

Form **990-PF**  
 Department of the Treasury  
 Internal Revenue Service

**Return of Private Foundation**  
**or Section 4947(a)(1) Trust Treated as Private Foundation**  
 ▶ Do not enter social security numbers on this form as it may be made public.  
 ▶ Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

OMB No 1545-0052  
**2018**  
**Open to Public Inspection**

**For calendar year 2018, or tax year beginning 01-01-2018 , and ending 12-31-2018**

Name of foundation PAUL W DIMAURA CHARITABLE TRUST ATTN EDWARD F FAY ESQ		<b>A Employer identification number</b> 04-6720853
Number and street (or P O box number if mail is not delivered to street address) 60 STATE ST C/O LOURIE CUTLER PC	Room/suite	<b>B Telephone number</b> (see instructions) (617) 742-6720
City or town, state or province, country, and ZIP or foreign postal code BOSTON, MA 02109		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>
<b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here <input type="checkbox"/> <b>2</b> Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
<b>I</b> Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ <u>885,233</u>	<b>J</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ <i>(Part I, column (d) must be on cash basis)</i>	<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

<b>Part I Analysis of Revenue and Expenses</b> <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )</i>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received (attach schedule)	40,925			
	<b>2</b> Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B				
	<b>3</b> Interest on savings and temporary cash investments	14		14	
	<b>4</b> Dividends and interest from securities	18,034		18,034	
	<b>5a</b> Gross rents				
	<b>b</b> Net rental income or (loss)				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10	50,701			
	<b>b</b> Gross sales price for all assets on line 6a <u>137,188</u>				
	<b>7</b> Capital gain net income (from Part IV, line 2)			50,701	
	<b>8</b> Net short-term capital gain				
	<b>9</b> Income modifications				
	<b>10a</b> Gross sales less returns and allowances				
<b>b</b> Less Cost of goods sold					
<b>c</b> Gross profit or (loss) (attach schedule)					
<b>11</b> Other income (attach schedule)					
<b>12 Total.</b> Add lines 1 through 11	109,674		68,749		
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc	0		0	0
	<b>14</b> Other employee salaries and wages				
	<b>15</b> Pension plans, employee benefits				
	<b>16a</b> Legal fees (attach schedule)				
	<b>b</b> Accounting fees (attach schedule)	1,725		0	0
	<b>c</b> Other professional fees (attach schedule)	8,611		8,611	0
	<b>17</b> Interest				
	<b>18</b> Taxes (attach schedule) (see instructions)	1,135		393	0
	<b>19</b> Depreciation (attach schedule) and depletion				
	<b>20</b> Occupancy				
	<b>21</b> Travel, conferences, and meetings				
	<b>22</b> Printing and publications				
	<b>23</b> Other expenses (attach schedule)	35		0	0
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23	11,506		9,004	0
	<b>25</b> Contributions, gifts, grants paid	116,800			116,800
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	128,306		9,004	116,800	
<b>27</b> Subtract line 26 from line 12					
<b>a Excess of revenue over expenses and disbursements</b>	-18,632				
<b>b Net investment income</b> (if negative, enter -0-)			59,745		
<b>c Adjusted net income</b> (if negative, enter -0-)					

<b>Part II Balance Sheets</b> Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .			
	<b>2</b> Savings and temporary cash investments . . . . .	171,350	151,014	151,014
	<b>3</b> Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>4</b> Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .	1,298	1,298	1,298
	<b>10a</b> Investments—U S and state government obligations (attach schedule)			
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .			
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .			
	<b>11</b> Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	<b>12</b> Investments—mortgage loans . . . . .			
	<b>13</b> Investments—other (attach schedule) . . . . .	712,810	714,514	732,921
	<b>14</b> Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
<b>15</b> Other assets (describe ▶ _____)				
<b>16 Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	885,458	866,826	885,233	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .			
	<b>18</b> Grants payable . . . . .			
	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .			
	<b>22</b> Other liabilities (describe ▶ _____)			
	<b>23 Total liabilities</b> (add lines 17 through 22) . . . . .	0	0	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>			
	<b>24</b> Unrestricted . . . . .			
	<b>25</b> Temporarily restricted . . . . .			
	<b>26</b> Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 27 through 31.</b>			
	<b>27</b> Capital stock, trust principal, or current funds . . . . .	1,109,204	1,077,434	
	<b>28</b> Paid-in or capital surplus, or land, bldg, and equipment fund	0	0	
<b>29</b> Retained earnings, accumulated income, endowment, or other funds	-223,746	-210,608		
<b>30 Total net assets or fund balances</b> (see instructions) . . . . .	885,458	866,826		
<b>31 Total liabilities and net assets/fund balances</b> (see instructions) .	885,458	866,826		

