

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

Name of foundation WR Berkley Corporation Charitable Foundation % Foundation Source		A Employer identification number 36-4516560	
Number and street (or P O box number if mail is not delivered to street address) Foundation Source 501 Silverside Rd		Room/suite	B Telephone number (see instructions) (800) 839-1754
City or town, state or province, country, and ZIP or foreign postal code Wilmington, DE 198091377		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H 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		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 303,283	J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	489,663			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	774	774		
	4 Dividends and interest from securities . . .				
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a _____				
	7 Capital gain net income (from Part IV, line 2) . . .		0		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances _____				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	490,437	774		
	13 Compensation of officers, directors, trustees, etc	0			
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)				
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions) . . .	3			
	19 Depreciation (attach schedule) and depletion . . .				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	3,681			3,681
	24 Total operating and administrative expenses. Add lines 13 through 23	3,684	0		3,681
	25 Contributions, gifts, grants paid	568,967			568,967
	26 Total expenses and disbursements. Add lines 24 and 25	572,651	0		572,648
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	-82,214			
	b Net investment income (if negative, enter -0-)		774		
	c Adjusted net income (if negative, enter -0-) . . .				

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	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value			
Assets	1	Cash—non-interest-bearing					
	2	Savings and temporary cash investments	385,497	303,283		303,283	
	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) ▶ _____ Less allowance for doubtful accounts ▶ _____					
	8	Inventories for sale or use					
	9	Prepaid expenses and deferred charges					
	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)					
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____					
15	Other assets (describe ▶ _____)						
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	385,497	303,283		303,283		
Liabilities	17	Accounts payable and accrued expenses					
	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	Total liabilities (add lines 17 through 22)	0	0			
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					
	28	Paid-in or capital surplus, or land, bldg , and equipment fund					
	29	Retained earnings, accumulated income, endowment, or other funds	385,497	303,283			
	30	Total net assets or fund balances (see instructions)	385,497	303,283			
31	Total liabilities and net assets/fund balances (see instructions) .	385,497	303,283				

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	385,497
2	Enter amount from Part I, line 27a	2	-82,214
3	Other increases not included in line 2 (itemize) ▶ _____	3	
4	Add lines 1, 2, and 3	4	303,283
5	Decreases not included in line 2 (itemize) ▶ _____	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	303,283

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)
1a			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

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	
a			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss) <div style="float: right; font-size: small;"> { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 } </div>	2	
3 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	578,590	357,063	1 620414
2016	463,417	329,503	1 406412
2015	627,417	386,405	1 623729
2014	523,751	341,065	1 535634
2013	463,930	259,178	1 790005

2 Total of line 1, column (d)	2	7 976194
3 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	1 595239
4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	352,590
5 Multiply line 4 by line 3	5	562,465
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	8
7 Add lines 5 and 6	7	562,473
8 Enter qualifying distributions from Part XII, line 4	8	572,648

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)

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

Part VII-A Statements Regarding Activities

	Yes	No
1a 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?	1a	No
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 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$ _____ (2) On foundation managers ▶ \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ _____		
2 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	2	No
3 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	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T	5	Yes
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ DE _____		
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 .	8b	Yes
9 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	9	No
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10	No

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.	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions.	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► _____	13	Yes	
14	The books are in care of ► Foundation Source _____ Telephone no ► (800) 839-1754			

Located at ► 501 Silverside Road Suite 123 Wilmington DE ZIP+4 ► 198091377

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here	<input type="checkbox"/>		
	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?	16	Yes	No
	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.

		Yes	No
1a	During the year did the foundation (either directly or indirectly)		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <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 type="checkbox"/> Yes <input checked="" 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? (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). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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.	1b	
	Organizations relying on a current notice regarding disaster assistance check here.		<input type="checkbox"/>
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?	1c	No
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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	If "Yes," list the years ► 20____, 20____, 20____, 20____		
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).	2b	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ► 20____, 20____, 20____, 20____		
3a	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	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2018).	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b	No

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

		Yes	No
5a	During the year did the foundation pay or incur any amount to		
(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	If any answer is "Yes" to 5a(1)–(5), did any 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.		5b
c	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	
6a	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	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870		6b No
7a	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	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?		7b
8	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

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions				
(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
William R Berkley Foundation Source 501 Silverside Rd Wilmington, DE 198091377	Pres / Dir 1 0	0	0	0
William R Berkley Jr Foundation Source 501 Silverside Rd Wilmington, DE 198091377	VP / Dir / Treas 1 0	0	0	0
Josephine A Raimondi Foundation Source 501 Silverside Rd Wilmington, DE 198091377	VP / Dir / Sec 1 0	0	0	0
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Total number of other employees paid over \$50,000.				

