Form **990-PF**

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. Department of the Treasury ► Go to www.irs.gov/Form990PF for instructions and the latest information. Internal Revenue Service 2019 JUL 1, 2018 and ending JUN 30 For calendar year 2018 or tax year beginning A Employer identification number NORTH FAMILY TRUST 05-6091467 C/O M. HOGAN, L. MURPHY JR. Number and street (or P O box number if mail is not delivered to street address) B Telephone number 200 401-782-4488 344 MAIN STREET City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, ch 02879 WAKEFIELD, RI G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return Address change Name change Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated X Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year J Accounting method: Accrual If the foundation is in a 60-month termination Other (specify) under section 507(b)(1)(B), check here (from Part II, col. (c), line 16) 915, 247. (Part I, column (d) must be on cash basis.) ▶\$ (d) Disbursements Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).) (b) Net investment (c) Adjusted net (a) Revenue and charitable purpos (cash basis only) expenses per books псоте Contributions, gifts, grants, etc., received Check Trif the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 33,031. 33,031 33,031 STATEMENT Dividends and interest from securities 5a Gross rents b Net rental income or (loss) ,199. MANAGER OF THE PARTY OF THE PAR 64 68 Net gain or (loss) from sale of assets not on line 10 DECEMBER PORTURE OF THE SECOND **一种对外的对外的** Ь 0. 7 Capital gain net income (from Part IV, lin 2) ... 8 Net short-term capital gain NOV 9-2019 "NEW TOWN Income modifications b Less. Cost of goods sold c Gross profit or (loss) 438 .438. STATEMENT 2 2.438. 11 Other income 35,469. 28,730. 35,469. 12 Total. Add lines 1 through 11 21, 500. 10,750750 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits Ō. 1,060 1,060 0 STMT 3 16a Legal fees 0 0. STMT 6,000. 6,000. **b** Accounting fees c Other professional fees 17 Interest 0. STMT 5 89 89 Ο. 18 Taxes 学物学与整个的关系的 Depreciation and depletion 19 20 Occupancy Travel ≥conferences, and meetings 21 22 Printing and publications 282. 282. 0 0. STMT 6 23 Other-expenses 24 Total operating and administrative 28,931 18,181 0. 10,750. expenses. Add lines 13 through 23 強性が難じればだめが発 43,370. 43,370. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 43,370. 72,301 18,181 10,750 Add-lines 24 and 25 27 Subtract line 26 from line 12: -101,031 8 Excess of revenue over expenses and disbursements ,288 b Net investment income (if negative, enter -0-) CARLEST SERVICES 719. c Adjusted net income (if negative, enter -0-)

05-6091467 Form 990-PF (2018) C/O M. HOGAN Part II Beginning of year (c) Fair Market Value (a) Book Value (b) Book Value 1 Cash - non-interest-bearing 120,844. 94,186. 120,844. 2 Savings and temporary cash investments 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 7 Other notes and loans receivable 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 STMT 7 842,735. 715,046.794,403. b Investments - corporate stock c Investments - corporate bonds 11 Investments - land, buildings, and equipment, basis Less accumulated depreciation 12 Investments - mortgage loans 13 Investments - other 14 Land, buildings, and equipment basis Less accumulated depreciation 15 Other assets (describe ► 16 Total assets (to be completed by all filers - see the 936,921. 835,890. 915,247. instructions. Also, see page 1, item I) 17 Accounts payable and accrued expenses 18 Grants payable Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified per 21 Mortgages and other notes payable 22 Other liabilities (describe Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here and complete lines 24 through 26, and lines 30 and 31. 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted **▶** [X] Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. 1,982,752 1,982,752. 27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg., and equipment fund 146,862. 045,831 29 Retained earnings, accumulated income, endowment, or other funds 936,921 835,890. 30 Total net assets or fund balances 936,921 835,890 31 Total liabilities and net assets/fund balances 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 30 936,921. (must agree with end-of-year figure reported on prior year's return) 031. 2 Enter amount from Part I, line 27a Other increases not included in line 2 (itemize) 3 890. Add lines 1, 2, and 3 Decreases not included in line 2 (itemize) Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 835,890. Form 990-PF (2018) ' NORTH FAMILY TRUST