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

<b>1</b> 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) . . . . .	<b>1</b>	885,458
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	-18,632
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	0
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	866,826
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	0
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	<b>6</b>	866,826

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

(a) 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) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1a</b> See Additional Data Table			
<b>b</b>			
<b>c</b>			
<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> See Additional Data Table			
<b>b</b>			
<b>c</b>			
<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> See Additional Data Table			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss)	2	50,701
<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	3	

**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	227,030	869,483	0.261109
2016	42,400	602,104	0.070420
2015	27,950	230,004	0.121520
2014	25,800	152,187	0.169528
2013	31,650	147,946	0.213929

<b>2</b> Total of line 1, column (d)	2	0.836506
<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	3	0.167301
<b>4</b> Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	858,730
<b>5</b> Multiply line 4 by line 3	5	143,666
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	6	597
<b>7</b> Add lines 5 and 6	7	144,263
<b>8</b> Enter qualifying distributions from Part XII, line 4	8	116,800

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)

Table with 11 rows for excise tax calculations. Includes fields for exempt foundations, domestic foundations, tax under section 511, subtitle A tax, and credits/payments. Total amount owed is 0, and amount overpaid is 925.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about political campaigns, political expenditures, unrelated business income, and substantial contributors. Includes Yes/No columns.

Part VII-A Statements Regarding Activities (continued)

11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule See instructions.
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement See instructions
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address N/A
14 The books are in care of EDWARD F FAY ESQ Telephone no (617) 742-6720
Located at C/O LOURIE CUTLER PC 60 STATE STREET BOSTON MA ZIP+4 02109
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 -check here and enter the amount of tax-exempt interest received or accrued during the year 15
16 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? See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes", enter the name of the foreign country

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.
1a During the year did the foundation (either directly or indirectly)
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days ).
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions
Organizations relying on a current notice regarding disaster assistance check here.
c 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?
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))
a At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? If "Yes," list the years
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement-see instructions ).
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?
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 ).
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?
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?



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

<b>3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".</b>		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
<b>Total number of others receiving over \$50,000 for professional services.</b>		<b>0</b>

**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>	
<b>2</b>	
All other program-related investments. See instructions.	
<b>3</b>	
<b>Total.</b> Add lines 1 through 3	<b>0</b>

**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>	707,084
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	164,723
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	871,807
<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>	871,807
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	13,077
<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>	858,730
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	42,937

**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>	42,937
<b>2a</b>	Tax on investment income for 2018 from Part VI, line 5.	<b>2a</b>	1,195
<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>	1,195
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	41,742
<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>	41,742
<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>	41,742

**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>	116,800
<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>	116,800
<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>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	116,800

**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				41,742
<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. . . . .	24,407			
<b>b</b> From 2014. . . . .	18,519			
<b>c</b> From 2015. . . . .	22,041			
<b>d</b> From 2016. . . . .	15,747			
<b>e</b> From 2017. . . . .	187,796			
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	268,510			
<b>4</b> Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ <u>116,800</u>				
<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. . . . .				41,742
<b>e</b> Remaining amount distributed out of corpus	75,058			
<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
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	343,568			
<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). . . . .	24,407			
<b>9</b> Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a . . . . .	319,161			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2014. . . . .	18,519			
<b>b</b> Excess from 2015. . . . .	22,041			
<b>c</b> Excess from 2016. . . . .	15,747			
<b>d</b> Excess from 2017. . . . .	187,796			
<b>e</b> Excess from 2018. . . . .	75,058			