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

3 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
Total number of others receiving over \$50,000 for professional services. ▶		

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1	
2	
3	
4	

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
1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3 ▶	

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	0
b	Average of monthly cash balances.	1b	357,959
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	357,959
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	357,959
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	5,369
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	352,590
6	Minimum investment return. Enter 5% of line 5.	6	17,630

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.)

1	Minimum investment return from Part X, line 6.	1	17,630
2a	Tax on investment income for 2018 from Part VI, line 5.	2a	8
b	Income tax for 2018 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	8
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	17,622
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	17,622
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	17,622

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	572,648
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	0
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	0
b	Cash distribution test (attach the required schedule).	3b	0
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	4	572,648
5	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.	5	8
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	572,640

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
1 Distributable amount for 2018 from Part XI, line 7				17,622
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only.				
b Total for prior years 2016, 2015, 2014				
3 Excess distributions carryover, if any, to 2018				
a From 2013. 439,471				
b From 2014. 506,198				
c From 2015. 608,097				
d From 2016. 446,943				
e From 2017. 560,743				
f Total of lines 3a through e.	2,561,452			
4 Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ <u>572,648</u>				
a Applied to 2017, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).				
d Applied to 2018 distributable amount.				17,622
e Remaining amount distributed out of corpus	555,026			
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	3,116,478			
b Prior years' undistributed income Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d Subtract line 6c from line 6b Taxable amount—see instructions				
e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions				
f Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).				
8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions).	439,471			
9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	2,677,007			
10 Analysis of line 9				
a Excess from 2014. 506,198				
b Excess from 2015. 608,097				
c Excess from 2016. 446,943				
d Excess from 2017. 560,743				
e Excess from 2018. 555,026				

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

Part 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)) NONE	
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 <input checked="" type="checkbox"/> 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)				
a <i>Paid during the year</i> See Additional Data Table				
Total			▶ 3a	
b <i>Approved for future payment</i>				
Total			▶ 3b	

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1	Program service revenue					
a	_____					
b	_____					
c	_____					
d	_____					
e	_____					
f	_____					
g	Fees and contracts from government agencies					
2	Membership dues and assessments. . . .					
3	Interest on savings and temporary cash investments			14	774	
4	Dividends and interest from securities. . . .					
5	Net rental income or (loss) from real estate					
a	Debt-financed property.					
b	Not debt-financed property.					
6	Net rental income or (loss) from personal property					
7	Other investment income.					
8	Gain or (loss) from sales of assets other than inventory					
9	Net income or (loss) from special events					
10	Gross profit or (loss) from sales of inventory					
11	Other revenue a _____					
b	_____					
c	_____					
d	_____					
e	_____					
12	Subtotal Add columns (b), (d), and (e). .				774	
13	Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations)			13		774

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

[illegible]

Part XVII

	Yes	No
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1a(1)	No
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1a(2)	No
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1b(1)	No
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1b(2)	No
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1b(3)		No
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1b(4)	No
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1b(5)		No
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1b(6)		No
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1c		No
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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 *****
2019-05-01 *****
May the IRS discuss this return

Signature of officer or trustee _____ Date _____ Title _____

May the IRS discuss this return with the preparer shown below

(see instr)? ☒ Yes ☐ No

Paid Preparer Use Only	Jeffrey D Haskell				
	Firm's name ▶ Foundation Source				Firm's EIN ▶

P01345770

Firm's EIN ►

Phone no (800) 839-1754

Form **990-PF** (2018)

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)				
a <i>Paid during the year</i>				
AMERICAN DIABETES ASSOCIATION INC PO BOX 7023 MERRIFIELD, VA 22116	N/A	PC	Camp AZDA through Tour de Cure Campaign	5,000
AMERICARES FOUNDATION INC 88 HAMILTON AVE STAMFORD, CT 06902	N/A	PC	General & Unrestricted	1,000
AMERICARES FOUNDATION INC 88 HAMILTON AVE STAMFORD, CT 06902	N/A	PC	Hurricane Florence Relief Fund	12,902
Total ▶ 3a				568,967