| | M. HOGAN, L. MU and Losses for Tax on In | | | CRI | 3 ATTACH | | 5-609 TATEME | |
|---|--|------------------|--------------------------------------|--------------|--------------------------|---------------|--------------------------------|----------------------------------|
| (a) List and describe | the kind(s) of property sold (for example arehouse; or common stock, 200 shs | mple, real esta | | (b) | low acquired Purchase | (c) Date | acquired lay, yr.) | (d) Date sold (mo., day, yr.) |
| 1a | aronousa, or common stoak, 200 sns | - 14/20 00.7 | | ╁╌ | - Donation | , , , , , | -3,77 | (,,,, |
| <u> </u> | | | | 1 | | | | |
| c | | | | | | | | |
| | | | | | | | | |
| <u>e</u> | | | | Щ, | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | | st or other basis expense of sale | | · <u>-</u> | | ain or (loss) s (f) minus (| |
| <u>a</u> | | | _ | | | | | |
| <u> </u> | | | | | | | _ | |
| 4 | | | · · · · · · | \dashv | | | | |
| e 159,680. | | | 223,87 | 9. | | | | -64,199. |
| | ng gain in column (h) and owned by t | he foundation | | | |) Gains (C | Col. (h) gain | |
| (i) FMV as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Ex | cess of col. (i) col. (j), if any | | | l. (k), but r | not less thar (from col. (I | 1 -0-) or |
| <u>a</u> | | | | | | | | |
| <u>b</u> | | | | | | | | |
| <u>c</u> | | | | | | | | |
| <u>d</u> | | | | | | | | |
| <u>e</u> | <u> </u> | | | | | | | -64,199. |
| 2 Capital gain net income or (net ca | apıtal loss) $\left\{ egin{array}{l} 	ext{If gain, also enter} \ 	ext{If (loss), enter -0} \end{array} ight.$ | | | } | 2 | | | -64,199. |
| 3 Net short-term capital gain or (lo If gain, also enter in Part I, line 8 | , column (c). | d (6): | | } | _ | | | • |
| If (loss), enter -0- in Part I, line 8 Part V Qualification U | Inder Section 4940(e) for | Reduced | Tay on Net | Inve | 3 stment inco | me | | 0. |
| <u> </u> | | | | | | | | |
| (For optional use by domestic private | e toundations subject to the section 4 | 940(a) tax on | net investment in | come. |) | | | |
| If section 4940(d)(2) applies, leave t | his part blank. | | | | | | | |
| Was the foundation liable for the sec if "Yes," the foundation doesn't quali | | | • | lod2 | | | | Yes X No |
| | each column for each year; see the in | | | ntries. | | | | |
| (a) Base period years | (b) | | | (c) | | T | Dietrib | (d) ution ratio |
| Calendar year (or tax year beginni | | | Net value of no | onchar | table-use assets | | (col. (b) div | ided by col. (c)) |
| 2017 | | 2,199. | | | 032,813 | | _ | 050541 |
| 2016 | | 5,685. | | | 095,302 | | | .059970 |
| | | 5,689. | | | 061,689 | | | .052453 |
| 2014 | | 7,838. | | | 252,127 | | | .054178 |
| 2013 | 6 | 2,711. | | | <u>296,506</u> | • | | .048369 |
| 2 Total of line 1, column (d) | | | | | | 2 | | .265511 |
| 3 Average distribution ratio for the the foundation has been in existe | | on line 2 by 5.0 |), or by the number | er of y | ears | 3 | | .053102 |
| 4 Enter the net value of noncharital | ole-use assets for 2018 from Part X, I | ine 5 | | | | 4 | | 922,979. |
| 5 Multiply line 4 by line 3 | | | | | | 5 | | 49,012. |
| 6 Enter 1% of net investment incom | ne (1% of Part I, line 27b) | | | | | 6 | | 173. |
| 7 Add lines 5 and 6 | | | | | • | 7 | | 49,185. |
| 8 Enter qualifying distributions from | | | | | | 8 | <u> </u> | 43,370. |
| If line 8 is equal to or greater that See the Part VI instructions. | n line 7, check the box in Part VI, line | 1b, and comp | iete that part usin | ig a 1% | ax rate. | | | |
| ROSSOL 10 11 19 | - | | | | | | Е | orm 990-PF (2018 |

| Form 990-PF (2018) C/O M. HOGAN, L. MURPHY JR. | | | 05_ | 6091467 Page 4 |
|---|----------------------------|---------------------------------------|-----------|--|
| Part VI Excise Tax Based on Investment Income (Section | 4940(a), 4940(b |), 4940(e), or 49 | | |
| 1a Exempt operating foundations described in section 4940(d)(2), check here | | | \$ 100 St | |
| Date of ruling or determination letter: (attach copy of letter | | | 200 | |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, check he | | · . | 1 | 346. |
| of Part I, line 27b | a | | (1888) | |
| c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, en | ter 4% of Part I. line 1 | 12. col. (b). | | |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations of | | .2, 00 (0). | 2 | 0 * |
| 3 Add lines 1 and 2 | ,,, | • | 3 | 346. |
| 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations of | only: others, enter -0-1 | | 4 | 0. |
| 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -C | • | • • | 5 | 346. |
| 6 Credits/Payments: | • ••• | | 200 | |
| a 2018 estimated tax payments and 2017 overpayment credited to 2018 | 6a | 0. | | |
| b Exempt foreign organizations - tax withheld at source | 6b | 0. | | |
| c Tax paid with application for extension of time to file (Form 8868) | 6c | 0. | | |
| d Backup withholding erroneously withheld | 6d | 0. | | |
| 7 Total credits and payments. Add lines 6a through 6d | | | 7 | 0. |
| 8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 | is attached | | 8 | 0. |
| 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | | ▶ | 9 | 346. |
| 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overp | aid | . • | 10 | |
| 11 Enter the amount of line 10 to be: Credited to 2019 estimated tax | | Refunded ▶ | 11 | |
| Part VII-A Statements Regarding Activities | | · | | · |
| 1a During the tax year, did the foundation attempt to influence any national, state, or local | il legislation or did it p | articipate or intervene | ın | ※ Yes No |
| any political campaign? | | | | 1a X |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political | purposes? See the ins | structions for the defini | tion | . <u>1b</u> X |
| If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and co | opies of any materials | published or | | |
| distributed by the foundation in connection with the activities. | | | | |
| c Did the foundation file Form 1120-POL for this year? | | | | 1c X |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed duri | | • | | |
| (1) On the foundation. > \$ 0 . (2) On foundation man | | 0. | • | |
| e Enter the reimbursement (if any) paid by the foundation during the year for political ex | kpenditure tax impose | d on foundation | | |
| managers. ▶ \$0 . | | | | 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. |
| 2 Has the foundation engaged in any activities that have not previously been reported to | the IRS? | | | 2 X |
| If "Yes," attach a detailed description of the activities. | | | | |
| 3 Has the foundation made any changes, not previously reported to the IRS, in its gover | • | ies of incorporation, of | | 東京 3830 1 高元を |
| bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change: | | | ٠ | 3 X X |
| 4a Did the foundation have unrelated business gross income of \$1,000 or more during the bif "Yes," has it filed a tax return on Form 990-T for this year? | ie year? | | N | /A 4a X |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the | | • | | 7.52 · 40 · X |
| If "Yes," attach the statement required by General Instruction T. | yea · | | •• | |
| 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisf | fied either | | | |
| By language in the governing instrument, or | | | | |
| By state legislation that effectively amends the governing instrument so that no mar | ndatory directions that | conflict with the state | law | |
| remain in the governing instrument? | radio y an ochano mai | Commot with the State | 1411 | 6 X |
| 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 X |
| , - | | (9), 2 2 | | 25 22 22 2 |
| 8a Enter the states to which the foundation reports or with which it is registered. See inst | tructions. | | | |
| RI | | | | |
| 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 X |
| 9 Is the foundation claiming status as a private operating foundation within the meaning | of section 4942(i)(3) | or 4942(j)(5) for caler | ıdar | |
| year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes | | ()/(=/ .0. 52/0. | - | $\left \begin{array}{c} \mathbf{x} \\ \mathbf{y} \end{array} \right \mathbf{x} \left \begin{array}{c} \mathbf{x} \\ \mathbf{z} \end{array} \right $ |
| 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a | | es and addresses | | 10 X |
| | | | | Form 990-PF (2018) |

| 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? 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 13 Website address 14 N/A 14 The books are in care of MARGARET L. HOGAN Telephone no. 401-782- Located at 344 MAIN STREET, WAKEFIELD, RI ZIP+4 0287 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 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): | X 4488 9 • | X X O. No |
|---|-----------------------|--------------------|
| 11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 13 Website address 14 N/A 14 The books are in care of MARGARET L. HOGAN Telephone no. 401-782- Located at 344 MAIN STREET, WAKEFIELD, RI ZIP+4 0287 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 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): | X 4488 9 Yes | X X O. No |
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| 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 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► N/A The books are in care of ► MARGARET L. HOGAN Located at ► 344 MAIN STREET, WAKEFIELD, RI 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 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): | X 4488 9 Ves | X 0. No |
| If "Yes," attach statement. See instructions 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 MARGARET L. HOGAN Located at 344 MAIN STREET, WAKEFIELD, RI 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 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): | Yes | X 0. No X |
| 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 ► MARGARET L. HOGAN Located at ► 344 MAIN STREET, WAKEFIELD, RI 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 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): | Yes | X 0. No X |
| Website address ► N/A 14 The books are in care of ► MARGARET L. HOGAN Located at ► 344 MAIN STREET, WAKEFIELD, RI 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 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-B¹ 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): | 4488 9 Yes | 0. No X |
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| and enter the amount of tax-exempt interest received or accrued during the year 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 filling 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): | | 0. No X |
| 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): | | No X |
| 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): | | X |
| 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 | |
| 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): | Yes | No |
| 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): | Yes | No |
| 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): | Yes | No |
| 1a During the year, did the foundation (either directly or indirectly): | | 1200 A |
| | | 1 44 6. 3 |
| (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | | -500 |
| (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 | | 1 |
| section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A | n saaana | (Para in i |
| Organizations relying on a current notice regarding disaster assistance, check here | 3 3333 | \$ 1.00 E |
| 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? | * 112 ' ' ' ' ' | X |
| 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation | : 33.44· | 1.00 |
| defined in section 4942(j)(3) or 4942(j)(5)): | | 130.00 |
| 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 | 侵るに | 186.3 |
| before 2018? | | 4 |
| If "Yes," list the years \blacktriangleright | 月季 | |
| 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 | | 800 |
| valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach | | r (**) |
| statement - see instructions.) N/A 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. | 5 <u>%</u> | . J 3 |
| The provisions of social 4042(4)(2) are soming approached to any of the years noted in East not and years noted. | | |
| 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time | | |
| during the year? | 2 25 3 | |
| 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 | 2 19.5 | |
| 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, | 到影響 | |
| Form 4720, to determine if the foundation had excess business holdings in 2018.) N/A 3th | ` ` T` | 122 |
| 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 48 Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | \top | x |
| | 7 72.60 | |
| had not been removed from jeopardy before the first day of the tax year beginning in 2018? | | X |
| | 90-PF | |

| Form 990-PF (2018) C/O M. HOGAN, L. MORPHI | | | 03-0031 | 407 Page 6 |
|--|---|--|---|--|
| Part VII-B Statements Regarding Activities for Which F | orm 4720 May Be Re | equired (cont | inued) | Carried Laboratoria |
| 5a During the year, did the foundation pay or incur any amount to: | | | | 報が Yes No |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section | 1 4945(e))? | 📖 | Yes X No | |
| (2) Influence the outcome of any specific public election (see section 4955); or | r to carry on, directly or indire | ctly, | | |
| any voter registration drive? | | | Yes X No | |
| (3) Provide a grant to an individual for travel, study, or other similar purposes | ? | 🗀 | Yes X No | |
| (4) Provide a grant to an organization other than a charitable, etc., organization | n described in section | | | |
| 4945(d)(4)(A)? See instructions | | | Yes X No | |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, | or educational purposes, or fo | or | | |
| the prevention of cruelty to children or animals? | . , . | | Yes X No | |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und | der the exceptions described i | n Regulations | | |
| section 53.4945 or in a current notice regarding disaster assistance? See instru | | Ü | N/A | 5b |
| Organizations relying on a current notice regarding disaster assistance, check h | | | ▶□ | 580 Jan 121.33 |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr | | ned . | · — | S 3 27 |
| expenditure responsibility for the grant? | | - / - | Yes No | |
| If "Yes," attach the statement required by Regulations section 53.4945-5(d). | | ., | | |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to | nav nremiume on | | | |
| a personal benefit contract? | pay premiums on | | Yes 🗓 No | |
| | arcanal hanafit contract? | | 162 TT NO | 6b X |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a p | EL SOLIAL DELIENT CONTI ACT. | • | | (35) 58885 55 55 55 |
| If "Yes" to 6b, file Form 8870. | haltan tuanaantaa 2 | | Yes X No | |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax s | | . – | N/A | |
| b If "Yes," did the foundation receive any proceeds or have any net income attribu | | | | 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(s) during the year? | | | Yes X No | (A. A. C. |
| Part VIII Information About Officers, Directors, Truster Paid Employees, and Contractors | es, roundation mar | nagers, nigni | У | |
| | | | | |
| 1 List all officers, directors, trustees, and foundation managers and the | 1 | (c) Compensatio | n (d) Contabutions to | (a) Evpopes |
| (a) Name and address | (b) Title, and average hours per week devoted | (If not paid, | n (d) Contributions to employee benefit plan and deferred compensation | (e) Expense account, other |
| | to position | `enter -0-) | compensation | allowances |
| MARGARET L. HOGAN | TRUSTEE | | | |
| 344 MAIN STREET, SUITE 200 | | | | |
| WAKEFIELD, RI 02879 | 2.00 | 11,000 | . 0 | . 0. |
| LOUIS G. MURPHY, JR. | TRUSTEE | | | |
| ONE TURKS HEAD PLACE, #800 | | | | |
| PROVIDENCE, RI 02903 | 2.00 | 10,500 | - 0 | . 0. |
| | | | | |
| | | | 1 | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 2 Compensation of five highest-paid employees (other than those inc | luded on line 1). If none, o | enter "NONE." | | |
| () Normal and address of each ampleyee and more than \$50,000 | (b) Title, and average | (a) Componentia | (d) Contributions to employee benefit plan | (e) Expense account, other |
| (a) Name and address of each employee paid more than \$50,000 | hours per week devoted to position | (c) Compensatio | and deferred compensation | allowances |
| NONE | | | | |
| | 1 | | | 1 |
| | | | | |
| | 1 | | | |
| | | 1 | | |
| | 1 | | 1 | |
| | | | - | |
| | 1 | 1 | | |
| | | . | - | + |
| | 1 | | | |
| | L | <u> </u> | | |
| Total number of other employees paid over \$50,000 | | | | 000 DE (0048) |
| | | | For | m 990-PF (2018) |

NORTH FAMILY TRUST

| Form 990-PF (2018) C/O M. HOGAN, L. MURPHY JR. | 05-6 | 091467 Page 7 |
|---|---------------------|---------------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundation Mar Paid Employees, and Contractors (continued) | nagers, Highly | |
| 3 Five highest-paid independent contractors for professional services. If none, enter "NONE." | | |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | | |
| | | - |
| | | |
| | <u> </u> | |
| | | |
| Total number of others receiving over \$50,000 for professional services | | ▶ 0 |
| Part IX-A Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical inform number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | ation such as the | Expenses |
| 1N/A | | |
| | | |
| 2 | | |
| 3 | | |
| | | |
| 4 | | |
| Part IX-B Summary of Program-Related Investments | | |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and | 2. | Amount |
| 1 N/A | | |
| | | |
| | | |
| All other program-related investments. See instructions. | | |
| 3 | | |
| | | |
| | | |
| Total. Add lines 1 through 3 | ▶ | 0. |
| | | Form 990-PF (2018) |

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| P | art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four | ndations, 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 | 853,219. |
| b | Average of monthly cash balances | 1b | 853,219. 83,816. |
| c | Fair market value of all other assets | 1c | |
| d | Total (add lines 1a, b, and c) | 1d | 937,035. |
| е | Reduction claimed for blockage or other factors reported on lines 1a and | 7, | |
| | 1c (attach detailed explanation) 1e 0. | مناب | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 | Subtract line 2 from line 1d | 3 | 937,035. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 14,056. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 922,979. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 46,149. |
| P | Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an foreign organizations, check here X and do not complete this part.) | d certain | |
| 1 | Minimum investment return from Part X, line 6 | 1 | |
| 2a | Tax on investment income for 2018 from Part VI, line 5 | | |
| b | Income tax for 2018. (This does not include the tax from Part VI.) | | |
| C | Add lines 2a and 2b | 2c | |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 | Add lines 3 and 4 | 5 | ····· |
| 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 | |
| <u>P</u> | art XII Qualifying Distributions (see instructions) | Γ | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | 36.00.0 | 42 270 |
| a | Expenses, contributions, gifts, etc total from Part I, column (d), line 26 | 1a | 43,370. |
| b | Program-related investments - total from Part IX-B | 1b 2 | <u> </u> |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | |
| a | Surtability test (prior IRS approval required) | 3a | · · · · · · · · · · · · · · · · · · · |
| b | Cash distribution test (attach the required schedule) | 3b | 43,370. |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 | 4 | 43,370. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment | | 0. |
| _ | Income. Enter 1% of Part I, line 27b | 6 | 43,370. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | | |
| | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation q 4940(e) reduction of tax in those years. | uailles for the | Section |

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| Part XIII: Undistributed Income (see instructions) N/A | | | | | | | | |
|--|---|---|--|--|--|--|--|--|
| | (a) Corpus | (b) Years prior to 2017 | (c) 2017 | (d) 2018 | | | | |
| 1 Distributable amount for 2018 from Part XI, line 7 | | | | | | | | |
| 2 Undistributed income, if any, as of the end of 2018 a Enter amount for 2017 only | | | , | | | | | |
| b Total for prior years: | | | | | | | | |
| 3 Excess distributions carryover, if any, to 2018: | | To an interest the second | | | | | | |
| b From 2014 | | | | | | | | |
| c From 2015 | | al not transity by the designation of the | | | | | | |
| d From 2016 | | | | | | | | |
| e From 2017 | | Same Co. 2012 199-101 Mentioned | | English State Control of the Control | | | | |
| f Total of lines 3a through e | Secure | | | SC PERSON CARROL SELL S. P. ST. S. | | | | |
| 4 Qualifying distributions for 2018 from Part XII, line 4: ►\$ | | | | | | | | |
| a Applied to 2017, but not more than line 2a | | | ercaningen erening basel | CONTRACTOR OF SERVICE CONTRACTOR | | | | |
| b Applied to undistributed income of prior | | | | | | | | |
| years (Election required - see instructions) | ALTO STORY SERVICE STORY | | The state of the s | | | | | |
| c Treated as distributions out of corpus | • | | | | | | | |
| (Election required - see instructions) d Applied to 2018 distributable amount | | | | Committee of the control of the cont | | | | |
| e Remaining amount distributed out of corpus | " I the same (with at saveter creat) | | Dail tenesting | ###################################### | | | | |
| 5 Excess distributions carryover applied to 2018 | , | | CHEST WINDS TO SELECT | | | | | |
| (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: | • | | | | | | | |
| & Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 | | | | | | | | |
| b Prior years' undistributed income. Subtract | | | | | | | | |
| line 4b from line 2b | | | | | | | | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | | | | | | | |
| d Subtract line 6c from line 6b. Taxable | | | | | | | | |
| amount - see instructions | | T 20 20 8 15 15 16 10 10 20 20 20 20 20 20 20 20 20 20 20 20 20 | | | | | | |
| e Undistributed income for 2017. Subtract line | | | | | | | | |
| 4a from line 2a. Taxable amount - see instr. f Undistributed income for 2018. Subtract | CONTRACTOR | CARL STATE OF THE | | West March & Stone Villes of Charles | | | | |
| lines 4d and 5 from line 1. This amount must be distributed in 2019 | | | | , | | | | |
| 7 Amounts treated as distributions out of | 1 | | | | | | | |
| corpus to satisfy reguirements 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 | , | | | Description of the second of t | | | | |
| 9 Excess distributions carryover to 2019. | / | | | | | | | |
| Subtract lines 7 and 8 from line 6a | " 18 15 15 15 16 16 17 15 18 18 18 18 18 18 18 18 18 18 18 18 18 | | | MARKETTA THE LANGE TO | | | | |
| 10 Analysis of line 9: | | | | | | | | |
| a Excess from 2014 | | | | | | | | |
| b Excess from 2015 | | | | | | | | |
| c Excess from 2016 | | | | | | | | |
| d Excess from 2017 e Excess from 2018 | | | | | | | | |

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) Value of assets qualifying

listed .. .

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

(2) Support from general public and 5 or more exempt organizations as provided in section 4942(i)(3)(B)(iii)

(3) Largest amount of support from an exempt organization

| | 30,766. | 34,427. | 36,510. | 35,389. | 137,092. |
|---|------------------|---------------------|------------------|-------------------|-------------|
| | | | | | |
| | | | | | 0. |
| | | | | | 0. |
| | | | | | 0. |
| | | | | | 0. |
|) | rmation (Complet | e this part only if | the foundation h | ad \$5,000 or mor | e in assets |

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.

NONE

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

Check here X 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.

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

SEE STATEMENT 8

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:

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0.

| Part XV Supplementary Informatio | | Devenoet | ··········· | |
|--|--------------------------------|----------------------|----------------------------------|-----------------------|
| 3 Grants and Contributions Paid During the Recipient | If recipient is an individual, | Payment | | |
| Name and address (home or business) | show any relationship to | Foundation status of | Purpose of grant or contribution | Amount |
| Paid dunng the year | or substantial contributor | recipient | | - |
| , a | | | | |
| | | 1 | | |
| | | 704 (2) (2) | | |
| AN EVEN START IN NEWPORT | NONE | 501(C)(3) | TO SUPPORT CHARITABLE ACTIVITIES | 1,800. |
| | | | | |
| | | | | |
| BOYS & GIRLS CLUB OF NEWPORT COUNTY | NONE | 501(C)(3) | FUND A COLLABORATIVE | |
| | NONE | 501(0)(3) | ART PROGRAM | 1,200. |
| | | | | - |
| | | | | |
| DR. MARTIN LUTHER KING COMMUNITY | NONE | 501(C)(3) | FUND COMPUTER PURCHASE | |
| CENTER | NONE | 501(0)(3) | COMPONENT PONCHASE | 1,000. |
| | | | | |
| | | | | |
| EAST BAY COMMUNITY ACTION PROGRAM | NONE | 501(C)(3) | TO SUPPORT CHARITABLE | |
| (EBCAP) | | 501(6)(3) | ACTIVITIES | 1,875. |
| | | | | |
| | | | | |
| FRIENDS OF BALLARD PARK | NONE | 501(C)(3) | FOR THE ENJOYMENT OF | |
| | | | ALL NEWPORT RESIDENTS | 1,000. |
| Total SEE CC | NTINUATION SHEE | T(S) | ▶ 38 | 43,370. |
| Approved for future payment | | | | |
| MONTE | | } | | |
| NONE | | | , | |
| | | | | |
| | | | | |
| | 1 | | | |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |
| Total | | <u> </u> | <u></u> | 0. |
| | | | For | m 990-PF (2018 |

Analysis of Income-Producing Activities

Form 990-PF (2018) Part XVI-A

| Enter gross amounts unless otherwise indicated. | Unrelate | ed business income | | ded by section 512, 513, or 514 | (e) |
|---|------------------|-------------------------|---------------|---------------------------------|---------------------------|
| Enter gross amounts amoss outsi wise maiotica. | (a) Business | (b) | (C) Exclu- | (d) | Related or exempt |
| 1 Program service revenue: | code | Amount | code | Amouπt | function income |
| å | | | | | |
| b | | | | | |
| 6 | | | | | |
| | | | | | |
| d | | | | | |
| e | | | | | |
| g Fees and contracts from government agencies | | | <u> </u> | | |
| 2 Membership dues and assessments | | | - | | |
| 3 Interest on savings and temporary cash | | | 1 | | |
| investments | | | | | |
| 4 Dividends and interest from securities | | | 14 | 33,031. | <u> </u> |
| | . 7 | 1 10 to 1 1 1 1 | | | general production (199 |
| 5 Net rental income or (loss) from real estate: | | <u></u> | | | <u> </u> |
| a Debt-financed property | | | | <u> </u> | |
| b Not debt-financed property | | <u> </u> | | | |
| 6 Net rental income or (loss) from personal | | | | | |
| property . | | | 14 | 2,438. | |
| 7 Other investment income | | | 14 | 2,430. | |
| 8 Gain or (loss) from sales of assets other | | | 18 | CA 100 | |
| than inventory | | | 1 2 | -64,199. | <u> </u> |
| 9 Net income or (loss) from special events | | | ├ | | |
| 10 Gross profit or (loss) from sales of inventory | | | ├ | | |
| 11 Other revenue: | | | ļ | | |
| a | | | <u> </u> | | |
| b | ļ | ·- | <u> </u> | | |
| c | | | <u> </u> | | |
| d | <u> </u> | | <u> </u> | | |
| e | | | ļ | | |
| 12 Subtotal. Add columns (b), (d), and (e) | | 0. | <u> </u> | -28,730. | 0. |
| 13 Total. Add line 12, columns (b), (d), and (e) | • | | | 13 _ | -28,730. |
| (See worksheet in line 13 instructions to verify calculations.) | | | | | |
| Part XVI-B Relationship of Activities to | the Acco | mplishment of Exe | empt | Purposes | |
| | | | | | |
| Line No. Explain below how each activity for which inco | | | contrit | outed importantly to the accord | nplishment of |
| the foundation's exempt purposes (other than | by provioing ful | nas for such purposes). | | | |
| N/A | | | | | |
| | | | | | <u></u> |
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| 823621 12-11-18 | | | | | Form 990-PF (2018) |

| Part X | VII Information Re Exempt Organ | | sfers to a | nd Transaction | s and | Relationsh | ips With Nond | haritable | | |
|----------------|--|-----------------------------|------------------|--|------------|-------------------|-----------------------------|---|-----------------------|----------|
| 1 Did t | he organization directly or indi | | of the following | o with any other organ | nization o | described in sect | tion 501(c) | | Yes | No |
| | er than section 501(c)(3) organ | | | | | | ` , | | | |
| • | sfers from the reporting found | | | | | | | | | 1 |
| (1) | , , | | | _ | | | | 1a(1) | | <u> </u> |
| | Other assets | • | _ | | | | | 1a(2) | | X |
| | r transactions; | | | | | | | | | 1 |
| (1) | Sales of assets to a noncharita | ible exempt organizat | ion | | | | | 15(1) | | X |
| (2) | Purchases of assets from a no | ncharitable exempt o | rganization . | | | | | . 1b(2) | | X |
| (3) | Rental of facilities, equipment, | or other assets | | ē | | | | 1b(3) | | X |
| (4) | Reimbursement arrangements | | | | | | | 1b(4) | | X |
| | Loans or loan guarantees | | | | | - | | 1b(5) | | X |
| (6) | Performance of services or me | embership or fundrais | sing solicitatio | ns | | | • | 1b(6) | | X |
| c Shar | ing of facilities, equipment, ma | ailing lists, other asse | ts, or paid em | ployees | | | | 1c | | X |
| d If the | answer to any of the above is | "Yes," complete the f | ollowing sche | dule. Column (b) sho | uld alway | s show the fair | market value of the g | oods, other ass | ets, | |
| | rvices given by the reporting f | | | ed less than fair marke | t value ir | n any transactior | n or sharing arranger | nent, show in | | |
| colur | nn (d) the value of the goods, | | | | | | | | | |
| (a) Line no | (b) Amount involved | (c) Name of | | e exempt organization | | (d) Descriptio | n of transfers, transaction | ns, and sharing arr | angemer | ıts |
| | | | N/A | | | | | | | |
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| | <u></u> | <u> </u> | | | | | | | | |
| ın se | e foundation directly or indirection 501(c) (other than section 501) | on 501(c)(3)) or in se | | or more tax-exempt o | organizati | ions described | | Yes | X |] No |
| <u>p</u> IT Y6 | es," complete the following sch (a) Name of or | | | (b) Type of organiza | ation T | | (c) Description of re | lationship | | |
| | N/A | gariicanon | | (B) 13PC OI OI Gaille | | | (3) Sesamption of the | | | |
| | N/A | | | | -+ | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | | | | | | |
| - | | | | | | | ··· | | | |
| ·- | | | | | -+ | | | | | |
| | Under penalties of perjury, I declare and belief, it is true-correct, and con | nplete. Declaration of gree | | taxpayer) is based on all in | | TRUST | has any knowledge. | May the IRS return with the shown below X Yes | e prepar ? See in: | er |
| | Signature of officer or trustee | | I D | Date | | Trtle | Chack 1 's | DTIN | | |
| | Print/Type preparer's na | ame | Preparer's s | ignature , | ٥ | ate | Check if | PTIN | | |
| De:- | | | 1/4 | // | | 1/14/19 | self- employed | D00425 | 454 | |
| Paid | MATTHEW BR | | | · | L_ | 1114/12 | | P00437 | | |
| Prepa | | CUM LLP | | | | | Firm's EIN ► 1 | T-19863 | 23 | |
| Use O | | | | | | | | | | |
| | Firm's address ► 15 | | | | 'E 10 |) () | 1 | 04 \ 45- | - - | 0.0 |
| | PR | ROVIDENCE, | RI 02 | 903 | | | Phone no. (4 | 01) 457 | | |
| | | | | | | | | Form 99 | U-PF | (2018) |

CONTINUATION FOR 990-PF, PART IV 05-6091467 PAGE 1 OF 1

Part IV Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase (c) Date acquired (d) Date sold (a) List and describe the kind(s) of property sold, e.g., real estate, (mo., day, yr.) 2-story brick warehouse, or common stock, 200 shs. MLC Co. (mo., day, yr.) D - Donation 04/10/19 2,000 SHS GENERAL ELECTRIC P VARIOUS GENERAL ELECTRIC P VARIOUS 02/15/19 1,000 SHS b P VARIOUS 04/02/19 ,000 SHS GENERAL ELECTRIC P VARIOUS 08/20/18 300 SHS JOHNSON & JOHNSON P VARIOUS 04/02/19 e 200 SHS JOHNSON & JOHNSON 08/09/18 P VARIOUS 3,000 SHS MANNING & NAPIER INC. P VARIOUS 02/15/19 1,000 SHS MONDELEZ INTL 02/26/19 VARIOUS h 1 SH WABTEC k ı m n ٥ (g) Cost or other basis (h) Gain or (loss) (f) Depreciation allowed (e) Gross sales price (e) plus (f) minus (g) (or allowable) plus expense of sale 64,365. -46,190. 18,175. a ,849. 32,182. -22,333. b 32,182. -22,471 711. 9. C 23,353. 15,858. <u>39,211.</u> d 10,572. 17,041. 27,613. е -19,759. 27,864. 8,105. f 40,856. 6,152. 47.008. g 8. h m п 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (j) Adjusted basis (k) Excess of col. (i) but not less than "-0-") (i) F.M.V. as of 12/31/69 as of 12/31/69 over col. (j), if any -46,190.а -22,333. b -22,471. C 23,353. đ 17,041. -19,759.6.152. 8. h m 0 { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 } -64,199.2 2 Capital gain net income or (net capital loss) 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). ٥. If (loss), enter "-0-" in Part I, line 8

| Part XV Supplementary Information | | | | |
|--|---|---------------------|---|--------|
| 3 Grants and Contributions Paid During the | ·· · · · · · · · · · · · · · · · · · · | | | |
| Recipient | If recipient is an individual, show any relationship to | Foundation | Purpose of grant or | |
| Name and address (home or business) | any foundation manager or substantial contributor | status of recipient | contribution | Amount |
| | | | | |
| GIRL SCOUTS OF RI | NONE | 501(C)(3) | FUND GIRL SCOUTS | 1,200 |
| | | | | • |
| JAMES L MAHER CENTER | NONE | 501(C)(3) | TO SUPPORT CHARITABLE | 2,000 |
| | | | | |
| LOOKING UPWARDS | NONE | 501(C)(3) | TO SUPPORT CHARITABLE | 2,000 |
| | | | | |
| LUCY'S HEARTH | NONE | 501(C)(3) | FUND SERVICES FOR HOMELESS MOTHERS & CHILDREN | 2,000 |
| | | | | |
| MEALS ON WHEELS OF RI | NONE | 501(C)(3) | FUND PROGRAM TO FEED HOME BOUND CITIZENS | 1,200 |
| | | | | |
| NEWPORT PARTNERSHIP FOR FAMILIES | NONE | TAX EXEMPT | FUND AID FOR FAMILIES | 500 |
| | | | | |
| NEWPORT ACCUSATION COALITION | NONE | 501(C)(3) | FUND YOUTH DRUG ABUSE | 2,000 |
| | | | | |
| NEWPORT SCHOOL DEPARTMENT | NONE | 501(c)(3) | TO SUPPORT CHARITABLE ACTIVITIES | 2,000 |
| PORTSMOUTH FREE PUBLIC LIBRARY | NONE | TAX EXEMPT | FUNDING FOR ADULT EDUCATION AND CULTURAL | |
| | | | PROGRAM | 1,000 |
| POTTER LEAGUE FOR ANIMALS | NONE | 501(C)(3) | FUNDING FOR PET | |
| | 1 | | RELATED PROGRAMS | 1,175 |

NORTH FAMILY TRUST
C/O M. HOGAN, L. MURPHY JR.

05-6091467

| 3 Grants and Contributions Paid During the | Year (Continuation) | , | | |
|--|---|---------------------|---|--------|
| Recipient | If recipient is an individual, show any relationship to | Foundation | Purpose of grant or contribution | Amount |
| Name and address (home or business) | any foundation manager or substantial contributor | status of recipient | Controlled | |
| REACH OUT AND READ RI | NONE | 501(c)(3) | TO SUPPORT CHARITABLE | 1,20 |
| RHODE ISLAND COMMUNITY FOOD BANK | NONE | 501(C)(3) | TO SUPPORT CHARITABLE | 1,00 |
| RHODY SQUASH | NONE | 501(C)(3) | TO SUPPORT CHARITABLE | 1,00 |
| ST PAUL'S UNITED METHODIST CHURCH | NONE | TAX EXEMPT | FUND CHURCH ENDEAVORS | 60 |
| STAR KIDS SCHOLARSHIP PROGRAM | NONE | 501(c)(3) | TO SUPPORT LOW-INCOME CHILDREN WHO HAVE A FAMILY HISTORY OF INCARCERATION & SUBSTANCE ABUSE | 80 |
| UNIVERSITY OF RHODE ISLAND | NONE | TAX EXEMPT | FUND UNDERGRADUATE AND GRADUATE EDUCATIONAL OPPORTUNITIES | 8,00 |
| VISITING NURSE SERVICES | NONE | 501(c)(3) | FUND HOSPICE SERVICES | 2,00 |
| CLEAN OCEAN ACCESS | NONE | 501(C)(3) | TO SUPPORT CLEANING OUR OCEANS | 1,00 |
| NEWPORT HOSPITAL FOUNDATION | NONE | 501(C)(3) | TO SUPPORT CHARITABLE | 1,50 |
| NEWPORT FAMILY CHILD OPP. | NONE | 501(C)(3) | TO SUPPORT CHARITABLE | 1,32 |

C/O M. HOGAN, L. MURPHY JR.

<u>05-609</u>1467

| 3 Grants and Contributions Paid During the | Year (Continuation) | | | |
|--|--|------------------------|----------------------------------|--------|
| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | status of recipient | Control | |
| EWPORT HI 20 NEIGHBORHOOD | NONE | 501(c)(3) | TO SUPPORT CHARITABLE | 1,00 |
| AIL B PREVAIL | NONE | 501(C)(3) | TO SUPPORT CHARITABLE | 1,00 |
| TCI | NONE | 501(C)(3) | TO SUPPORT CHARITABLE | -, |
| | | | ACTIVITIES | 1,00 |
| | | | | |
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| | | | | |
| | | | | |
| | | | | |
| | | - | | |
| | | | | |
| Total from continuation sheets | | 1 | | |

| | OSS DUNT | CAPITAL GAINS | | (A) REVENUE | (B) | | (C) |
|--|-------------|------------------------------|-----------------------------|------------------------------|-----------------------------------|-----|-------------------------------|
| | | DIVIDEND | S F | ER BOOKS | | | ADJUSTED NET INCOME |
| BROWN LISLE CUMMINGS 3: | 3,031. | | 0. | 33,031 | . 33,03 | 31. | 33,031. |
| TO PART I, LINE 4 33 | 3,031. | | 0. | 33,031 | 33,03 | 11. | 33,031. |
| FORM 990-PF | | OTHER II | NCOME | <u> </u> | | ST | ATEMENT 2 |
| DESCRIPTION | | 1 | (<i>)</i> REVE PER E | ENUE | (B) NET INVEST- MENT INCOME | | (C) ADJUSTED NET INCOME |
| MISC INCOME - PFIZER SECT LITIGATION SETTLEMENT MISC INCOME- BOA MISC INCOME- RAYONIER LIT MISC INCOME- CLIFF LITIGA | rigatio | | | 97. 294. 2,037. 10. | 97 294 2,037 | · · | 97. 294. 2,037. 10. |
| TOTAL TO FORM 990-PF, PAI | RT I, I | INE 11 | | 2,438. | 2,438 | = = | 2,438. |
| FORM 990-PF | | LEGAL | FEES | <u> </u> | | ST | 'ATEMENT 3 |
| DESCRIPTION | | (A) EXPENSES PER BOOKS | | (B) INVEST- INCOME | (C) ADJUSTEI NET INCOM | | (D) CHARITABLE PURPOSES |
| LEGAL | | 1,060. | | 1,060. | | 0. | 0. |
| TO FM 990-PF, PG 1, LN 16 | 5A | 1,060. | | 1,060. | | 0. | 0. |
| | | | | | | | |
| FORM 990-PF | | ACCOUNTING FEES | | STATEMENT 4 | | | |
| | | (A) | MEM | (B) INVEST- | (C) ADJUSTEI |) | (D) CHARITABLE |
| DESCRIPTION | | EXPENSES PER BOOKS | | INCOME | NET INCOM | | PURPOSES |
| DESCRIPTIONACCOUNTING | | | MENT | | NET INCOM | | |

| FORM 990-PF | TAX | ES | STATEMENT 5 | | |
|---|------------------------------|-----------------------------------|-------------------------------|-------------------------------|--|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES | |
| UNITED STATES TREASURY | 89. | 89. | 0. | 0. | |
| TO FORM 990-PF, PG 1, LN 18 | 89. | 89. | 0. | 0. | |
| FORM 990-PF | OTHER E | XPENSES | SI | PATEMENT 6 | |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES | |
| ANNUAL FILING FEE - RI ACCOUNT FEES POSTAGE | 50. 112. 120. | 50. 112. 120. | 0. 0. 0. | 0. 0. 0. | |
| | | · | | | |

| FORM 990-PF CORPORA | TE STOCK | STATEMENT 7 |
|---|------------|----------------------|
| DESCRIPTION | BOOK VALUE | FAIR MARKET VALUE |
| 2,000 SHS BANK OF AMERICA CORP. | 28,669. | 58,000. |
| 1,000 SHS CISCO SYS INC. | 24,656. | 54,730. |
| 1,000 SHS EXXON MOBIL CORP. | 29,941. | 76,630. |
| 2,000 SHS GOLDMAN SACHS GROUP INC. | 39,469. | 40,140. |
| 2,000 SHS MORGAN STANLEY DEP PFD | 38,314. | 40,720. |
| 1,000 SHS AT&T INC. | 36,159. | 33,510. |
| 1,000 SHS KINDER MORGAN INC. | 39,199. | 20,880. |
| 2,000 SHS CITIZENS FINL GROUP INC. | 51,942. | 70,720. |
| 1,000 SHS TRIUMPH GROUP INC. | 46,439. | 22,900. |
| 1,000 SHS PFIZER INC. | 33,828. | 43,320. |
| 1,000 SHS BANK OF AMERICA CORP DEP 2.96 | | 19,440. |
| 1,500 SHS INVESTORS BANCORP INC. | 20,775. | 16,725. |
| 1,000 SHS HANESBRANDS INC. | 19,739. | 17,220. |
| 500 SHS GLAXOSMITHKLINE | 21,145. | 20,010. |
| 1,000 SHS B&G FOODS INC. | 31,174. | 20,800. |
| 500 SHS BLOOMIN BRANDS INC. | 9,118. | 9,455. |
| 1,000 SHS BRIGGS & STRATTON CORP. | 24,285. | 10,240. |
| 500 SHS CAMPBELL SOUP CO. | 21,919. | 20,035. |
| 1,500 SHS NEW YORK COMMUNITY BANCORP | 18,910. | 14,970. |
| 500 SHS ORACLE CORP. | 23,853. | 28,485. |
| 500 SHS JOHNSON & JOHNSON | 26,430. | 69,640. |
| 500 SHS HUNTSMAN CORP | 16,103. | 10,220. |
| 500 SHS KENNAMETAL INC. | 19,587. | 18,495. |
| 1,000 SHS KRAFT HEINZ CO. | 48,538. | 31,040. |
| 16 SHS WABTEC CORP | 0. | 1,148. |
| 1000 SHS INVESCO | 24,442. | 24,930. |
| TOTAL TO FORM 990-PF, PART II, LINE 10B | 715,046. | 794,403. |

NORTH FAMILY TRUST C/O M. HOGAN, L. MURP

05-6091467

FORM 990-PF

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

STATEMENT 8

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

NORTH FAMILY TRUST 344 MAIN STREET WAKEFIELD, RI 02879

TELEPHONE NUMBER

NAME OF GRANT PROGRAM

401-782-4488

ALL

FORM AND CONTENT OF APPLICATIONS

EVIDENCE MUST BE PROVIDED TO SHOW THE ORGANIZATION IS CHARITABLE; A DETAILED LISTING OF THE SPECIFIC USE OF THE FUNDS NEEDS TO BE PROVIDED.

ANY SUBMISSION DEADLINES

WITHIN 30 DAYS OF THE ADVERTISEMENT

RESTRICTIONS AND LIMITATIONS ON AWARDS

THE GEOGRAPHIC LOCATION MUST BE NEWPORT COUNTY. NO CHARITY MORE THAN ONE-THIRD OF AVAILABLE FUNDS.