**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)

	Tax year	Prior 3 years			<b>(e) Total</b>
	<b>(a) 2018</b>	<b>(b) 2017</b>	<b>(c) 2016</b>	<b>(d) 2015</b>	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .					
<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) )  
PAUL W DIMAURA

**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 email address of the person to whom applications should be addressed

**b** The form in which applications should be submitted and information and materials they should include

**c** Any submission deadlines

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

**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>				





**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, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
1 1SHARES TR RUSSELL MIDCAP INDEX FD	P	2017-12-04	2018-05-14
1 BAIRD MIDCAP FUND	P	2016-12-21	2018-05-14
COSTCO WHOLESALE CORP	P	2012-07-02	2018-11-13
JPMORGAN INTL VALUE FUND	P	2015-11-06	2018-05-23
JPMORGAN INTL VALUE FUND	P	2016-12-21	2018-05-23
MFS MID CAP VALUE FUND	P	2016-12-21	2018-05-14
MICROSOFT CORP	P	2015-10-01	2018-11-13
TOUCHSTONE SMALL CAP GROWTH FUND	P	2016-12-21	2018-05-14
TOUCHSTONE SMALL CAP GROWTH FUND	P	2016-12-21	2018-05-23
UNITED TECHNOLOGIES CORP	P	2011-10-03	2018-11-13

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h**

(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)
11,037		10,814	223
5,000		3,941	1,059
3,985		1,606	2,379
710		647	63
20,530		17,302	3,228
14,221		13,103	1,118
10,780		4,428	6,352
5,000		4,389	611
9,991		8,667	1,324
3,240		1,752	1,488

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l**

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	
			223
			1,059
			2,379
			63
			3,228
			1,118
			6,352
			611
			1,324
			1,488

**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>(a)</b> 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.)
VISA INC CLA	P	2014-12-08	2018-11-13
1 UNITED TECHNOLOGIES CORP	P	2006-01-23	2018-11-13
UNITED TECHNOLOGIES CORP	P	2009-07-31	2018-11-13
UNITED TECHNOLOGIES CORP	P	2009-08-18	2018-11-13
MERCK & CO INC	P	2003-12-31	2018-12-24
ADJUST THE INVESTMENT ACCT TO TIE TO ANNUAL STATEMENT	P	2017-01-01	2018-12-31
CAPITAL GAINS DIVIDENDS	P		

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h**

<b>(e)</b> Gross sales price	<b>(f)</b> Depreciation allowed (or allowable)	<b>(g)</b> Cost or other basis plus expense of sale	<b>(h)</b> Gain or (loss) (e) plus (f) minus (g)
21,042		9,886	11,156
1,296		547	749
12,961		5,448	7,513
8,425		3,675	4,750
93			93
		282	-282
8,877			8,877

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l**

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			<b>(l)</b> Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
<b>(i)</b> F M V as of 12/31/69	<b>(j)</b> Adjusted basis as of 12/31/69	<b>(k)</b> Excess of col. (i) over col. (j), if any	
			11,156
			749
			7,513
			4,750
			93
			-282
			8,877

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

Recipient Name and address (home or business)	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
<b>a</b> <i>Paid during the year</i>				
ALLEY CATS ALLIES 7920 NORFOLK AVENUE - SUITE 600 BETHESDA, MD 20814	N/A	PUBLIC	SUPPORT	100
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVENUE DALLAS, TX 75231	N/A	PUBLIC	SUPPORT	100
ANGELS HELPING ANIMALS 347 COUNTY RD OAK BLUFFS, MA 02557	N/A	PUBLIC	SUPPORT	500
<b>Total . . . . .</b> ▶ <b>3a</b>				116,800