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)				
a <i>Paid during the year</i>				
ANDREW MCDONOUGH B POSITIVE FOUNDATION 101 ROCKLAND CIR WILMINGTON, DE 19803	N/A	PC	General & Unrestricted	1,000
APPALACHIAN STATE UNIVERSITY FOUNDATION INC ASU BOX 32014 BOONE, NC 28608	N/A	PC	Brantley Center Strategic Partners Program	5,000
ARIZONA STATE UNIVERSITY FOUNDATION FOR A NEW AMER PO BOX 2260 TEMPE, AZ 85280	N/A	PC	Math and Statistical Sciences Scholarship Fund	5,000
Total			▶ 3a	568,967

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)				
a <i>Paid during the year</i>				
ATLANTA CHILDRENS SHELTER INC PO BOX 54322 ATLANTA, GA 30308	N/A	PC	General & Unrestricted	1,749
BANK STREET COLLEGE OF EDUCATION 610 W 112TH ST NEW YORK, NY 10025	N/A	PC	General & Unrestricted	100,000
BOYS & GIRLS CLUB OF GREENWICH INC 4 HORSENECK LN GREENWICH, CT 06830	N/A	PC	General & Unrestricted	10,000
Total ▶ 3a				568,967

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)				
a <i>Paid during the year</i>				
BOYS & GIRLS CLUB OF MT VERNON NY INC 350 S 6TH AVE MOUNT VERNON, NY 10550	N/A	PC	General & Unrestricted	10,000
BOYS AND GIRLS CLUB OF BURLINGTON INC 62 OAK ST BURLINGTON, VT 05401	N/A	PC	Early Promise Education Program	1,500
BOYS AND GIRLS CLUBS OF METROWEST INC 169 PLEASANT ST MARLBORO, MA 01752	N/A	PC	After School Tutoring Program	2,850
Total ▶ 3a				568,967

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)				
a <i>Paid during the year</i>				
BREAKING THE CHAIN THROUGH EDUCATION INC 38 MARION RD VERONA, NJ 07044	N/A	PC	General & Unrestricted	600
BROOKLYN ACADEMY OF MUSIC INC 30 LAFAYETTE AVE BROOKLYN, NY 11217	N/A	PC	General & Unrestricted	10,000
CAMP ALLEN INC56 CAMP ALLEN RD BEDFORD, NH 03110	N/A	PC	CamPower Program	4,000
Total ▶ 3a				568,967

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)				
a <i>Paid during the year</i>				
CANCER COMMUNITY CENTER 778 MAIN ST SOUTH PORTLAND, ME 04106	N/A	PC	Creative Wellness Program	3,500
CITY OF WESTBROOK2 YORK ST WESTBROOK, ME 04092	N/A	GOV	Walker Memorial Library's Mobile Computer Lab Program	3,500
COMMUNITY CHEST OF ENGLEWOOD 310 ENGLE ST ENGLEWOOD, NJ 07631	N/A	PC	General & Unrestricted	1,000
Total ▶ 3a				568,967

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)				
a <i>Paid during the year</i>				
CREATIVE WORKS10 SPEIRS ST WESTBROOK, ME 04092	N/A	PC	Maine Woodworks Program	7,000
CRIPPLED CHILDRENS FOUNDATION 2019 4TH AVE N STE 101 BIRMINGHAM, AL 35203	N/A	PC	General & Unrestricted	2,500
CYSTIC FIBROSIS FOUNDATION 57 EXECUTIVE PARK S STE 380 ATLANTA, GA 30329	N/A	PC	General & Unrestricted	2,050
Total ▶ 3a				568,967

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)				
a <i>Paid during the year</i>				
CYSTIC FIBROSIS FOUNDATION 4550 MONTGOMERY AVE STE 1100 N BETHESDA, MD 20814	N/A	PC	WSIA Supports the Fight Against Cystic Fibrosis Program	2,500
DALLAS CASA2757 SWISS AVE DALLAS, TX 75204	N/A	PC	General & Unrestricted	2,435
DALLAS CHILDRENS ADVOCACY CENTER 5351 SAMUELL BLVD DALLAS, TX 75228	N/A	PC	General & Unrestricted	2,106
Total ▶ 3a				568,967

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)				
a <i>Paid during the year</i>				
DOVER CHILDRENS HOME 207 LOCUST ST DOVER, NH 03820	N/A	PC	Pilot House Program	2,000
EPILEPSY FOUNDATION OF CONNECTICUT INC 386 MAIN ST MIDDLETOWN, CT 06457	N/A	PC	Community Education Program	1,000
FAMILY PROMISE OF GREATER NASHUA INC 180 LOWELL RD HUDSON, NH 03051	N/A	PC	Anne-Marie House Fund	4,000
Total ▶ 3a				568,967

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)				
a <i>Paid during the year</i>				
FEED MY STARVING CHILDREN 401 93RD AVE NW COON RAPIDS, MN 55433	N/A	PC	General & Unrestricted	960
FIT-NHNH INC122 MARKET ST MANCHESTER, NH 03101	N/A	PC	Life Skills Services Program	6,000
FOOTHILLS FOOD BANKPO BOX 715 CAREFREE, AZ 85377	N/A	PC	General & Unrestricted	1,500
Total ▶ 3a				568,967

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)				
a <i>Paid during the year</i>				
FOUNDATION FOR TEACHING ECONOMICS 1706 NEW HAMPSHIRE AVE NW WASHINGTON, DC 20009	N/A	PC	General & Unrestricted	1,000
GATEWAY GREENING INC 2211 WASHINGTON AVE NUM 102 SAINT LOUIS, MO 63103	N/A	PC	General & Unrestricted	500
GIFTS OF LOVE INCPO BOX 463 AVON, CT 06001	N/A	PC	Educational Program	1,500
Total ▶ 3a				568,967

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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)				
a <i>Paid during the year</i>				
GLASTONBURY ABC INCPO BOX 502 GLASTONBURY, CT 06033	N/A	PC	General & Unrestricted	1,500
GREATER CHARLOTTE SPCA PO BOX 77491 CHARLOTTE, NC 28271	N/A	PC	General & Unrestricted	250
GREENWICH DEPARTMENT OF HUMAN SERVICES FUND INC 101 FIELD POINT RD GREENWICH, CT 06830	N/A	PC	Greenwich Campership Program	2,500
Total ▶ 3a				568,967

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)				
a <i>Paid during the year</i>				
GREENWICH HOSPITAL 5 PERRYRIDGE RD GREENWICH, CT 06830	N/A	PC	General & Unrestricted	50,000
GREENWICH HOSPITAL 5 PERRYRIDGE RD GREENWICH, CT 06830	N/A	PC	Women's and Children's Health Program	50,000
HABITAT FOR HUMANITY INTERNATIONAL INC 1269 INDUSTRIAL DR NEW BRAUNFELS, TX 78130	N/A	PC	General & Unrestricted	500
Total ▶ 3a				568,967

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)				
a <i>Paid during the year</i>				
HACKENSACK MERIDIAN HEALTH INC 360 ESSEX ST STE 301 HACKENSACK, NJ 07601	N/A	PC	Tackle Kids Cancer Program	910
HEBREW HOME FOR THE AGED ATRIVERDALE FOUNDATION IN 5901 PALISADE AVE BRONX, NY 10471	N/A	PC	General & Unrestricted	2,500
HEPHZIBAH CHILDRENS ASSOCIATION 1144 LAKE ST OAK PARK, IL 60301	N/A	PC	General & Unrestricted	5,000
Total ▶ 3a				568,967

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)				
a <i>Paid during the year</i>				
INSTITUTE FOR FREE SPEECH 124 S W ST STE 201 ALEXANDRIA, VA 22314	N/A	PC	General & Unrestricted	5,000
INSURANCE INDUSTRY CHARITABLE FOUNDATION INC 1999 AVE OF THE STARS STE 1100 LOS ANGELES, CA 90067	N/A	PC	General & Unrestricted	10,000
INTERNATIONAL RESCUE COMMITTEE INC 122 E 42ND ST 12TH FL NEW YORK, NY 10168	N/A	PC	General & Unrestricted	10,000
Total ▶ 3a				568,967

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)				
a <i>Paid during the year</i>				
JUNIOR ACHIEVEMENT OF ARIZONA 636 W SOUTHERN AVE TEMPE, AZ 85282	N/A	PC	General & Unrestricted	5,000
KIDS CHANCE INCPO BOX 681383 FRANKLIN, TN 37068	N/A	PC	General & Unrestricted	2,500
KIDS CHANCE INCPO BOX 13756 GREENSBORO, NC 27415	N/A	PC	General & Unrestricted	14,000
Total ▶ 3a				568,967

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)				
a <i>Paid during the year</i>				
KIDS CHANCE INC OF PENNSYLVANIA 2000 MARKET ST STE 1300 PHILADELPHIA, PA 19103	N/A	PC	General & Unrestricted	2,500
KIDS CHANCE OF ARIZONA PO BOX 36753 PHOENIX, AZ 85067	N/A	PC	General & Unrestricted	1,500
KIDS CHANCE OF GEORGIA INC 2024 POWERS FERRY RD STE 225 ATLANTA, GA 30339	N/A	PC	General & Unrestricted	2,500
Total ► 3a				568,967

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)				
a <i>Paid during the year</i>				
KIDS CHANCE OF MARYLAND INC PO BOX 20262 TOWSON, MD 21284	N/A	PC	General & Unrestricted	10,000
KIDS CHANCE OF SOUTH CAROLINA INC PO BOX 2957 GEORGETOWN, SC 29442	N/A	PC	General & Unrestricted	2,500
KIDS CHANCE OF VIRGINIA INC 9301 INNOVATION DR STE 200 MANASSAS, VA 20110	N/A	PC	General & Unrestricted	11,500
Total ▶ 3a				568,967

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)				
a <i>Paid during the year</i>				
MAINE PARKINSON SOCIETY 146 PKWY S STE 210 BREWER, ME 04412	N/A	PC	Rock Steady Boxing Program	7,000
MAKE-A-WISH FOUNDATION OF CENTRAL AND WESTERN NORT 1131 HARDING PL CHARLOTTE, NC 28204	N/A	PC	General & Unrestricted	500
MANHATTAN INSTITUTE FOR POLICY RESEARCH INC 52 VANDERBILT AVE NEW YORK, NY 10017	N/A	PC	General & Unrestricted	10,000
Total ► 3a				568,967

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)				
a <i>Paid during the year</i>				
MASS211 INC46 PARK ST FRAMINGHAM, MA 01702	N/A	PC	General & Unrestricted	2,850
MENDHAM FIRST AID SQUAD INC PO BOX 131 MENDHAM, NJ 07945	N/A	PC	General & Unrestricted	250
MENDHAM INDEPENDENT HOOK AND LADDER COMPANY 24 E MAIN ST MENDHAM, NJ 07945	N/A	PC	General & Unrestricted	250
Total ► 3a				568,967

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)				
a <i>Paid during the year</i>				
MERIDIAN COMMUNITY COLLEGE FDN 910 HWY 19 N MERIDIAN, MS 39307	N/A	PC	General & Unrestricted	1,000
METROWEST YMCA 280 OLD CONNECTICUT PATH FRAMINGHAM, MA 01701	N/A	PC	Youth Enrichment Classes program	2,000
MONARCH SCHOOL PROJECT 1625 NEWTON AVE SAN DIEGO, CA 92113	N/A	PC	General & Unrestricted	5,000
Total ► 3a				568,967

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)				
a <i>Paid during the year</i>				
MY PLACE TEEN CENTER INC 755 MAIN ST WESTBROOK, ME 04092	N/A	PC	Culinary Program	1,000
NATIONAL BRAIN TUMOR SOCIETY INC 55 CHAPEL ST STE 200 NEWTON, MA 02458	N/A	PC	General & Unrestricted	1,000
NATIONAL ORGANIZATION FOR RARE DISORDERS INC 55 KENOSIA AVE DANBURY, CT 06810	N/A	PC	Rare Action Network Program	1,500
Total ▶ 3a				568,967

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)				
a <i>Paid during the year</i>				
NAVY SEAL FOUNDATION INC1619 D ST VIRGINIA BEACH, VA 23459	N/A	PC	General & Unrestricted	5,000
NEW YORK UNIVERSITY Leonard N Stern School of Bu 726 BROADWAY - 2ND FL NEW YORK, NY 10003	N/A	PC	Stern School of Business Division	15,000
ONE CAN HELP INCPO BOX 55 WABAN, MA 02468	N/A	PC	General & Unrestricted	2,500
Total ▶ 3a				568,967

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)				
a <i>Paid during the year</i>				
PEDIATRIC BRAIN TUMOR FOUNDATION OF THE UNITED STA 302 RIDGEFIELD CT ASHEVILLE, NC 28806	N/A	PC	General & Unrestricted	2,500
PINKY SWEAR FOUNDATION 7835 TELEGRAPH RD BLOOMINGTON, MN 55438	N/A	PC	General & Unrestricted	2,250
PREP FOR PREP328 W 71ST ST NEW YORK, NY 10023	N/A	PC	General & Unrestricted	5,000
Total ▶ 3a				568,967

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)				
a <i>Paid during the year</i>				
PROLITERACY WORLDWIDE 101 WYOMING ST SYRACUSE, NY 13204	N/A	PC	General & Unrestricted	1,500
SAMARITANS PURSEPO BOX 3000 BOONE, NC 28607	N/A	PC	Hurricane Florence Relief Fund	9,615
SEEDS OF INDEPENDENCE 29 BURBANK AVE BRUNSWICK, ME 04011	N/A	PC	Jump Start Program	3,500
Total ▶ 3a				568,967

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)				
a <i>Paid during the year</i>				
SEVEN HILLS FOUNDATION INC 150 GODDARD MEMORIAL DR WORCESTER, MA 01603	N/A	PC	ASPIRE ¹ Program	2,500
SIMSBURY ABC PROGRAM INC PO BOX 542 SIMSBURY, CT 06070	N/A	PC	General & Unrestricted	1,500
SOUTHERN TIER INDEPENDENCE CENTER INC 135 E FREDERICK ST BINGHAMTON, NY 13904	N/A	PC	General & Unrestricted	1,000
Total ▶ 3a				568,967

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)				
a <i>Paid during the year</i>				
SPARROWS NEST OF THE HUDSON VALLEY INC 942 RTE 376 STE 7 WAPPINGERS FL, NY 12590	N/A	PC	Camp Sparrow Program	1,000
SPIERINGS CANCER FOUNDATION 700 HARVEST TRL APPLETON, WI 54913	N/A	PC	General & Unrestricted	2,500
ST JUDE CHILDRENS RESEARCH HOSPITAL INC 501 ST JUDES PL MEMPHIS, TN 38105	N/A	PC	General & Unrestricted	440
Total ▶ 3a				568,967

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)				
a <i>Paid during the year</i>				
ST MARYS FOOD BANK ALLIANCE 2831 N 31ST AVE PHOENIX, AZ 85009	N/A	PC	General & Unrestricted	5,000
STEPHEN SILLER TUNNEL TO TOWERS FOUNDATION 2361 HYLAN BLVD STATEN ISLAND, NY 10306	N/A	PC	Midwest BBQ for the Brave Program	2,000
STEPPINGSTONE INC522 N MAIN ST FALL RIVER, MA 02720	N/A	PC	Women's & Men's Therapeutic Communities Program	2,500
Total ▶ 3a				568,967

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)				
a Paid during the year				
TALL PINE SAFETY RESOURCE CENTER PO BOX 550 WINDHAM, ME 04062	N/A	PC	Safe Kids Maine Child Passenger Safety Program	3,500
TELLING ROOM 225 COMMERCIAL ST STE 201 PORTLAND, ME 04101	N/A	PC	Young Writers and Leaders Program	3,500
THE ALFRED E SMITH MEMORIAL FOUNDATION 1011 1ST AVE STE 1400 New YORK, NY 10022	N/A	PC	General & Unrestricted	1,000
Total ▶ 3a				568,967

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)				
a <i>Paid during the year</i>				
THE CENTER FOR GRIEVING CHILDREN 555 FOREST AVE PORTLAND, ME 04101	N/A	PC	Intercultural Program	4,000
THE FOUNDATION FOR MAINE COMMUNITY COLLEGES 323 STATE ST AUGUSTA, ME 04330	N/A	PC	General & Unrestricted	5,000
THE MINUTE MAN ARC FOR HUMAN SERVICES INC 35 FOREST RIDGE RD CONCORD, MA 01742	N/A	PC	Employment Services Program	2,000
Total ▶ 3a				568,967

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)				
a <i>Paid during the year</i>				
TRICIRCLE CORPORATIONPO BOX 562 MERIDEN, CT 06450	N/A	PC	Hope & Support Group Program	1,500
UNITED CARE USA613 COLTS NECK CT COLLEYVILLE, TX 76034	N/A	PC	General & Unrestricted	500
UNITED WAY INC1 CANAL PLZ STE 300 PORTLAND, ME 04101	N/A	PC	Westbrook Children's Project	3,500
Total ▶ 3a				568,967

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)				
a <i>Paid during the year</i>				
UNITED WAY INC1 CANAL PLZ STE 300 PORTLAND, ME 04101	N/A	PC	Westbrook Children's Project	3,500
UNITY HOUSE OF TROY INCORPORATED 2431 6TH AVE TROY, NY 12180	N/A	PC	Supported Housing Program	1,500
VERMONT CENTER FOR INDEPENDENT LIVING VCIL 11 E STATE ST MONTPELIER, VT 05602	N/A	PC	Youth Transition Program	1,500
Total ▶ 3a				568,967

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)				
a Paid during the year				
VIRGINIA THURSTON HEALING GARDEN INC 145 BOLTON RD HARVARD, MA 01451	N/A	PC	General & Unrestricted	3,500
VITALANT6210 E OAK ST SCOTTSDALE, AZ 85257	N/A	PC	United Blood Services Program	5,000
WASHINGTON LEGAL FOUNDATION 2009 MASSACHUSETTS AVE NW WASHINGTON, DC 20036	N/A	PC	General & Unrestricted	15,000
Total ▶ 3a				568,967

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)				
a <i>Paid during the year</i>				
YOUTH AND FAMILY OUTREACH 331 CUMBERLAND AVE PORTLAND, ME 04101	N/A	PC	Play Therapy Program	7,000
YWCA OF SCHENECTADY 44 WASHINGTON AVE SCHENECTADY, NY 12305	N/A	PC	Mary Hill House Project	2,000
YWCA SYRACUSE & ONONDAGA COUNTY 401 DOUGLAS ST SYRACUSE, NY 13203	N/A	PC	Women's Residency Program	2,000
Total ▶ 3a				568,967

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2018 Depreciation Schedule

Name: WR Berkley Corporation Charitable
Foundation

EIN: 36-4516560

TY 2018 LiquidationExplanationStmnt

Name: WR Berkley Corporation Charitable
Foundation

EIN: 36-4516560

Statement: As explained below, the Foundation has no plans for dissolution. This statement is submitted to report the distribution of certain assets during the year. The distributions resulted in a substantial contraction of assets. The following information is submitted in accordance with Treasury Regulation Section 1.6043-3(a)(1) and the Form 990-PF instructions: During the taxable year ending December 31, 2018, the Foundation made distributions from assets from sources other than current income. Collectively, the distributions in excess of current income totaled \$568,967. This amount represents 25% or more of the Foundation's net assets of \$385,497 (as measured by fair market value) at the beginning of the Foundation's taxable year ending December 31, 2018. Although the Foundation technically experienced a substantial contraction, it will continue in existence and has no plans for dissolution. The Foundation made distributions of cash to the grantees listed in the attachment to Part XV, Line 3a; each such grant was made solely for the charitable purpose specified therein.

TY 2018 Other Expenses Schedule

Name: WR Berkley Corporation Charitable
Foundation

EIN: 36-4516560

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Administrative Fees	3,656			3,656
State or Local Filing Fees	25			25

TY 2018 Taxes Schedule

Name: WR Berkley Corporation Charitable
Foundation

EIN: 36-4516560

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
990-PF Excise Tax for 2017	3			

Schedule B (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF ▶ Go to <u>www.irs.gov/Form990</u> for the latest information	OMB No 1545-0047
		2018
Name of the organization WR Berkley Corporation Charitable Foundation		Employer identification number 36-4516560

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not 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 33¹/₃% 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).

Name of organization WR Berkley Corporation Charitable Foundation	Employer identification number 36-4516560
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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	WR Berkley Corporation	\$ 250,000	Person <input checked="" type="checkbox"/>
	475 Steamboat Road		Payroll <input type="checkbox"/>
	Greenwich, CT 06830		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
2	BERKLEY INSURANCE CO	\$ 239,663	Person <input checked="" type="checkbox"/>
	475 STEAMBOAT RD		Payroll <input type="checkbox"/>
	GREENWICH, CT 06830		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
.		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
.		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
.		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
.		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

36-4516560

(d)
Date received

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

Name of organizationWR Berkley Corporation Charitable
Foundation**Employer identification number**

36-4516560

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
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div>	<div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div>	<div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
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