Department of the Treasury Internal Revenue Service

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2949134000304

## Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

| 2019

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990PF for instructions and the latest information.

Open to Public Inspection

OMB No 1545-0047

Fo	or caler	ndar year 2019 or tax year beginning		, and	ending		
Na	ame of for	undation			A Employe	r identification number	,
Tr	ne <u>Plym</u>	outh Rock Assurance Foundation					
N	umber and	street (or P O box number if mail is not delivered to street address)		Room/suite		04-6739902	<u> </u>
69	95 Atlan	tic Avenue			B Telephon	e number (see instructio	ns)
Cı	ty or town	, state or province, country, and ZIP or foreign postal code					
Bo	oston	MA	0211	1	<b></b>	617-720-162	0
Fo	oreign cou	intry name Foreign province/state/county	Foreig	n postal code	C If exempt	tion application is pendir	ng, check here 🕨 🗌
_	<u> </u>				4		
G	Check		of a former pu	blic charity	D 1. Foreig	n organizations, check h	nere 🕨 📘
	1	Final return Amended ret			1	n organizations meeting	_
	<u> </u>	Address change Name chang		<del>~11</del>	4	here and attach comput	_
<u>H</u>		type of organization X Section 501(c)(3) exempt pri				foundation status was te 07(b)(1)(A), check here	erminated under
Ш	Section	on 4947(a)(1) nonexempt charitable trust U Other taxa	able private fo	undation	1	or (b)( 1)(r y, dilock hore	ے -
- 1	Fair m	narket value of all assets at J Accounting method	☐ Cash ☐	X Accrual	E If the four	ndation is in a 60-month	termination
	end of	f year (from Part II, col. (c), Other (specify)				tion 507(b)(1)(B), check	
	line 16	6) > \$ 351,417 (Part I, column (d), must b	e on cash basis	s)	L		
P	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue	and			(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily	expenses pe	א (ם) א	et investment income	(c) Adjusted net income	for charitable purposes
		equal the amounts in column (a) (see instructions))	books	1			(cash basis only)
/	1	Contributions, gifts, grants, etc., received (attach schedule)				مو	
V	2	Check ▶☐ if the foundation is not required to attach Sch B					,
4	3	Interest on savings and temporary cash investments					
)	4	Dividends and interest from securities					
	5a	Gross rents					
	b	Net rental income or (loss)				<u> </u>	<u> </u>
Revenue	6a	Net gain or (loss) from sale of assets not on line 10	643	,194		<u></u>	
	b	Gross sales price for all assets on line 6a 643,194					
Š	7	Capital gain net income (from Part IV, line 2)			643,194		
œ	8	Net short-term capital gain					
	9	Income modifications				<del></del>	
	10a	Gross sales less returns and allowances					
	b	Less Cost of goods sold					
	С	Gross profit or (loss) (attach schedule)	ļ				
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	643	,194	643,194	0	ļ <u>.</u>
benses	13	Compensation of officers, directors, trustees, etc			· · · · · · · · · · · · · · · · · · ·		
S.	14	Other employee salaries and wages	<del></del>		18	IO /EE	<b></b>
þ	15	Pension plans, employee benefits	ļ				<del> .e </del>
ŭ	16a	Legal fees (attach schedule)			<u> 131 0</u>	CT d C Assa	<u>  ŭ </u>
é	b	Accounting fees (attach schedule)	<u> </u>			CI 15 2020	101 101
aţ;	1 C	Other professional fees (attach schedule)		<del></del>	<del>-  </del>		10 H
ř	17	Interest		,035	<del>-1 - 0</del>	SDEN, UT	
FEB US 2021 Operating and Administrative Ex	18	Taxes (attach schedule) (see instructions)	<sup>13</sup>	,033			
Έ	19	Depreciation (attach schedule) and depletion Occupancy	<del> </del>				<b></b>
Ad	21	Travel, conferences, and meetings	<del></del> -		<del></del>	<del></del>	<del> </del>
_ 💆	22	Printing and publications		-+-		<del></del>	<del> </del>
a K	23	Other expenses (attach schedule)					
2 gu	24	Total operating and administrative expenses.	<del></del>			<u> </u>	
ation a	~~	Add lines 13 through 23	13	,035	0	0	o
~ ë	25	Contributions, gifts, grants paid		,812		<u> </u>	642,812
꾜	26	Total expenses and disbursements. Add lines 24 and 25 .		,847	0	0	642,812
	27	Subtract line 26 from line 12	055	,,,,,,			042,012
<u>O</u>	21   a	Excess of revenue over expenses and disbursements	_10	,653			ا <sub>در</sub>
NED	b	Net investment income (If negative, enter -0-)	- 12	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	643,194		ก็
Z	C	Adjusted net income (if negative, enter -0-)			, , ,	0	3.8
	ı ~	. Lajantina iliot ilioonilo (il logalito, cilio) o /	i				[

(For Paperwork Reduction Act Notice, see instructions.

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P	art II	Balance Sheets	Attached schedules and amounts in the description column	Beginning of year	End o	of year
			should be for end-of-year amounts only. (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cashnon-interest	-bearing .	364,070	351,417	351,417
	2	Savings and tempo	rary cash investments			
	3	Accounts receivable				
		Less allowance for	doubtful accounts			
	4	Pledges receivable	<b>&gt;</b>			
		Less allowance for	doubtful accounts			
	5	Grants receivable	•			
	6	Receivables due fro	om officers, directors, trustees, and other			
		disqualified persons	(attach schedule) (see instructions)			
	7	Other notes and loans r	eceivable (attach schedule)			
		Less allowance for dou				
ţ	8	inventories for sale				
Assets	9	Prepaid expenses a	and deferred charges			
Ą	10a		state government obligations (attach schedule)			
	b		orate stock (attach schedule)			
	С		orate bonds (attach schedule)			
	11		dings, and equipment basis			
			reciation (attach schedule)			
	12	Investments—morto	***************************************			
	13	Investments—other	(attach schedule)			
	14	Land, buildings, and eq	uipment basis			
		Less accumulated depi	reciation (attach schedule)			
	15	Other assets (descr	ıbe ▶)			
	16	Total assets (to be	completed by all filers—see the			
		instructions Also, se	ee page 1, item l)	364,070	351,417	351,417
	17	Accounts payable a	nd accrued expenses			
S	18	Grants payable			<u></u>	
tie	19	Deferred revenue				
Liabilities	20	Loans from officers, d	rectors, trustees, and other disqualified persons			
ia.	21	Mortgages and other	er notes payable (attach schedule)			
_	22	Other liabilities (des	cribe ▶)			
	23	Total liabilities (add	d lines 17 through 22)	0	0	
es			ollow FASB ASC 958, check here ►X	}		
Balances		and complete lines	s 24, 25, 29, and 30.	ļ ļ		
ala	24	Net assets without of	donor restrictions	364,070	351,417	
	25	Net assets with don			<del></del>	
Net Assets or Fund			not follow FASB ASC 958, check here	]		
<u></u>		and complete lines				
6	26	•	orincipal, or current funds			
ţ	27	•	rplus, or land, bldg , and equipment fund	<del>-</del>		
Se	28	_	cumulated income, endowment, or other funds			
۲	29		fund balances (see instructions)	364,070	351,417	
et	30		net assets/fund balances (see	201.070	054.44	
		instructions)	The American Section 19	364,070	351,417	
	rt III		anges in Net Assets or Fund Balances	(ma 20 (ma) at a second		
1			slances at beginning of year—Part II, column (a)	, line 29 (must agree v	I 1	204.070
_			i on prior year's return)		1 2	364,070
		amount from Part I, I			2	-12,653
		increases not includ	ed in line 2 (itemize)		3 4	251 447
		nes 1, 2, and 3	lino 2 (itamiza)		5	351,417
		eases not included in net assets or fund ha	lances at end of year (line 4 minus line 5)—Part	t II. column (b) line 29		351 417



Page 3

<u>Part</u>	IV Capital Gains an	d Losses for Tax on Investr	nent Income				
	a) List and describe the k     2-story brick wareho	(c) Date ad (mo , da		(d) Date sold (mo , day, yr )			
1a	5,000 shares of Verisk An	alytics, Inc		D	3/2	20/2019	3/22/2019
b							
<u>c</u>							
<u>d</u>	- <del></del>						<del></del>
<u>e</u>	<del></del>			<u> </u>			
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale			or (loss) minus (g))
a	643,194				<del></del>		643,194
b					· · · · · ·		
С							
d							
ее							
	Complete only for assets sh	nowing gain in column (h) and owned	by the foundation	on 12/31/69			(h) gain minus
	(i) F M V as of 12/31/69	(y) Adjusted basis as of 12/31/69		s of col (i) (j), if any	col (		less than -0-) or om col (h))
a							643,194
b_					- <del></del> -		
<u> </u>							
d e							
		ll	also enter in Par	t Lline 7			<u> </u>
2	Capital gain net income or		enter -0- in Pari		2		643,194
3	Net short-term capital gair	or (loss) as defined in sections 12					<del></del>
		, line 8, column (c) See instruction		r-0- in			
	Part I, line 8				3		643,194
Part	V Qualification Und	der Section 4940(e) for Redu	ced Tax on N	et Investment	Income		
Was t	tion 4940(d)(2) applies, leav the foundation liable for the s," the foundation doesn't qu	ve this part blank section 4942 tax on the distributat ualify under section 4940(e). Do no	ole amount of an	y year in the base	e period?		☐ Yes ⊠ No
1	Enter the appropriate amo	ount in each column for each year,	see the instructi	ons before makın	g any entri	es	
Cal	(a)  Base period years endar year (or tax year beginning in	(b) Adjusted qualifying distributions	Net value o	(c) f noncharitable-use as	sets		(d) ibution ratio ivided by col (c))
	2018	<del></del>	,993	584	,757		0 902927
	2017	380	,873		,812		1 237356
	2016		3,106		, 108		4 842822
	2015		1,129		0,564		1 207376
	2014	502	2,626	486	5,281		1 033612
2	Total of line 1, column (d)				2		9 224093
3		for the 5-year base period—divide	the total on line	2 by 5 0 or by	<del>-</del>		3 224030
Ū	•	oundation has been in existence if		•	3		1 844819
4	Enter the net value of non-	charitable-use assets for 2019 fror	m Part X, line 5		4_		557,979
5	Multiply line 4 by line 3				5		1,029,370
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b)			6		6,432
7	Add lines 5 and 6				7		1,035,802
8	Enter qualifying distribution		مسا الانسمال الانسا	al namalate that	88	10/ 4=	642,812
	If line 8 is equal to or great Part VI instructions	ter than line 7, check the box in Pa	art vi, line 16, an	u complete that p	art using a	170 tax 1	ale see the

"Yes," complete Part XIV

names and addresses

10

Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their

9

10

Part	VII-A	Statements Regarding Activities (continued)					
						Yes	No
11	-	me during the year, did the foundation, directly or indirectly, own a controlled entity within	n the				
	_	of section 512(b)(13)? If "Yes," attach schedule See instructions			11		Х
12		oundation make a distribution to a donor advised fund over which the foundation or a dis	qualified		l		ĺ
		ad advisory privileges? If "Yes," attach statement. See instructions			12		X
13		undation comply with the public inspection requirements for its annual returns and exemption ap	plication?		13	X	L
		address NONE					
14		ks are in care of PAULA GOLD, TRUSTEE Telephor					
				02111-2	523		<u></u>
15		4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check in the amount of tax-exempt interest received or accrued during the year		15		ļ	▶ ∟
16	At any tir	me during calendar year 2019, did the foundation have an interest in or a signature or ot	her autho	rity		Yes	No
	-	ank, securities, or other financial account in a foreign country?		•	16		Х
	See the i	instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter t	he				
		the foreign country			<u> </u>		
Part	VII-B	Statements Regarding Activities for Which Form 4720 May Be Require	<u>d</u>				
	File Form	m 4720 if any item is checked in the "Yes" column, unless an exception applies.				Yes	No
1a	During th	ne year, did the foundation (either directly or indirectly)					
	(1) Enga	ge in the sale or exchange, or leasing of property with a disqualified person?	Yes	X No			
		ow money from, lend money to, or otherwise extend credit to (or accept it from) a	_	_	,		
	dısqu	alified person?	Yes	X No	·		
	(3) Furni	sh goods, services, or facilities to (or accept them from) a disqualified person?	Yes	=			
	(4) Pay c	compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X No		3	
		sfer any income or assets to a disqualified person (or make any of either available for enefit or use of a disqualified person)?	Yes	X No		·	
	(6) Agree	e to pay money or property to a government official? (Exception. Check "No" if the					
	found	dation agreed to make a grant to or to employ the official for a period after					
	termı	nation of government service, if terminating within 90 days )	Yes Yes	X No	Ì		
b		swer is "Yes" to 1a(1)~(6), did any of the acts fail to qualify under the exceptions describ					
		ons section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instru	ctions	· 🗆	1b	N/A	
	Organiza	ations relying on a current notice regarding disaster assistance, check here		▶□	·		
С		oundation engage in a prior year in any of the acts described in 1a, other than excepted	acts, that				
		corrected before the first day of the tax year beginning in 2019?			1c		X
2		n failure to distribute income (section 4942) (does not apply for years the foundation was	a private		}		
	-	g foundation defined in section 4942(j)(3) or 4942(j)(5))					
а		d of tax year 2019, did the foundation have any undistributed income (Part XIII, lines	Yes	∏ No			
		e) for tax year(s) beginning before 2019?					
	•	list the years 20, 20	4042(5)(2	,,			
b		to incorrect valuation of assets) to the year's undistributed income? (If applying section					
		listed, answer "No" and attach statement—see instructions)	1372(a)(2)	10	2b	N/A	
С		visions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years	ears here			10//	
·		, 20, 20, 20					
3a	Did the fo	bundation hold more than a 2% direct or indirect interest in any business enterprise					
		ne during the year?	Yes	X No ¹			
b	•	did it have excess business holdings in 2019 as a result of (1) any purchase by the found	dation or				
-		ed persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period appro		e ]			
		sioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3)					
		-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine				<u> </u>	
		on had excess business holdings in 2019)			3b	N/A	
4a		undation invest during the year any amount in a manner that would jeopardize its charitable purp	oses?	J	4a		Х
b		undation make any investment in a prior year (but after December 31, 1969) that could jeopardiz				[	
		purpose that had not been removed from jeopardy before the first day of the tax year beginning			4b		Х
					000	)-PF	

The Plymouth Rock Assurance Foundation

Form 990-PF (2019)

Statements Regarding Activities for Which Form 4720 May Be Required (continued) Part VII-B 5a During the year, did the foundation pay or incur any amount to No Yes (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes X No (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, 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 described in section 4945(d)(4)(A)? See instructions ☐ Yes 🏻 No (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational Yes X No purposes, or for the prevention of cruelty to children or animals? 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 N/A Organizations relying on a current notice regarding disaster assistance, check here If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax Yes X No because it maintained expenditure responsibility for the grant? 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 pay premiums Yes X No on a personal benefit contract? Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 6b Х If "Yes" to 6b, file Form 8870 Yes X No 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? 7b N/A b Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? ☐ Yes ☐ No Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, and foundation managers and their compensation. See instructions. (c) Compensation (d) Contributions to (b) Title, and average (e) Expense account, employee benefit plans (If not paid. (a) Name and address hours per week other allowances devoted to position and deferred compensation enter -0-1 **PAULA GOLD** TRUSTEE 0 695 ATLANTIC AVENUE BOSTON, MA 02111-2623 1 00 SONJA PLESSET TRUSTEE 0 100 695 ATLANTIC AVENUE BOSTON, MA 02111-2623 TRUSTEE LEE ENGLERT 0 695 ATLANTIC AVENUE BOSTON, MA 02111-2623 1 00 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." (d) Contributions to (b) Title, and average employee benefit (e) Expense account, hours per week (c) Compensation (a) Name and address of each employee paid more than \$50,000 plans and deferred other allowances devoted to position compensation NONE Total number of other employees paid over \$50,000 

04-6739902

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Form	990-PF (2019)	The Plymouth Rock Assurance Foundation	04-67	39902 Page
Pa	rt VIII Informa	ation About Officers, Directors, Trustees, Foundation	on Managers, Highly Paid Er	
	and Co	ntractors (continued)		
3	Five highest-paid	d independent contractors for professional services. See in	nstructions. If none, enter "NON	E."
	(a) Name	and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NON	NE			
	<del></del>		· · · · · · · · · · · · · · · · · · ·	ļ
	•			Į.
				<del> </del>
-	<del></del>		<del></del>	
				1
		eceiving over \$50,000 for professional services	<u></u>	<u> </u>
Pa	rt IX-A Sumn	nary of Direct Charitable Activities		т
		ist direct chantable activities during the tax year. Include relevant statistical inform iciaries served, conferences convened, research papers produced, etc.	nation such as the number of	Expenses
1				
				1
				<b></b> _
2				
				1
3				<del> </del>
3				}
				)
4				
				L
		nary of Program-Related Investments (see instruction		
	scribe the two largest prog	gram-related investments made by the foundation during the tax year on lines 1 ar	nd 2	Amount
1				
2		<del></del>		<del> </del>
-				]
All	other program-related inve	estments See instructions		
3				
				}
	<del></del>			<b></b>
Tota	i. Add lines 1 through	h3	<u>_</u>	<u> </u>

Part	X Minimum Investment Return (All domestic foundations must complete this part. Foreig	n foundati	ions,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances .	1b	566,476
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	566,476
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	Jl	
2	Acquisition indebtedness applicable to line 1 assets .	2	
3	Subtract line 2 from line 1d .	3	566,476
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see		
	instructions)	4	8,497
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	557,979
6	Minimum investment return. Enter 5% of line 5	6	27,899
Part		ons	
	and certain foreign organizations, check here   and do not complete this part )	<del>, ,</del>	
1	Minimum investment return from Part X, line 6	1	27,899
2a	Tax on investment income for 2019 from Part VI, line 5 2a 12,864	1	
b	Income tax for 2019 (This does not include the tax from Part VI)	J	
С	Add lines 2a and 2b	2c	12,864
3	Distributable amount before adjustments Subtract line 2c from line 1	3	15,035
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	15,035
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	15,035
Part	XII Qualifying Distributions (see instructions)		<del></del>
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	642,812
b	Program-related investments—total from Part IX-B	1b	
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		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	642,812
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	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	642,812
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whe	ther the fou	ndation
	qualifies for the section 4940(e) reduction of tax in those years		

Part	XIII Undistributed Income (see instructions	)			
		(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1	Distributable amount for 2019 from Part XI,	<u></u>			15,03
2	Undistributed income, if any, as of the end of 2019				15,05
а	Enter amount for 2018 only			o	
b	Total for prior years 20 , 20 , 20	<del></del>			··
3	Excess distributions carryover, if any, to 2019				<del></del>
а	From 2014		ŀ	}	
b	From 2015			,	
С	From 2016			1	
d	From 2017				
е	From 2018				
f	Total of lines 3a through e .	0			
4	Qualifying distributions for 2019 from Part XII,				
	line 4 ▶ \$642,812				
а	Applied to 2018, 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 2019 distributable amount				15,035
е	Remaining amount distributed out of corpus	627,777			
5	Excess distributions carryover applied to 2019				
	(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	627,777			<del></del>
b	Prior years' undistributed income Subtract			Í	
	line 4b from line 2b	<del></del>	<u></u>		<del></del>
С	Enter the amount of prior years' undistributed		j		
	income for which a notice of deficiency has	[			v
	been issued, or on which the section 4942(a)				E*
	tax has been previously assessed Subtract line 6c from line 6b Taxable		+		<del></del> -
đ	amount—see instructions				
e	Undistributed income for 2018 Subtract line		<del></del>		
-	4a from line 2a Taxable amount—see	J	j		
	instructions .			o	
f	Undistributed income for 2019 Subtract lines			<del></del>	<del></del> _
•	4d and 5 from line 1. This amount must be				
	distributed in 2020				C
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section		1		
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required—see instructions)				
8	Excess distributions carryover from 2014 not				
	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2020.				<del></del> -
	Subtract lines 7 and 8 from line 6a	627,777			
10	Analysis of line 9				
а	Excess from 2015		ľ		
b	Excess from 2016		}		
С	Excess from 2017				
d	Excess from 2018		ĺ		
е	Excess from 2019 . 627,777	}	J		

horm 9	190-PF (2019) The Plymouth Rock As	ssurance Foundat	ion		04-6/3	9902 Page <b>10</b>
	XIV Private Operating Foundat					N/A
1a	If the foundation has received a ruling of			ate operating		
	foundation, and the ruling is effective for			•		
_	Check box to indicate whether the foundation		ating foundation des	cribed in section	4942(J)(3	3) or 4942(J)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years	,	(e) Total
	investment return from Part X for	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
	each year listed	 	<b>↓</b>	<del></del>		
þ	85% of line 2a	L	. <del></del>	<del></del>		
С	Qualifying distributions from Part XII,		1	ļ	}	_
	line 4, for each year listed		<del> </del>	<del> </del>		
d	Amounts included in line 2c not used directly			1		
	for active conduct of exempt activities		<del> </del>	<del> </del>	<del> </del>	0
е	Qualifying distributions made directly		1		j	
	for active conduct of exempt activities Subtract line 2d from line 2c					O
•		<del>-</del>	<del>  \</del>	<del></del> -	<del></del>	
3	Complete 3a, b, or c for the alternative test relied upon	ı		}	}	
а	"Assets" alternative test—enter				J	
_	(1) Value of all assets					0
	(2) Value of assets qualifying under	L.—.——————————————————————————————————	<u> </u>			
	section 4942(j)(3)(B)(i)		1		}	0
b	"Endowment" alternative test—enter 2/3					
	of minimum investment return shown in		1			
	Part X, line 6, for each year listed				$\sim$ $_{-}$ $_{-}$ $_{-}$	0
С	"Support" alternative test-enter	i				
	(1) Total support other than gross	i	j			
	investment income (interest, dividends, rents, payments on					
	securities loans (section			ĺ		
	512(a)(5)), or royalties)				<u> </u>	0
	(2) Support from general public and 5 or more exempt					
	organizations as provided in			Í	[	\ .
	section 4942(j)(3)(B)(III)		<del> </del>	<del></del>		
	(3) Largest amount of support from	1	}			
	an exempt organization		<del> </del>	<del></del>	<del> </del>	
D4	(4) Gross investment income  XV Supplementary Information	. (Complete th	io nort only if th	o foundation ha	d \$5 000 or mor	o in accete at
Part				ie ioungation na	a \$5,000 or mor	e III assels al
1	any time during the year— Information Regarding Foundation Ma		15.)			
' а	List any managers of the foundation wh		d more than 2% of	the total contribution	ns received by the f	oundation
ű	before the close of any tax year (but onl					
NON	• • • • • • • • • • • • • • • • • • • •	, ,		. , ,	. , , , ,	
b	List any managers of the foundation who	o own 10% or mo	re of the stock of a	corporation (or an e	equally large portion	n of the
_	ownership of a partnership or other entit					
NONE	· · · · ·	• •		•		
2	Information Regarding Contribution,	Grant, Gift, Loan	Scholarship, etc	., Programs:		
_	Check here ► X if the foundation on		•	-	ations and does no	t accept
	unsolicited requests for funds. If the four					
	conditions, complete items 2a, b, c, and	d See instruction	าร			
a	The name, address, and telephone num	ber or email addr	ess of the person t	to whom application	s should be address	sed
	•		•			
					·	
b	The form in which applications should b	e submitted and ii	nformation and ma	iterials they should in	nclude	
С	Any submission deadlines					
	<u>.                                    </u>	<del></del>	<del></del>	<del> </del>	<del></del>	
d	Any restrictions or limitations on awards	, such as by geog	iraphical areas, ch	aritable fields, kinds	of institutions, or of	ner
	factore					

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During		ed for Fut	ure Payment	<del>,                                     </del>
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
15-40 Connection		}		825
P O Box 1153				
Westborough, MA 01581		1		0.500
180 Turning Lives Around 1 Bethany Road, Building 3, Suite 42		}		2,500
Hazlet, NJ 07730		] ]		ļ
A Better City				5,000
33 Broad Street, 3rd Floor				,
Boston, MA 02109		}		
AANE				700
51 Water Street, Suite 206		1		
Watertown, MA 02472	l <sup>1</sup>	{		
AARP Foundation		, ,		54
601 E Street, NW Washington, D C 20049		1		
Absolute Return for Kids US	Ì	1		200
c/o Digant Bahl, 16 Ryan Street		ŀ		
Syosset, NY 11791				
Academy for Children		[ ]		600
96 Medway Rd		ł		i
Milford, MA 01757		;		]
Academy for Children		[		600
96 Medway Rd				
Milford, MA 01757 Academy for Children		}		300
96 Medway Rd		}		1
Milford, MA 01757		l i		
ACLU Foundation				50
125 Broad St, 18th FL		}		1
New York, NY 10004		, ,		200
Across the Ages Dance Project				300
14 Country Club Road Melrose, MA 02176				ł
Total See Attached Statement	<u> </u>	<del></del>	<b>▶</b> 3a	642,812
b Approved for future payment		<u> </u>		0.12,0.12
	ľ	1		ĺ
	}			Ì
		}		
		<u>'</u>		1
		}		Į
				Ï
	1			1
		ļ ļ		)
	1			1
		]		J
Total			▶ 3b	0

۲a	rt XV	-A Analysis of Income-Producing Ac	ctivities				
		s amounts unless otherwise indicated		isiness income	Excluded by sect	ion 512, 513, or 514	4 .
1	Proa	ram service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions)
·	a		<b></b>		<del> </del>	······································	
	b -						<del></del>
	c <sup></sup>						<del></del>
	ď						<del> </del>
	е —						
	f	<del></del>					
	g F	ees and contracts from government agencies					
2		bership dues and assessments					
3		est on savings and temporary cash investments					
4		ends and interest from securities .					
5	Net r	ental income or (loss) from real estate					
		Debt-financed property	-				
		lot debt-financed property					
6	Net r	ental income or (loss) from personal property			Ì		
7		r investment income					
8	Gain	or (loss) from sales of assets other than inventory			18	643,194	
9		ncome or (loss) from special events					
10	Gros	s profit or (loss) from sales of inventory					
11	Othe	r revenue a					
	b _						
	c _						
	d _						
	е _						
12	Subt	otal Add columns (b), (d), and (e)		0		643,194	0
				<u> </u>			
13	Tota	i. Add line 12, columns (b), (d), and (e)	L			13	643,194
<b>13</b> (See	<b>Tota</b> e work	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations					
13 (See Pa	Tota work rt XV	i. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations  Relationship of Activities to the A	ccomplishm			13	
13 Sec Pa Lin	<b>Tota</b> e work	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations	ccomplishm	olumn (e) of Part >	(VI-A contributed	13	643,194
13 Sec Pa Lin	Tota work it XV e No.	i. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations  Relationship of Activities to the A  Explain below how each activity for which incom	ccomplishm	olumn (e) of Part >	(VI-A contributed	13	643,194
13 Sec Pa Lin	Tota work it XV e No.	i. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations  Relationship of Activities to the A  Explain below how each activity for which incom	ccomplishm	olumn (e) of Part >	(VI-A contributed	13	643,194
13 Sec Pa Lin	Tota work it XV e No.	i. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations  Relationship of Activities to the A  Explain below how each activity for which incom	ccomplishm	olumn (e) of Part >	(VI-A contributed	13	643,194
13 Sec Pa Lin	Tota work it XV e No.	i. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations  Relationship of Activities to the A  Explain below how each activity for which incom	ccomplishm	olumn (e) of Part >	(VI-A contributed	13	643,194
13 Sec Pa Lin	Tota work it XV e No.	i. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations  Relationship of Activities to the A  Explain below how each activity for which incom	ccomplishm	olumn (e) of Part >	(VI-A contributed	13	643,194
13 Sec Pa Lin	Tota work it XV e No.	i. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations  Relationship of Activities to the A  Explain below how each activity for which incom	ccomplishm	olumn (e) of Part >	(VI-A contributed	13	643,194
13 Sec Pa Lin	Tota work it XV e No.	i. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations  Relationship of Activities to the A  Explain below how each activity for which incom	ccomplishm	olumn (e) of Part >	(VI-A contributed	13	643,194
13 Sec Pa Lin	Tota work it XV e No.	i. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations  Relationship of Activities to the A  Explain below how each activity for which incom	ccomplishm	olumn (e) of Part >	(VI-A contributed	13	643,194
13 Sec Pa Lin	Tota work it XV e No.	i. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations  Relationship of Activities to the A  Explain below how each activity for which incom	ccomplishm	olumn (e) of Part >	(VI-A contributed	13	643,194
13 Sec Pa Lin	Tota work it XV e No.	i. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations  Relationship of Activities to the A  Explain below how each activity for which incom	ccomplishm	olumn (e) of Part >	(VI-A contributed	13	643,194
13 Sec Pa Lin	Tota work it XV e No.	i. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations  Relationship of Activities to the A  Explain below how each activity for which incom	ccomplishm	olumn (e) of Part >	(VI-A contributed	13	643,194
13 Sec Pa Lin	Tota work it XV e No.	i. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations  Relationship of Activities to the A  Explain below how each activity for which incom	ccomplishm	olumn (e) of Part >	(VI-A contributed	13	643,194
13 Sec Pa Lin	Tota work it XV e No.	i. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations  Relationship of Activities to the A  Explain below how each activity for which incom	ccomplishm	olumn (e) of Part >	(VI-A contributed	13	643,194
13 Sec Pa Lin	Tota work it XV e No.	i. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations  Relationship of Activities to the A  Explain below how each activity for which incom	ccomplishm	olumn (e) of Part >	(VI-A contributed	13	643,194
13 Sec Pa Lin	Tota work it XV e No.	i. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations  Relationship of Activities to the A  Explain below how each activity for which incom	ccomplishm	olumn (e) of Part >	(VI-A contributed	13	643,194
13 Sec Pa Lin	Tota work it XV e No.	i. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations  Relationship of Activities to the A  Explain below how each activity for which incom	ccomplishm	olumn (e) of Part >	(VI-A contributed	13	643,194
13 Sec Pa Lin	Tota work it XV e No.	i. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations  Relationship of Activities to the A  Explain below how each activity for which incom	ccomplishm	olumn (e) of Part >	(VI-A contributed	13	643,194
13 Sec Pa Lin	Tota work it XV e No.	i. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations  Relationship of Activities to the A  Explain below how each activity for which incom	ccomplishm	olumn (e) of Part >	(VI-A contributed	13	643,194
13 Sec Pa Lin	Tota work it XV e No.	i. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations  Relationship of Activities to the A  Explain below how each activity for which incom	ccomplishm	olumn (e) of Part >	(VI-A contributed	13	643,194
13 Sec Pa Lin	Tota work it XV e No.	i. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations  Relationship of Activities to the A  Explain below how each activity for which incom	ccomplishm	olumn (e) of Part >	(VI-A contributed	13	643,194
13 Sec Pa Lin	Tota work it XV e No.	i. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations  Relationship of Activities to the A  Explain below how each activity for which incom	ccomplishm	olumn (e) of Part >	(VI-A contributed	13	643,194
13 Sec Pa Lin	Tota work it XV e No.	i. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations  Relationship of Activities to the A  Explain below how each activity for which incom	ccomplishm	olumn (e) of Part >	(VI-A contributed	13	643,194

1 04111 93	U-F1 (2)		TOUR ASSULATE							04-0739902	Pa	ige 13
Part	XVII	Information Exempt Org	Regarding Tran	sfers to	and Trans	actions	and Re	lationshi	ps With N	oncharitable		
1	Did th		irectly or indirectly e	ngage in a	any of the fo	llowing w	uth any oth	ner organiz	ation describ	ped	Yes	No
·		_	er than section 501(c		•	-	•	•			1.00	1
		ızatıons?	,	-, (-, -, 5-,			,	<b>g</b> p		1		İ
а	_		orting foundation to	a noncha	ritable exem	pt organi	zation of			-		ł
	(1) Ca		· ·							1a(1		X
		ther assets								1a(2		X
b	Other	transactions										
	(1) Sa	ales of assets to	a noncharitable exe	mpt organ	nization	٠				1b(1		X
	(2) Pu	irchases of asse	ets from a noncharita	ble exem	pt organizati	on				1b(2	)	Х
	(3) Re	ental of facilities,	equipment, or other	assets						1b(3		Х
	(4) Re	eimbursement ar	rangements			•				1b(4	1	X
	(5) Lo	ans or loan gua	rantees							1b(5		X
			rvices or membersh	-	-					1b(6	<u>)                                    </u>	X
С			quipment, mailing lis							1c_	<u></u>	L X
d			he above is "Yes," cor									
	value value	of the goods, othe in any transaction	er assets, or services of or sharing arrangement	given by th ent, show i	e reporting fo n column ( <b>d</b> )	oundation. the value	If the foun of the good	dation recei ds, other ass	ved less than sets, or servi	fair market ces received		
(a) Line	no (	b) Amount involved	(c) Name of non-	chantable ex	empt organization	on	(d) Desc	cription of trans	sfers, transactio	ns, and sharing arra	ngemen	its
										<del></del>		
									<del></del>			
	_	<del></del>										
		<del></del>	<del> </del>									
	-+		<del> </del>		<del></del>				<del></del>	<del></del>		
	-+	<del></del>						<del></del>				
										<del> </del>		
	$\dashv$		<del> </del>					<del></del> _				
	<del></del>									<del></del>		
	-+		<del></del>		<del></del>							
	$\dashv$											
2a b	descr	bed in section 5	tly or indirectly affilia 01(c) (other than sec following schedule					xempt orga	nizations	☐ Yes	X N	0
		(a) Name of organ			(b) Type of org	ganization			(c) Description	on of relationship		
										<del></del>		
				<u> </u>								
			lare that I have examined this re on of preparer (other than (axpa						knowledge and be	ief, it is true,		
Sign		locuSigned by	on or preparer touter than taxpa		0/12/2020	k .	•	neage		May the IRS discuss with the preparer sh		
Here	Paula Gold							See instructions		X No		
	Sign	Altiře brofficer or trus		T 5	Date	Title		T Data				==
Paid	ļ	Pnnt/Type preparer's	s name	Prepare	er's signature			Date	Chec	_ ;		
Prepa	rer									mployed		
Use O		Firm's name							Firm's EIN	·		
		Firm's address			<del> </del>				Phone no	Form 99	Λ DE	<u> </u>
										Form 33	V-P F	(2019)

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

Name of the organization Employer identification number THE PLYMOUTH ROCK ASSURANCE FOUNDATION 04-6739902 Organization type (check one). Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or 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 

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 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

THE PLYMOUTH ROCK ASSURANCE FOUNDATION

O4-6739902

Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
01	NONE	\$ \$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ \$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ \$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization
THE PLYMOUTH ROCK ASSURANCE FOUNDATION

Employer identification number 04-6739902

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

		<u>'</u>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
01	5,000 SHARES OF VERISK ANALYTICS INC		
		\$ 643,194	3/22/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
}		1	

Name of or	rganization		<del></del>		Employer identification number			
	OUTH ROCK ASSURANCE FOUNDATION				04-6739902			
Part III	Exclusively religious, charitable, e (10) that total more than \$1,000 fo the following line entry. For organiza contributions of \$1,000 or less for to Use duplicate copies of Part III if ad	r the year from any ations completing Pa he year. (Enter this ii	r <b>one contributor.</b> art III, enter the tota information once. S	Complete I of <i>exclusi</i>	columns (a) through (e) and vely religious, charitable, etc.,			
(a) No.				(4) 5				
from Part I	(b) Purpose of gift	(c) Use	or giπ	(a) Des	scription of how gift is held			
	NONE							
01		***************************************		( 				
ľ								
+								
			fer of gift					
	Transferee's name, address, a	and ZIP + 4	Relation	nship of tra	nsferor to transferee			
j								
)								
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Des	scription of how gift is held			
1								
	(e) Transfer of gift							
	Transferee's name, address, a	iship of tra	nsferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Des	scription of how gift is held			
1								
1		4 \ -		<del></del>				
[		(e) Trans	fer of gift					
Ĺ	Transferee's name, address, a	ind ZIP + 4	Relation	ship of tra	nsferor to transferee			
Ì								
1								
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Des	scription of how gift is held			
					••••••••			
<u> </u>				L	<del></del>			
(e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to transf								
<b> </b>					· · · · · · · · · · · · · · · · · · ·			
}								
}								

rt I, Line 6 (990-PF) - Gain/Loss from Sale of Assets Other Than Inventory

ain	SS	643,194	0			Net Gam	or Loss	643,194	
Net Gain	or Loss						Adjustments		
asis, Expenses,	Depreciation and Adjustments	0	0				Depreciation		
Cost or Other Basis, Expenses,	Depreciation ar				Expense of Sale	and Cost of	Improvements		
Gross	Sales	643,194	0			Valuation	Method		
త్ర	Sa					Cost or	Other Basis		
Totals		Capital Gains/Losses	Other sales		-	Gross Sales	Pnce	643,194	
		౮				Date	Sold	37222019	
						Date	Acquired	3/20/2019	
						Acquistion	Method	0	
				Check "X" if	Purchaser	S a	Business		
							Purchaser		
					Check "X"	to include	in Part IV	×	
	Amount	0	0				CUSIP#		
		Long Term CG Distributions	Short Term CG Distributions				Description	1 5,000 shares of Vensk Analytics, Inc	

Part I, Line 18 (990-PF) - Taxes

		13,035	0		) 0
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1	Federal and State Taxes	13,035			

Part VI, Line 6a (990-PF) - Estimated Tax Payments

		Date		Amount
1	Credit from prior year return		1	780
2	First quarter estimated tax payment	5/15/2019	2	13,000
3	Second quarter estimated tax payment		3	
4	Third quarter estimated tax payment		4	
5	Fourth quarter estimated tax payment		5	
6	Other payments		6	0
7	Total .		7	13,780

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   	Expense Account			
0	Benefits			
0	Avg Hrs Title Per Week Compensation	0	0	0
	Avg Hrs Per Week	1 00	1 00	1 00
	Title	TRUSTEE	TRUSTEE	TRUSTEE
	Foreign Country			
 	Zip Code	02111-2623	02111-2623	02111-2623
	State	MA	MA	MA
	Crty	BOSTON	BOSTON	BOSTON
	Street	695 ATLANTIC AVENUE	695 ATLANTIC AVENUE	695 ATLANTIC AVENUE
	Check "X" if Business			
	Name	PAULA GOLD	SONJA PLESSET	LEE ENGLERT
i	L		7	<u> </u>