**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>				
ANIMAL RESCUE LEAGUE 10 CHANDLER STREET BOSTON, MA 02116	N/A	PUBLIC	SUPPORT	100
ASPCA424 E 92 ST NEW YORK, NY 10128	N/A	PUBLIC	SUPPORT	100
BIG BROTHER BIG SISTER OF MV 4 DANIELS LN EDGARTOWN, MA 02539	N/A	PUBLIC	SUPPORT	100
<b>Total . . . . .</b> ▶ <b>3a</b>				116,800

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

Recipient Name and address (home or business)	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
<b>a</b> <i>Paid during the year</i>				
BOSTON RESCUE MISSION 39 KINGSTON STREET BOSTON, MA 02111	N/A	PUBLIC	SUPPORT	100
CARROLL CENTER FOR THE BLIND 770 CENTRE STREET NEWTON, MA 02458	N/A	PUBLIC	SUPPORT	100
DOCTORS WITHOUT BORDERS 333 7TH AVENUE NEW YORK, NY 10001	N/A	PUBLIC	SUPPORT	100
<b>Total . . . . .</b> ▶ <b>3a</b>				116,800

**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>				
FACING HISTORY & OURSELVES 16 HURD ROAD BROOKLINE, MA 02445	N/A	PUBLIC	SUPPORT	250
FATHER BILL'S PLACE 38 BROAD ST QUINCY, MA 02169	N/A	PUBLIC	SUPPORT	100
FEATHERSTONE CENTER FOR THE ARTS 30 FEATHERSTONE LN OAK BLUFFS, MA 02557	N/A	PUBLIC	SUPPORT	100
<b>Total . . . . .</b> ▶ <b>3a</b>				116,800

**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>				
FIPF3250 SW 3RD AVE MIAMI, FL 33129	N/A	PUBLIC	SUPPORT	4,000
FRIENDS OF MGH CANCER CENTER 55 FRUIT STREET BOSTON, MA 02114	N/A	PUBLIC	SUPPORT	1,650
GLOBE SANTA FUNDPO BOX 845059 BOSTON, MA 02284	N/A	PUBLIC	SUPPORT	250
<b>Total . . . . . ▶ 3a</b>				116,800

**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>				
GREATER BOSTON FOOD BANK 70 S BAY AVENUE BOSTON, MA 02118	N/A	PUBLIC	SUPPORT	250
GUANACASTE DRY FOREST CONSERVATION FUND 4780 MAIN ROAD HUNTINGTON, VT 05462	N/A	PUBLIC	SUPPORT	25,000
HABITAT FOR HUMANITY OF THE UPPER KEYS 98970 OVERSEAS HWY KEY LARGO, FL 33037	N/A	PUBLIC	SUPPORT	250
<b>Total . . . . . ▶ 3a</b>				116,800

**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>				
HEARTS & NOSES HOSPITAL CLOWN TROUPE PO BOX 920570 NEEDHAM, MA 02492	N/A	PUBLIC	SUPPORT	500
HEBREW SENIOR LIFE 1200 CENTRE STREET ROSLINDALE, MA 02131	N/A	PUBLIC	SUPPORT	500
HIGH SPIRIT COMMUNITY FARM 4 BRATTLE STREET CAMBRIDGE, MA 02138	N/A	PUBLIC	SUPPORT	250
<b>Total . . . . .</b> ▶ <b>3a</b>				116,800

**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>				
HOME FOR LITTLE WANDERERS 10 GUEST STREET BOSTON, MA 02135	N/A	PUBLIC	SUPPORT	250
HUMANE SOCIETY AND SHELTER SOUTH COAST 31 VENTURA DR NORTH DARTMOUTH, MA 02747	N/A	PUBLIC	SUPPORT	100
INTERNATIONAL RESCUE COMMITTEE 122 EAST 42ND STREET NEW YORK, NY 10168	N/A	PUBLIC	SUPPORT	100
<b>Total . . . . .</b>				<b>116,800</b>

▶ **3a**

**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>				
IT HAPPENED TO ALEXA FOUNDATION 411 CENTER ST LEWISTON, NY 14092	N/A	PUBLIC	SUPPORT	500
LITTLE BROTHERS AND FRIENDS OF THE ELDERLY 3305 WASHINGTON STREET JAMAICA PLAIN, MA 02130	N/A	PUBLIC	SUPPORT	100
MAKE A WISH MA 1 BUULFINCH PLACE 2ND FLOOR BOSTON, MA 02114	N/A	PUBLIC	SUPPORT	100
<b>Total . . . . .</b> ▶ <b>3a</b>				116,800

**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>				
MARTHA'S VINEYARD ANIMAL SHELTER 1 PENNYWISE PATH EDGARTOWN, MA 02539	N/A	PUBLIC	SUPPORT	200
MARTHA'S VINEYARD CANCER SUPPORT GROUP PO BOX 2214 VINEYARD HAVEN, MA 02568	N/A	PUBLIC	SUPPORT	100
MARTHA'S VINEYARD CEREBRAL PALSY CAMP 200 GREENWOOD AVE VINEYARD HAVEN, MA 02568	N/A	PUBLIC	SUPPORT	500
<b>Total . . . . . ▶ 3a</b>				116,800

**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>				
MARTHA'S VINEYARD COMMUNITY SERVICES 111 EDGARTOWN ROAD VINEYARD HAVEN, MA 02568	N/A	PUBLIC	SUPPORT	250
MARTHA'S VINEYARD HOSPITAL 1 HOSPITAL ROAD OAK BLUFFS, MA 02557	N/A	PUBLIC	SUPPORT	1,000
MARTHA'S VINEYARD MUSEUM 59 SCHOOL STREET EDGARTOWN, MA 02539	N/A	PUBLIC	SUPPORT	200
<b>Total . . . . .</b>				<b>116,800</b>

▶ **3a**

**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>				
MASS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	N/A	PUBLIC	SUPPORT	10,000
MSPCA 350 SOUTH HUNTINGTON AVENUE BOSTON, MA 02130	N/A	PUBLIC	SUPPORT	500
NEPONSET RIVER WATERSHED ASSOCIATION 2173 WASHINGTON STREET CANTON, MA 02021	N/A	PUBLIC	SUPPORT	250
<b>Total . . . . .</b> ▶ <b>3a</b>				116,800

**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 ENGLAND AQUARIUM 1 CENTRAL WHARF BOSTON, MA 02110	N/A	PUBLIC	SUPPORT	5,000
NEW ENGLAND WILDLIFE CENTER 500 COLUMBIAN STREET SOUTH WEYMOUTH, MA 02190	N/A	PUBLIC	SUPPORT	100
NS ANIMAL LEAGUE 25 DAVIS AVE PORT WASHINGTON, NY 11050	N/A	PUBLIC	SUPPORT	100
<b>Total . . . . .</b>				116,800



**3a**

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

Recipient Name and address (home or business)	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
<i>a Paid during the year</i>				
OCEAN REEF CHAPEL FOUNDATION 201 OCEAN REEF DRIVE KEY LARGO, FL 33037	N/A	PUBLIC	SUPPORT	250
OXFAM 226 CAUSEWAY STREET - 5TH FLOOR BOSTON, MA 02114	N/A	PUBLIC	SUPPORT	100
PAN MASS CHALLENGE JIMMY FUND 77 4TH AVENUE NEEDHAM, MA 02494	N/A	PUBLIC	SUPPORT	200
<b>Total . . . . . ▶ 3a</b>				116,800

**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>				
PERKINS SCHOOL FOR THE BLIND 175 NORTH BEACON STREET WATERTOWN, MA 02472	N/A	PUBLIC	SUPPORT	250
PINE STREET INN 444 HARRISON AVENUE BOSTON, MA 02118	N/A	PUBLIC	SUPPORT	100
ROSIE'S PLACE 889 HARRISON AVENUE BOSTON, MA 02118	N/A	PUBLIC	SUPPORT	100
<b>Total . . . . .</b> ▶ <b>3a</b>				116,800

**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>				
SALVATION ARMY 25 SHAWMUT ROAD CANTON, MA 02021	N/A	PUBLIC	SUPPORT	100
SCITUATE ANIMAL SHELTER 780 CHIEF JUSTICE CUSHING HWY SCITUATE, MA 02066	N/A	PUBLIC	SUPPORT	100
SHERIFF'S MEADOW FOUNDATION 57 DAVID AVE VINEYARD HAVEN, MA 02568	N/A	PUBLIC	SUPPORT	1,500
<b>Total . . . . .</b>				116,800

▶ 3a

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

Recipient Name and address (home or business)	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
<b>a</b> <i>Paid during the year</i>				
SMILE TRAIN 41 MADISON AVE 28TH FLOOR NEW YORK, NY 10010	N/A	PUBLIC	SUPPORT	100
SPECIAL OLYMPICS INC 1133 19TH STREET NW WASHINGTON, DC 20036	N/A	PUBLIC	SUPPORT	100
ST FRANCIS HOUSE 39 BOYLSTON STREET BOSTON, MA 02116	N/A	PUBLIC	SUPPORT	100
<b>Total . . . . .</b> ▶ <b>3a</b>				116,800

**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 JUDE'S CHILDRENS RESEARCH HOSPITAL 313 WASHINTON STREET NEWTON, MA 02458	N/A	PUBLIC	SUPPORT	100
THE EVERGLADES FOUNDATION 18001 OLD CUTLER ROAD SUITE 625 PALMETTO BAY, FL 33157	N/A	PUBLIC	SUPPORT	500
THE GENESIS FOUNDATION FOR CHILDREN 60 TEMPLE PL 2ND FL BOSTON, MA 02114	N/A	PUBLIC	SUPPORT	800
<b>Total . . . . . ▶ 3a</b>				116,800

**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 KEYS CHILDREN'S FOUNDATION 24 DOCKSIDE LANE PMB 139 KEY LARGO, FL 33037	N/A	PUBLIC	SUPPORT	500
THOMPSON ISLAND OUTWARD BOUND EDUCATION CENTER 5-11 DRYDOCK AVE BOSTON, MA 02210	N/A	PUBLIC	SUPPORT	5,000
UNIVERSITY OF PENNSYLVANIA 2929 WALNUT STREET SUITE 300 PHILADELPHIA, PA 19104	N/A	PUBLIC	SUPPORT	50,000
<b>Total . . . . .</b>				<b>116,800</b>

▶ **3a**

**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>				
UPPER KEYS HUMANE FOUNDATION 101617 OVERSEAS HWY KEY LARGO, FL 33037	N/A	PUBLIC	SUPPORT	250
VINEYARD HOUSE15 CHURCH ST VINEYARD HAVEN, MA 02568	N/A	PUBLIC	SUPPORT	100
WILD OCEANS4 LOUDOUN ST SE LEESBURG, VA 20175	N/A	PUBLIC	SUPPORT	100
<b>Total . . . . . ▶ 3a</b>				116,800

**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>				
WOODS HOLE OCEANOGRAPHIC INSTITUTION 86 WATER ST WOODS HOLE, MA 02543	N/A	PUBLIC	SUPPORT	100
WORLD UNITY2 ELLIOT PL JAMAICA PLAIN, MA 02130	N/A	PUBLIC	SUPPORT	100
YMCA - MARTHA'S VINEYARD 111R EDGARTOWN VINEYARD HAVEN RD VINEYARD HAVEN, MA 02568	N/A	PUBLIC	SUPPORT	2,500
<b>Total . . . . .</b> ▶ <b>3a</b>				116,800

**TY 2018 Accounting Fees Schedule****Name:** PAUL W DIMAURA CHARITABLE TRUST

ATTN EDWARD F FAY ESQ

**EIN:** 04-6720853

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
ACCOUNTING FEES	1,725	0		0

**TY 2018 Investments - Other Schedule****Name:** PAUL W DIMAURA CHARITABLE TRUST

ATTN EDWARD F FAY ESQ

**EIN:** 04-6720853**Investments Other Schedule 2**

<b>Category/ Item</b>	<b>Listed at Cost or FMV</b>	<b>Book Value</b>	<b>End of Year Fair Market Value</b>
COLUMBIA DIVIDEND INCOME FUND	AT COST	32,091	36,544
ISHARES RUSSELL 2000 INDEX FUND	AT COST	91,004	82,081
VANGUARD FTSE DEVELOPED MARKETS ETF	AT COST	68,838	63,070
METRO WEST T/R BD	AT COST	41,647	40,381
NEUBERGER BERMAN HIGH INCOME BD FUND	AT COST	23,491	21,892
PRUDENTIAL GLOBAL REAL ESTATE FUND	AT COST	36,454	35,308
BAIRD MIDCAP FUND	AT COST	9,033	10,100
INVESCO INTL GROWTH FUND	AT COST	17,974	16,583
ISHARES CORE S&P 500 ETF	AT COST	106,073	121,024
ISHARES MID-CAP ETF	AT COST	17,506	15,278
NATIXIS LOOMIS SAYLES GROWTH FUND	AT COST	35,735	42,128
OAKMARK SELECT FUND	AT COST	35,644	27,772
WELLS FARGO SPECIAL SMALL CAP VALUE FUND	AT COST	13,088	11,024
ISHARES CORE MSCI EMERGING MKTS	AT COST	47,291	53,138
ISHARES CORE US AGGREGATE BOND ETF	AT COST	43,126	42,596
MFS TOTAL RETURN BD FUND	AT COST	41,691	40,519
ISHARES RUSSELL MID-CAP ETF	AT COST	21,947	22,310
ISHARES MBS ETF	AT COST	7,979	7,848
ISHARES CORE S&P SMALL-CAP	AT COST	23,902	43,325

**TY 2018 Other Expenses Schedule**

**Name:** PAUL W DIMAURA CHARITABLE TRUST  
ATTN EDWARD F FAY ESQ

**EIN:** 04-6720853

**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FILING FEE - COMMONWEALTH OF MASS	35	0		0

**TY 2018 Other Professional Fees Schedule**

**Name:** PAUL W DIMAURA CHARITABLE TRUST  
ATTN EDWARD F FAY ESQ

**EIN:** 04-6720853

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
INVESTMENT FEES	8,611	8,611		0

**TY 2018 Taxes Schedule**

**Name:** PAUL W DIMAURA CHARITABLE TRUST  
ATTN EDWARD F FAY ESQ

**EIN:** 04-6720853

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
FOREIGN TAXES PAID ON DIVIDEND INCOME	393	393		0
FEDERAL TAXES	742	0		0

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**  
▶ Attach to Form 990, 990-EZ, or 990-PF  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information

OMB No 1545-0047  
**2018**

**Name of the organization**  
PAUL W DIMAURA CHARITABLE TRUST  
ATTN EDWARD F FAY ESQ

**Employer identification number**  
04-6720853

**Organization type** (check one)

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( ) (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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> PAUL W DIMAURA CHARITABLE TRUST ATTN EDWARD F FAY ESQ	<b>Employer identification number</b> 04-6720853
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**Part I** **Contributors** (See instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PAUL W DIMAURA <hr/> 343 COMMERCIAL STREET <hr/> BOSTON, MA 02109	\$ 40,925	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> <small>(Complete Part II for noncash contributions )</small>
.	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions )</small>
.	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions )</small>
.	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions )</small>
.	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions )</small>
.	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions )</small>
.	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions )</small>

<b>Name of organization</b> PAUL W DIMAURA CHARITABLE TRUST ATTN EDWARD F FAY ESQ	<b>Employer identification number</b> 04-6720853
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**Part II Noncash Property**

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	DONATED SHARES OF STOCK	\$ 40,925	2018-11-02
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

<b>Name of organization</b> PAUL W DIMAURA CHARITABLE TRUST ATTN EDWARD F FAY ESQ	<b>Employer identification number</b> 04-6720853
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**Part III** 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.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed

(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

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(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee