable and accrued expenses . . . . .	4,249	3,435	
	18	Grants payable . . . . .			
	19	Deferred revenue . . . . .			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule) . . . . .			
	22	Other liabilities (describe ▶ _____)			
	23	<b>Total liabilities</b> (add lines 17 through 22) . . . . .	4,249	3,435	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted . . . . .			
	25	Temporarily restricted . . . . .			
	26	Permanently restricted . . . . .			
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds . . . . .	0	0	
	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
	29	Retained earnings, accumulated income, endowment, or other funds	8,338,538	8,147,012	
	30	<b>Total net assets or fund balances</b> (see instructions) . . . . .	8,338,538	8,147,012	
31	<b>Total liabilities and net assets/fund balances</b> (see instructions) .	8,342,787	8,150,447		

**Part III Analysis of Changes in Net Assets or Fund Balances**

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . .	1	8,338,538
2	Enter amount from Part I, line 27a . . . . .	2	-191,428
3	Other increases not included in line 2 (itemize) ▶ _____	3	0
4	Add lines 1, 2, and 3 . . . . .	4	8,147,110
5	Decreases not included in line 2 (itemize) ▶ _____	5	98
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	8,147,012

**Part IV Capital Gains and Losses for Tax on Investment Income**

<b>(a)</b> List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co )	<b>(b)</b> How acquired P—Purchase D—Donation	<b>(c)</b> Date acquired (mo , day, yr )	<b>(d)</b> Date sold (mo , day, yr )
<b>1 a</b> FIDELITY - 7579 - SHORT TERM - COVERED	P		
<b>b</b> FIDELITY - 7579 - LONG TERM - COVERED	D		
<b>c</b> CAPITAL GAINS DIVIDENDS	P		
<b>d</b>			
<b>e</b>			

  

(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)
<b>a</b> 8,758		8,797	-39
<b>b</b> 802,543		634,188	168,355
<b>c</b> 97,431			97,431
<b>d</b>			
<b>e</b>			

  

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) 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	
<b>a</b>			-39
<b>b</b>			168,355
<b>c</b>			97,431
<b>d</b>			
<b>e</b>			

  

<b>2</b> Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	<b>2</b> 265,747
<b>3</b> Net 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) (see instructions) If (loss), enter -0- in Part I, line 8	{ }	<b>3</b>

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

**1** Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2017	2,416,807	8,977,793	0 269198
2016	2,508,138	7,979,918	0 314306
2015	1,690,322	8,542,537	0 197871
2014	1,375,547	10,968,310	0 125411
2013	1,332,646	5,913,027	0 225375

  

<b>2</b> Total of line 1, column (d)	<b>2</b>	1 132161
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years	<b>3</b>	0 226432
<b>4</b> Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	<b>4</b>	7,278,452
<b>5</b> Multiply line 4 by line 3	<b>5</b>	1,648,074
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	<b>6</b>	4,409
<b>7</b> Add lines 5 and 6	<b>7</b>	1,652,483
<b>8</b> Enter qualifying distributions from Part XII, line 4	<b>8</b>	2,197,472

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
<b>b</b>	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b . . . . .	<b>1</b>	4,409
<b>c</b>	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	0
<b>3</b>	Add lines 1 and 2. . . . .	<b>3</b>	4,409
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	0
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>	4,409
<b>6</b>	Credits/Payments		
<b>a</b>	2018 estimated tax payments and 2017 overpayment credited to 2018	<b>6a</b>	8,161
<b>b</b>	Exempt foreign organizations—tax withheld at source . . . . .	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868) . . . . .	<b>6c</b>	3,000
<b>d</b>	Backup withholding erroneously withheld . . . . .	<b>6d</b>	0
<b>7</b>	Total credits and payments. Add lines 6a through 6d. . . . .	<b>7</b>	11,161
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	<b>8</b>	0
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . .	<b>9</b>	
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . .	<b>10</b>	6,752
<b>11</b>	Enter the amount of line 10 to be <b>Credited to 2019 estimated tax</b> <input type="checkbox"/> 6,752 <b>Refunded</b> <input type="checkbox"/>	<b>11</b>	0

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .	<b>1a</b>	No
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). . . . . If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities	<b>1b</b>	No
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .	<b>1c</b>	No
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input type="checkbox"/> \$ 0 (2) On foundation managers <input type="checkbox"/> \$ 0		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ 0		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . If "Yes," attach a detailed description of the activities	<b>2</b>	No
<b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes . . . . .	<b>3</b>	No
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>4a</b>	No
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>4b</b>	
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . If "Yes," attach the statement required by General Instruction T	<b>5</b>	No
<b>6</b> 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 mandatory directions that conflict with the state law remain in the governing instrument? . . . . .	<b>6</b>	Yes
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV . . . . .	<b>7</b>	Yes
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> MA		
<b>b</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 G? If "No," attach explanation .	<b>8b</b>	Yes
<b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2018 or the taxable year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV . . . . .	<b>9</b>	No
<b>10</b> Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses . . . . .	<b>10</b>	No

**Part VII-A Statements Regarding Activities** (continued)

<b>11</b>	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. . . . .	<b>11</b>		<b>No</b>
<b>12</b>	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. . . . .	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <b>►</b> N/A	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of <b>►</b> RICHARD DANNENBAUM Telephone no <b>►</b> (774) 202-5325			

Located at **►** ONE LAKESHORE CENTER BRIDGEWATER MA ZIP+4 **►** 02324

<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here . . . . . <b>►</b> <input type="checkbox"/>			
	and enter the amount of tax-exempt interest received or accrued during the year . . . . . <b>►</b> <b>15</b>			
<b>16</b>	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? . . . . .	<b>16</b>	<b>Yes</b>	<b>No</b>
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country <b>►</b>			

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

**File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

<b>1a</b>	During the year did the foundation (either directly or indirectly)		<b>Yes</b>	<b>No</b>
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> 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. . . . . <input type="checkbox"/>	<b>1b</b>		<b>No</b>
<b>c</b>	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2018? . . . . . <input type="checkbox"/>	<b>1c</b>		<b>No</b>
<b>2</b>	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
<b>a</b>	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	If "Yes," list the years <b>►</b> 20____, 20____, 20____, 20____			
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions). . . . .	<b>2b</b>		
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here <b>►</b> 20____, 20____, 20____, 20____			
<b>3a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b>	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2018). . . . .	<b>3b</b>		
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>		<b>No</b>
<b>b</b>	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	<b>4b</b>		<b>No</b>

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)

<b>5a</b>	During the year did the foundation pay or incur any amount to		<b>Yes</b>	<b>No</b>
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions.		<b>5b</b>	
	Organizations relying on a current notice regarding disaster assistance check here.	<input type="checkbox"/>		
<b>c</b>	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945–5(d)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>6a</b>	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>6b</b>	<b>No</b>
<b>b</b>	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870			
<b>7a</b>	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>7b</b>	
<b>b</b>	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?			
<b>8</b>	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

<b>1 List all officers, directors, trustees, foundation managers and their compensation. See instructions</b>				
(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) Expense account, other allowances
See Additional Data Table				
<b>2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."</b>				
(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) Expense account, other allowances
NONE				
<b>Total number of other employees paid over \$50,000.</b>				<b>0</b>

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)*

<b>3</b> Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
RIDGEWAY PHILANTHORY 121 MT VERNON STREET BOSTON, MA 02108	PHILANTHROPIC ADVISORY	90,000
<b>Total</b> number of others receiving over \$50,000 for professional services. . . . . ▶		0

**Part IX-A** Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
<b>1</b> _____	
_____	
_____	
<b>2</b> _____	
_____	
_____	
<b>3</b> _____	
_____	
_____	
<b>4</b> _____	
_____	
_____	

**Part IX-B** Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
<b>1</b> NONE	0
<b>2</b> _____	
_____	
_____	
All other program-related investments. See instructions.	
<b>3</b> _____	
_____	
_____	
<b>Total.</b> Add lines 1 through 3 . . . . . ▶	0

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities.	<b>1a</b>	4,974,649
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	408,440
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	2,006,202
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	7,389,291
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets.	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	7,389,291
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	110,839
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4.	<b>5</b>	7,278,452
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	363,923

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6.	<b>1</b>	363,923
<b>2a</b>	Tax on investment income for 2018 from Part VI, line 5.	<b>2a</b>	4,409
<b>b</b>	Income tax for 2018 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	4,409
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	359,514
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	0
<b>5</b>	Add lines 3 and 4.	<b>5</b>	359,514
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	<b>7</b>	359,514

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	<b>1a</b>	2,197,472
<b>b</b>	Program-related investments—total from Part IX-B.	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required).	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule).	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	<b>4</b>	2,197,472
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	<b>5</b>	4,409
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	2,193,063

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.



**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
<b>1</b> Distributable amount for 2018 from Part XI, line 7				359,514
<b>2</b> Undistributed income, if any, as of the end of 2018				
<b>a</b> Enter amount for 2017 only. . . . .			0	
<b>b</b> Total for prior years 20____, 20____, 20____		0		
<b>3</b> Excess distributions carryover, if any, to 2018				
<b>a</b> From 2013. . . . .	1,043,179			
<b>b</b> From 2014. . . . .	838,651			
<b>c</b> From 2015. . . . .	1,267,401			
<b>d</b> From 2016. . . . .	2,114,012			
<b>e</b> From 2017. . . . .	1,989,895			
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	7,253,138			
<b>4</b> Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ 2,197,472				
<b>a</b> Applied to 2017, but not more than line 2a			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2018 distributable amount. . . . .				359,514
<b>e</b> Remaining amount distributed out of corpus	1,837,958			
<b>5</b> Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a) )	0			0
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	9,091,096			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .		0		
<b>c</b> 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		
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .		0		
<b>e</b> Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
<b>f</b> Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019 . . . . .				0
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .	0			
<b>8</b> Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions). . . . .	1,043,179			
<b>9</b> <b>Excess distributions carryover to 2019.</b> Subtract lines 7 and 8 from line 6a . . . . .	8,047,917			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2014. . . . .	838,651			
<b>b</b> Excess from 2015. . . . .	1,267,401			
<b>c</b> Excess from 2016. . . . .	2,114,012			
<b>d</b> Excess from 2017. . . . .	1,989,895			
<b>e</b> Excess from 2018. . . . .	1,837,958			

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling. . . . . ▶

**b** Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

**2a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .

	Tax year	Prior 3 years			(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon					
<b>a</b> "Assets" alternative test—enter					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .					
<b>c</b> "Support" alternative test—enter					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)**

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )  
PATRICK CARNEY

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

**a** The name, address, and telephone number or e-mail address of the person to whom applications should be addressed  
KATHLEEN LARISACO CLAREMONT COMPANI  
128 UNION STREET  
NEW BEDFORD, MA 02740  
(774) 202-5325

**b** The form in which applications should be submitted and information and materials they should include  
APPLICATIONS SHOULD BE WRITTEN REQUESTS ON LETTERHEAD AND SHOULD PROVIDE INFORMATION REGARDING QUALIFIED CHARITABLE STATUS AND INTENDED USE OF GRANT

**c** Any submission deadlines  
NONE

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors  
NONE OTHER THAN AS DETAILED IN 2 (B) ABOVE

**Part XV** **Supplementary Information** (continued)**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 status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total . . . . .</b>			<b>▶ 3a</b>	
<b>b</b> <i>Approved for future payment</i>				
<b>Total . . . . .</b>			<b>▶ 3b</b>	

Enter gross amounts unless otherwise indicated

## Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Form **990-PF** (2018)

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

	Yes	No
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<b>1a(1)</b>	<b>No</b>
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1a(2)	No
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<b>1b(1)</b>	<b>No</b>
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<b>1b(2)</b>	<b>No</b>
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<b>1b(3)</b>		<b>No</b>
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<b>1b(4)</b>		<b>No</b>
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<b>1b(5)</b>	<b>No</b>
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<b>1b(6)</b>		<b>No</b>
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<b>1c</b>		<b>No</b>
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value  
ue

[illegible]

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations

described in section 501(c) (other than section 501(c)(3)) or in section 527? . . . . . ☐ Yes ☒ No

**b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here
\*\*\*\*\*
2019-11-11
\*\*\*\*\*
May the IRS discuss this return with the preparer shown

Signature of officer or trustee \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_

May the IRS discuss this return with the preparer shown below

(see instr )? ☒ **Yes** ☐ **No**

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	EDWARD MCNEIL		2019-11-11		P00090108
	Firm's name ► COHNREZNICK LLP				Firm's EIN ► 22-1478099
	Firm's address ► ONE BOSTON PLACE SUITE 500 BOSTON, MA 02108				Phone no (617) 648-1400

**Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation**

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
KATHLEEN LARISA 128 UNION STREET NEW BEDFORD, MA 02740	EXECUTIVE DIRECTOR 30 00	99,204	16,685	0
PATRICK CARNEY 128 UNION STREET NEW BEDFORD, MA 02740	TRUSTEE 1 00	0	0	0
LILLIAN CARNEY 128 UNION STREET NEW BEDFORD, MA 02740	TRUSTEE 1 00	0	0	0
COLLEEN C CARNEY 128 UNION STREET NEW BEDFORD, MA 02740	TRUSTEE 1 00	0	0	0
EDWARD H CARNEY 128 UNION STREET NEW BEDFORD, MA 02740	TRUSTEE 1 00	0	0	0
PATRICK CARNEY JR 128 UNION STREET NEW BEDFORD, MA 02740	TRUSTEE 1 00	0	0	0
GLENN OLIVEIRA 128 UNION STREET NEW BEDFORD, MA 02740	PROGRAM DIRECTOR 40 00	70,103	14,176	0

Form 990PF Part XV Line 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 status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ALL HANDS AND HEARTS - SMART RESPONSE 6 COUNTRY ROAD SUITE 6 MATTAPOISETT, MA 02739		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	1,500
ALMA DEL MAR CHARTER SCHOOL 515 BELLEVILLE AVENUE NEW BEDFORD, MA 02746		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	5,000
BARKPO BOX 12065 PORTLAND, OR 97212		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	1,000
<b>Total . . . . . ▶ 3a</b>				1,800,941

Form 990PF Part XV Line 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 status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BC HIGH SCHOOL150 MORRISSEY BLVD BOSTON, MA 02125		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	20,000
BERKLEY SCHOLARSHIP FUND BERKLEY MIDDLE SCHOOL 21 NO MAIN ST BERKLEY, MA 02779		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	1,000
BIG BROTHERS BIG SISTERS OF MASSACHUSETTS BAY 75 FEDERAL ST 8TH FLOOR BOSTON, MA 02110		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	10,000
<b>Total . . . . . ▶ 3a</b>				1,800,941



Form 990PF Part XV Line 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 status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BISHOP STANG HIGH SCHOOL BISHOP STANG HIGH SCHOOL 500 SLOCUM ROAD NORTH DARTMOUTH, MA 02747		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	2,000
BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVE BOSTON, MA 02115		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	9,500
BOSTON COLLEGE 220 MORE HALL 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	312,500
<b>Total . . . . .</b>			<b>3a</b>	1,800,941

Form 990PF Part XV Line 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 status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BOSTON HEALTHCARE FOR THE HOMELESS 780 ALBANY ST BOSTON, MA 02118		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	1,000
BOYS AND GIRLS CLUB OF BOSTON 200 HIGH STREET 3RD FLOOR BOSTON, MA 02110		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	518
BOYS AND GIRLS CLUB OF GREATER NEW BEDFORD 166 JENNEY STREET NEW BEDFORD, MA 02740		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	25,000
<b>Total . . . . . ▶ 3a</b>				1,800,941

Form 990PF Part XV Line 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 status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BRISTOL COUNTY CHAMBER OF COMMERCE INC 500 POCASSET STREET FALL RIVER, MA 02721		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	7,000
BROOKLINE COMMUNITY FOUNDATION INC 40 WEBSTER PLACE BROOKLINE, MA 02445		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	4,000
BUTTONWOOD PARK ZOOLOGICAL SOCIETY 425 HAWTHORN STREET NEW BEDFORD, MA 02740		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	40,000
<b>Total . . . . . ▶ 3a</b>				1,800,941

Form 990PF Part XV Line 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 status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
CATHOLIC EXTENSION 150 SOUTH WACKER DRIVE SUITE 2000 CHICAGO, IL 60606		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	10,000
CATHOLIC SEAL FOUNDATION 71 MAIN STREET UNIT 8 LAKEVILLE, MA 02347		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	3,500
CATHOLIC SCHOOLS FOUNDATION 260 FRANKLIN ST SUITE 630 BOSTON, MA 02110		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	10,000
<b>Total . . . . . ▶ 3a</b>				1,800,941

Form 990PF Part XV Line 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 status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CATHOLIC SOCIAL SERVICES 1600 BAY ST FALL RIVER, MA 02724		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	1,000
CHEW MEMORIAL BOYS AND GIRLS - FALL RIVER 803 BEDFORD ST PO BOX 5155 FALL RIVER, MA 02723		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	5,000
CHILD AND FAMILY SERVICES OF NEW BEDFORD 3057 ACUSHNET AVE NEW BEDFORD, MA 02745		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	5,000
<b>Total . . . . . ▶ 3a</b>				1,800,941

Form 990PF Part XV Line 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 status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CHILDREN'S ADVOCACY CENTER OF BRISTOL COUNTY 58 ARCH STREET FALL RIVER, MA 02724		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	10,000
CITIZENS FOR RESPONSIBILITY AND ETHICS IN WASHINGTON (CREW) 455 MASSACHUSETTS ACE 6TH FLOOR WASHINGTON, DC 20001		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	2,000
CITY OF NEW BEDFORD - HEALTH DEPARTMENT 1213 PURCHASE STREET NEW BEDFORD, MA 02740		GOV	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	40,000
<b>Total . . . . .</b>			<b>3a</b>	1,800,941

Form 990PF Part XV Line 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 status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CITY OF NEW BEDFORD PUBLIC SCHOOLS - CAMPBELL ELEMENTARY SCHOOL 145 ESSEX STREET NEW BEDFORD, MA 02745		GOV	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	5,000
CITY OF NEW BEDFORD PUBLIC SCHOOLS - IRWIN M JACOBS ELEMENTARY SCHOOL 47 EMERY STREET NEW BEDFORD, MA 02744		GOV	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	3,000
COASTAL NEIGHBORS NETWORK INC PO BOX 80073 S DARTMOUTH, MA 02748		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	2,000
<b>Total . . . . . ► 3a</b>				1,800,941

Form 990PF Part XV Line 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 status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
COLORADO OUTDOOR EDUCATION CENTER PO BOX 167 FLORISSANT, CO 80816		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	15,000
COMMUNITY BOATING CENTER 1641 PADNARAM AVENUE NEW BEDFORD, MA 02740		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	47,000
COMMUNITY FOUNDATION OF SOUTHEASTERN MA (CFSEMA) 128 UNION STREET SUITE 403 NEW BEDFORD, MA 02740		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	103,500
<b>Total . . . . . ▶ 3a</b>				1,800,941



Form 990PF Part XV Line 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 status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CRESCENT PARK CAROUSEL PRESERVATION ASSOCIATION 145 TAUNTON AVE E PROVIDENCE, RI 02914		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	1,000
DANA-FARBER CANCER INSTITUTE 10 BROOKLINE PLACE WEST BROOKLINE, MA 02445		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	240,000
DARTMOUTH NATURAL RESOURCES TRUST PO BOX 70567 DARTMOUTH, MA 02747		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	1,000
<b>Total . . . . . ▶ 3a</b>				1,800,941

Form 990PF Part XV Line 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 status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
DEMELLO SCHOOL PTO 654 DARTMOUTH ST SOUTH DARTMOUTH, MA 02748		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	2,000
DENNISON MEMORIAL COMMUNITY CENTER 755 SOUTH FIRST STREET NEW BEDFORD, MA 02744		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	10,000
DIOCESE OF FALL RIVER 450 HIGHLAND AVENUE PO BOX 2577 FALL RIVER, MA 02722		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	30,000
<b>Total . . . . . ▶ 3a</b>				1,800,941

Form 990PF Part XV Line 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 status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
DIOCESE OF PALM BEACH 9995 NORTH MILITARY TRAIL POBOX 109650 PALM BEACH GARDENS, FL 33410		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	5,000
DOVER LAND CONSERVATION TRUST PO BOX 562 DOVER, MA 02030		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	1,000
DUKE UNIVERSITY C/O DUKE LAW ALUMNI AND DEVELOPMENT 615 CHAPEL DRIVE BOX 90389 DURHAM, NC 27708		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	2,000
<b>Total . . . . . ▶ 3a</b>				1,800,941

Form 990PF Part XV Line 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 status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
EDISON COMMUNITY & SPORTS FOUNDATION PO BOX 68032 MINNEAPOLIS, MN 55418		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	1,000
EDWARD KENNEDY INSTITUTE FOR THE SENATE 210 MORRISEY BLVD BOSTON, MA 02125		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	10,000
EMERALD NECKLACE CONSERVANCY 125 THE FENWAY BOSTON, MA 02115		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	10,000
<b>Total . . . . . ▶ 3a</b>				1,800,941

Form 990PF Part XV Line 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 status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
FADICA4201 CONNECTICUT AVE WASHINGTON, DC 20008		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	2,500
FINCA1201 FIFTEENTH ST NW WASHINGTON, DC 20005		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	500
FOUNDATION TO ADVANCE CATHOLIC EDUCATION FACE)(ST MARY'S) 450 HIGHLAND AVE FALL RIVER, MA 02720		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	10,256
<b>Total . . . . . ▶ 3a</b>				1,800,941

Form 990PF Part XV Line 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 status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
FRIENDS ACADEMY1088 TUCKER ROAD DARTMOUTH, MA 02747		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	26,500
FRIENDS OF COACTIONS SLIP BANTRY CORK, CO 54021		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	10,000
GREATER NEW BEDFORD COMMUNITY HEALTH CENTER INC 874 PURCHASE STREET NEW BEDFORD, MA 02740		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	5,000
<b>Total . . . . . ▶ 3a</b>				1,800,941

Form 990PF Part XV Line 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 status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
HOLY FAMILY SCHOOL8 ORANGE AVE NATCHEZ, MS 39120		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	500
IMMACULATE CONCEPTION CHURCH 3 FAYETTE ST LOWELL, MA 01852		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	10,000
INTER-CHURCH COUNCIL OF GNB 412 COUNTY STREET NEW BEDFORD, MA 02740		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	2,000
<b>Total . . . . . ▶ 3a</b>				1,800,941

Form 990PF Part XV Line 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 status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
JUNIOR ACHIEVEMENT OF SOUTHEASTERN MASS INC 128 UNION STREET SUITE 304 NEW BEDFORD, MA 02740		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	10,000
LLOYD CENTER FOR THE ENVIRONMENT 430 POTOMSKA ROAD S DARTMOUTH, MA 02748		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	3,500
LOVIN SPOONFULS INC 1304 COMMONWEALTH AVE SUITE E BOSTON, MA 02134		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	1,500
<b>Total . . . . . ▶ 3a</b>				1,800,941



Form 990PF Part XV Line 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 status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA ST SUITE 540 BOSTON, MA 02114		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	160,000
MCAULEY MINISTRIES 622 ELMWOOD ST PROVIDENCE, RI 02907		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	500
MINNESOTA DIVERSIFIED INDUSTRIES INC 3501 BROADWAY ST STE 100 MINNEAPOLIS, MN 55413		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	2,000
<b>Total . . . . . ▶ 3a</b>				1,800,941

Form 990PF Part XV Line 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 status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MINNESOTA WOMENS CONSORTIUM 550 RICE STREET SAINT PAUL, MN 55103		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	2,000
MY BROTHER'S KEEPER 534 WASHINGTON ST EASTON, MA 02375		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	25,000
NATIVITY PREPARATORY SCHOOL OF NEW BEDFORD 66 SPRING STREET NEW BEDFORD, MA 02740		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	10,000
<b>Total . . . . . ▶ 3a</b>				1,800,941

Form 990PF Part XV Line 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 status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
NEW BEDFORD FESTIVAL THEATRE 684 PURCHASE ST NEW BEDFORD, MA 02740		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	5,000
NEW BEDFORD STAR KIDS SCHOLARSHIP PROGRAM PO BOX 6214 MIDDLETOWN, RI 02842		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	3,500
NEW BEDFORD SYMPHONY ORCHESTRA 128 UNION STREET SUITE 204 NEW BEDFORD, MA 02740		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	20,000
<b>Total . . . . . ▶ 3a</b>				1,800,941

Form 990PF Part XV Line 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 status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
NEW BEDFORD WHALING MUSEUM 18 JOHNNY CAKE HILL NEW BEDFORD, MA 02740		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	18,000
NORTHEASTERN MINNESOTANS FOR WILDERNESS PO BOX 625 ELY, MN 55731		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	1,000
NORTHSTAR LEARNING CENTERS INC 53 LINDEN STREET NEW BEDFORD, MA 02740		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	50,000
<b>Total . . . . .</b> ► <b>3a</b>				1,800,941

Form 990PF Part XV Line 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 status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
NORWICH FREE ACADEMY 305 BROADWAY NORWICH, CT 06360		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	500
ORDER OF MALTA AMERICAN ASSOCIATION 1011 FIRST AVENUE SUITE 1350 NEW YORK, NY 10022		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	1,500
OUR SISTERS' SCHOOL 145 BROWNELL AVE NEW BEDFORD, MA 02740		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	18,284
<b>Total . . . . . ► 3a</b>				1,800,941

Form 990PF Part XV Line 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 status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
PLAY BALL FOUNDATION 60 THOREAU STREET 255 CONCORD, MA 01742		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	10,000
PORTUGUESE UNITED FOR EDUCATION 360 COGGESHALL ST NEW BEDFORD, MA 02746		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	5,000
RED CLOUD INDIAN SCHOOL 100 MISSION DR PINE RIDGE, SD 57770		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	50,000
<b>Total . . . . . ▶ 3a</b>				1,800,941

Form 990PF Part XV Line 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 status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
REGIS COLLEGE 235 WELLESLEY STREET WESTON, MA 02493		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	12,000
RODMAN RIDE FOR KIDS 10 LINCOLN RD 208 FOXBORO, MA 02035		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	1,000
ROTCH-JONES-DUFF HOUSE AND GARDEN MUSEUM 396 COUNTY STREET NEW BEDFORD, MA 02470		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	500
<b>Total . . . . . ▶ 3a</b>				1,800,941

Form 990PF Part XV Line 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 status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SAINT ANTHONY SHRINE 100 ARCH STREET BOSTON, MA 02110		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	5,000
SCHOLARSHIP FOR ADVANCED GUYANESE EDUCATION (SAGE) 1976 S LA CIENEGA BLVD 542 LOS ANGELES, CA 90034		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	1,000
SIGNAL FIRE5205 NE 19TH AVE PORTLAND, OR 97211		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	1,000
<b>Total . . . . . ▶ 3a</b>				1,800,941



Form 990PF Part XV Line 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 status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SOUTH BRONX EDUCATION FOUNDATION 843 CROTONA PARK NORTH BRONX, NY 10460		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	500
SOUTHCOAST HEALTH SYSTEM 101 PAGE ST NEW BEDFORD, MA 02740		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	1,000
ST LAWRENCE MARTYR CHURCH 110 SUMMER ST NEW BEDFORD, MA 02740		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	7,600
<b>Total . . . . .</b> ► <b>3a</b>				1,800,941

**Form 990PF Part XV Line 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 status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ST LUKE'S HOSPITAL (SOUTHCOAST HEALTH SYSTEMS) 101 PAGE STREET NEW BEDFORD, MA 02741		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	31,250
ST MARY'S PARISH 783 DARTMOUTH STREET DARTMOUTH, MA 02748		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	7,000
ST THOMAS AQUINAS PARISH 103 CENTER ST BRIDGEWATER, MA 02324		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	500
<b>Total . . . . .</b> ► <b>3a</b>				1,800,941

Form 990PF Part XV Line 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 status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ST VINCENT'S DEPAUL SOCIETY ST MARGARET MARY ALACOQUE CONFERENC PO BOX 1381 MIDDLEBORO, MA 02346		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	1,000
STANLEY STREET TREATMENT AND RESOURCES 386 STANLEY STREET FALL RIVER, MA 02720		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	50,000
TEACH FOR AMERICA 60 CANAL STREET 5TH FLOOR BOSTON, MA 02114		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	20,000
<b>Total . . . . . ▶ 3a</b>				1,800,941

Form 990PF Part XV Line 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 status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THE BRIDGE351 ELM ST DARTMOUTH, MA 02715		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	10,000
THE HOME FOR LITTLE WANDERERS 10 GUEST STREET SUITE 3 BOSTON, MA 02135		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	1,500
THE IRELAND FUNDS 10 POST OFFICE SQUARE SUITE 1205 BOSTON, MA 02109		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	10,000
<b>Total . . . . . ▶ 3a</b>				1,800,941

Form 990PF Part XV Line 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 status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THE MARION INSTITUTE202 SPRING ST MARION, MA 02738		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	22,500
THE SALVATION ARMY - MASSACHUSETTS DIVISION 25 SHAWMUT ROAD CANTON, MA 02021		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	1,000
UNITED WAY OF GREATER NEW BEDFORD 128 UNION ST STE 105 NEW BEDFORD, MA 02740		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	32,700
<b>Total . . . . . ▶ 3a</b>				1,800,941

Form 990PF Part XV Line 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 status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
UNITED WAY OF PALM BEACH COUNTY 477 SOUTH ROSEMARY AVENUE SUITE 230 WEST PALM BEACH, FL 33401		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	1,000
UNIVERSITY OF DENVER 2101 S UNIVERSITY BLVD SUITE 664 DENVER, CO 80208		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	2,500
UNIVERSITY OF MASSACHUSETTS - DARTMOUTH 285 OLD WESTPORT RD DARTMOUTH, MA 02747		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	34,333
<b>Total . . . . . ▶ 3a</b>				1,800,941

Form 990PF Part XV Line 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 status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
WHALE128 UNION STREET NEW BEDFORD, MA 02470		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	5,000
WOMEN'S FUND30 CORNELL ST NEW BEDFORD, MA 02740		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	8,500
WOMENS LUNCH PLACE 67 NEWBURY STREET BOSTON, MA 02116		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	2,500
Total . . . . . ▶ <b>3a</b>				1,800,941

Form 990PF Part XV Line 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 status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
YES412 MASSACHUSETTS AVE BOSTON, MA 02118		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	7,500
YMCA SOUTHCOAST 128 UNION ST STE 304 NEW BEDFORD, MA 02740		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	20,000
YOUTH OPPORTUNITIES UNLIMITED INC (YOU) 224 BROCK AVENUE NEW BEDFORD, MA 02744		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	3,000
<b>Total . . . . .</b> ► <b>3a</b>				1,800,941



Form 990PF Part XV Line 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 status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
YWCA SOUTHEASTERN MA 20 SOUTH SIXTH STREET NEW BEDFORD, MA 02740		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	5,000
ZEITERION THEATRE INC 684 PURCHASE ST NEW BEDFORD, MA 02740		PC	UNRESTRICTED SUPPORT OF ORGANIZATIONS PURPOSE	15,000
<b>Total . . . . . ▶ 3a</b>				1,800,941

**TY 2018 Accounting Fees Schedule**

**Name:** THE CARNEY FAMILY CHARITABLE FOUNDATION  
C/O CLAREMONT MGMT CO

**EIN:** 04-6614314

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TAX PREP	2,500	1,250		1,250

**TY 2018 General Explanation Attachment**

**Name:** THE CARNEY FAMILY CHARITABLE FOUNDATION  
C/O CLAREMONT MGMT CO

**EIN:** 04-6614314

**General Explanation Attachment**

Identifier	Return Reference	Explanation	
1		FORM 990PF, PART VII-B LINE 1(A)4	THE ORGANIZATION PAYS COMPENSATION TO ONE OF ITS BOARD MEMBERS FOR HER DUTIES AS EXECUTIVE DIRECTOR OF THE ORGANIZATION THIS MEETS THE DEFINITION OF SELF-DEALING AND AS SUCH, PART VII-B QUESTIONS 1A4 HAVE BEEN ANSWERED YES HOWEVER, THE PAYMENTS ARE REASONABLE AND NOT EXCESSIVE THE PAYMENT DOES NOT FAIL TO QUALIFY AS AN EXCEPTION AND THEREFORE PART VII-B QUESTION 1B HAS BEEN ANSWERED NO

## TY 2018 Investments - Other Schedule

**Name:** THE CARNEY FAMILY CHARITABLE FOUNDATION

C/O CLAREMONT MGMT CO

**EIN:** 04-6614314

### Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
FIDELITY INVESTMENTS	AT COST	5,948,262	5,948,262

# TY 2018 Legal Fees Schedule

**Name:** THE CARNEY FAMILY CHARITABLE FOUNDATION  
C/O CLAREMONT MGMT CO

**EIN:** 04-6614314

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL EXPENSES	51	0		51

**TY 2018 Other Decreases Schedule**

**Name:** THE CARNEY FAMILY CHARITABLE FOUNDATION  
C/O CLAREMONT MGMT CO

**EIN:** 04-6614314

Description	Amount
PRIOR PERIOD ADJUSTMENT	98

# TY 2018 Other Expenses Schedule

**Name:** THE CARNEY FAMILY CHARITABLE FOUNDATION  
C/O CLAREMONT MGMT CO

**EIN:** 04-6614314

## Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANK CHARGES	17,048	17,048		0
BUILDING LIGHTING	0	0		0
BUILDING REPAIRS & MAINTENANCE	799	0		799
CABLE	422	0		422
CELL PHONES	1,927	0		1,927
COMPUTER SUPPORT SERVICES	11,122	0		11,122
CONFERENCE CALLS	161	0		161
INTERIOR PAINTING	640	0		640
INTERNET	1,119	0		1,119
MEMBERSHIP AND DUES	15,279	0		15,279

**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OFFICE SUPPLIES	2,276	0		2,276
OTHER MARKETING EXPENSES	141	0		141
POSTAGE	1,013	0		1,013
SUBSCRIPTIONS	967	0		967
TELEPHONE	1,450	0		1,450
EMPLOYEE OUTINGS	150	0		150
ENTERTAINMENT	3,513	0		3,513
LICENSES AND FEES	1,071	0		1,071
OFFICE EQUIPMENT	1,287	0		1,287
ADMINISTRATIVE EXPENSES	162	0		162



**TY 2018 Other Notes/Loans Receivable Short Schedule**

**Name:** THE CARNEY FAMILY CHARITABLE FOUNDATION  
C/O CLAREMONT MGMT CO

**EIN:** 04-6614314

Name of 501(c)(3) Organization	Balance Due
THE COLLEGE OF NEW ROCHELLE	2,000,000

**TY 2018 Other Professional Fees Schedule**

**Name:** THE CARNEY FAMILY CHARITABLE FOUNDATION  
C/O CLAREMONT MGMT CO

**EIN:** 04-6614314

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OTHER PROFESSIONAL FEES	90,340	0		90,340

**TY 2018 Taxes Schedule**

**Name:** THE CARNEY FAMILY CHARITABLE FOUNDATION  
C/O CLAREMONT MGMT CO

**EIN:** 04-6614314

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PAYROLL TAXES	15,207	1,521		13,686
FOREIGN TAXES	4,269	4,269		0
STATE INCOME TAXES	930	0		0
FEDERAL INCOME TAX	16,350	0		0

<b>Schedule B</b> (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>	<b>Schedule of Contributors</b>  ▶ <b>Attach to Form 990, 990-EZ, or 990-PF</b> ▶ Go to <u><a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a></u> for the latest information	OMB No 1545-0047  <b>2018</b>
	<b>Name of the organization</b> THE CARNEY FAMILY CHARITABLE FOUNDATION C/O CLAREMONT MGMT CO	<b>Employer identification number</b> 04-6614314

**Organization type** (check one)

<b>Filers of:</b>	<b>Section:</b>
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)( ) (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.  
**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other 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<sup>1</sup> 3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . ▶ \$ \_\_\_\_\_

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

<b>Name of organization</b> THE CARNEY FAMILY CHARITABLE FOUNDATION C/O CLAREMONT MGMT CO	<b>Employer identification number</b> 04-6614314
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<b>Part I</b> <b>Contributors</b> (See instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PATRICK CARNEY 128 UNION STREET NEW BEDFORD, MA 02740	\$ 1,658,466	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contributions )
		\$	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions )

<b>Name of organization</b> THE CARNEY FAMILY CHARITABLE FOUNDATION C/O CLAREMONT MGMT CO	<b>Employer identification number</b>  04-6614314
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<b>Part II</b>	<b>Noncash Property</b>
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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	SECURITIES	\$ 1,509,239	2018-12-31
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_____	_____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_____	_____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_____	_____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_____	_____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_____	_____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_____	_____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_____	_____	\$ _____	_____

<b>Name of organization</b> THE CARNEY FAMILY CHARITABLE FOUNDATION C/O CLAREMONT MGMT CO	<b>Employer identification number</b> 04-6614314
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<b>Part III</b>	<b>Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____</b> Use duplicate copies of Part III if additional space is needed
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee