hturn of Private Foundation 2 2 2 3 1 1 0 0 0 2 2 2 3 1 No. 1545-0047 of Section 4947(a)(1) Trust Treated as Private Foundation Do not onter social occurity numbers on this form as it may be made public. Open to Public Inspection ▶ Go to www.irs.gov/Form920FF for Instructions and the latest information. Internal Revenue Service For calendar year 2019 or tax year beginning , 2019, and ending A Employer Identification number Name of foundation Intact Charitable Trust USA (fka OneBeacon Charitable Trust) 23-2441567 Number and street (or P.O. box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) 605 Highway 169 North, Suite 800 952-852-6033 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is panding check here. Plymouth, MN 5544: Initial return G Check all that apply. Initial return of a former public charity D 1. Foreign organizations, check here . Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach Address change x Name change H Check type of organization. | Section 501(c)(3) exempt private foundation E if private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust X Other taxable private foundation under section 607(b)(1)(A), check here . > Fair market value of all assets at J Accounting method: Cash X Accrual F If the foundation is in a 60-month termination Other (specify) end of year (from Part II, col. (c), line under section 607(b)(1)(B), chack here . > 580, 980.00 (Part I, column (d), must be on cash basis.) 16) > \$ (d) Disbursements Part I Analysis of Revenue and Expenses (The (a) Revenue and total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see Instructions).) (c) Adjusted net for charitable (b) Net Investment expenses per Income income purposes books (cash basis only) Contributions, gifts, grante, etc., received (attach schedule) . 162,523.00 Check If the foundation is not required to attech Sch B. 11,182.00 11,182.00 11,182.00 interest on savings and temporary cash investments. Dividends and interest from securities Net rental income or (loss) Net gain or (lose) from sale of assets not on line 10 Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) . Net short-term capital gain. SCANNED Income modifications . Gross seles less returns and allowances b Less: Cost of goods sold . Gross profit or (loss) (attach schedule) 6,000.00 Other income (attach schedule) . . 179,705.00 11,182.00 11,182,00 Total. Add lines 1 through 11 Sched .1. . Compensation of officers, directors, trustees, etc . . . Other employee salaries and wages . Pension plans, employee benefits . . 15 b Accounting fees (attach schedule) Other professional fees (attach schedule). . . G 17 54.00 54.00 Taxes (attach schedule) (see instructions). . . Depreciation (attach schedule) and depletion. **5**|20 Travel, conferences, and meetings 2021 21 22 22 9,620.00 9,620.00 Other expenses (attach schedule) .Sthed .2 23 24 Total operating and administrative expenses. 9,674.00 9,674.00 245,893.00 245,893.00 Contributions, gifts, grants paid 25 9,674.00 245,893.00 255,567.00 Total expenses and disbursements. Add lines 24 and 26 26

-75,862.00

11,182,00

1,508.00

Subtract line 26 from line 12

98A For Paperwork Reduction Act Notice, see instructions.

Excess of Powering over expenses and dispersentents

b Not investment income (if negative, enter -0-)

c Adjusted net income (if negative, enter -0-). .

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.;9€1410 1 000

Form 990-PF (2019)

-1	instructions)		
F	Analysis of Changes in Net Assets or Fund Balances		
	The state of the bolongon of heringing of veal of Part II. Column (4), the 25 thus agree with		657,342.00
	end-of-year figure reported on prior year's return)		-75,862.00
,	Firster amount from Part I, Ima 27a	2	-73,602.00
		2	581,480.00
4	Add lines 1, 2, and 3	5	.7017.400.00
5	Decresses not included in line 2 (termize)	À	581,480.00
6	Total net assets or fund palances at end of year (line 4 minus line 5) - Part II column (b), line 29		From 980-PF (2018)

657.342.00

581.480.00

20

30

Total liabilities and not appets/fund balances (see

P	rriv Capital Gains	s and Lo	sses for Tax on In	vestment Income			T AU
	, (a) List and de	escribe the	ind(s) of property sold (for	example, real estate.	(b) How	(c) Date acquired	(d) Date sold
_		orick wareh	use; or common stock, 200	0 shs. MLC Co)	P - Purchase D - Donation	(mo, day, yr.)	(mo , day, yr
11							
	·		<u> </u>				 .
	<u> </u>				- -		
			 		 -		
		(0.0	epreciation allowed	(g) Cost or other basis	- 	(h) Gain or (los	
	(e) Gross sales price	, -	(or allowable)	plus expense of sale		((e) plus (f) minu	
t							
					<u> </u>		
e		haudaa asis	:	Live the Same deliver as a specific	 		
	Complete only for assets 8			by the foundation on 12/31/69.		Sains (Col. (h) gai	
	(i) FMV as of 12/31/69) Adjusted basis is of 12/31/69	(k) Excess of col. (i) over col. (j), if any		k), bul not less th Losses (from col.	
-				, , , , , , , , , , , , , , , , , , , ,	 -		
b							
					 	· · · · · · · · · · · · · · · · · · ·	
d						······································	
_	Carital sale not income	or /not con	telless) [If ge	ain, also enter in Part I, line 7			
2	Capital gain net income		1 . (11 (16	oss), enter -0- in Part I, line 7	2		
3	Net short-term capital ga						
	•		i	tructions. If (loss), enter -0- in			
			41 4040/s\ for D		3		·
				luced Tax on Net Investment In e section 4940(a) tax on net investi			
∕Vas f "Y	the foundation liable for tes," the foundation doesn'	he section t qualify u	4942 tax on the distributer section 4940(e). D	utable amount of any year in the book onot complete this part.	ase period?		Yes X No
1		ount in ea	ch column for each yea	ir; see the instructions before maki	ng any entri	98.	
	(a) Base period years	lad warm				(d) Distribution retro	
Cale	ander year (or tax year beginning in)	Adjusted	qualifying distributions	Net value of noncharitable-use assets	(01	ol. (b) divided by col	
	2018		227, 173.00	670,522.99			0.3388
	2017		293,441.00		 .		0.3897
	2016		339,735.00 341,528.00			· · · · · · · · · · · · · · · · · · ·	0.3861
	2015 2014		374,519.00				0.3194 0.2878
	2017		3.17,023.00	2,002,103,171			0.20/0
2	Total of line 1, column (d	1)			2		1.7218
3	Average distribution ratio	for the 5-	year base period - divide	the total on line 2 by 5.0, or by			
	the number of years the	foundation	has been in existence if	less than 5 years	3		0.3444
					1		
4	Enter the net value of no	ncharitable	use assets for 2019 fr	om Part X, line 5	4	656	,541.90
			i i	,	_		
5	Multiply line 4 by line 3,				5	226	113.03
					6		111 00
6	Enter 1% of net investme	ent income	(1% of Part I, line 27b).		-		111.82
_	A 44 Km				7	226	,224.85
7	Add lines 5 and 6						, 2.23.03
•	Enter qualifying distributi	ons from f	art XII. line 4		8	245	,893.00
8	If line 8 is equal to or or	reater than	line 7, check the box	in Part VI, line 1b, and complete t	hat part us	ing a 1% tax ra	te See the
	Part VI instructions.					····	
						- 00	0-PF (2019)

ren	1 890-PF (2018)			Pege
Pa	rt VI Excise Tax Based on Invtnent Income (Section 4940(a), 4940(b), 49e), or 4945 - se	e ins	ructi	OBE)
18	Exampt operating foundations described in section 4940(d)(2), check here	-		9169
	Date of ruling or determination letter [attach eggy of letter			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		11	11.82
	here X and enter 1% of Part I line 276	1		11,02
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)			
2	Toy under continu 644 (demonts poster 4047/			
3	Add lines 1 and 2		2 1	* AA
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		1	1.82
6	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		7 1	1 00
6	Credits/Payments:			1.82
8	2019 estimated tax payments and 2018 overpayment credited to 2019 8a			
b	Exempt foreign organizations - tax withheld at source			
C	Tax pald with application for extension of time to file (Form 8868).			
đ	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d			
8	Enter any penalty for underpayment of estimated tax Check here if Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		111	.82
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.			
11	Enter the amount of line 10 to be. Credited to 2020 setimated tax ▶ Refunded ▶ 11			
Par	I VII-A Statements Regarding Activities		-	·
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	T	Yes	No
	participate or intervene in any political campaign?	1a		Х
þ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			
	instructions for the definition	16	l	X
	if the answer is "Yes" to 1a or b. attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities.	l .		}
e	Did the foundation file Form 1120-POL for this year?	16		X
	Enter the amount (if any) of tax on postical expenditures (section 4955) imposed during the year:			
	(1) On the foundation ▶ \$(2) On foundation managers ▶ \$			i
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers > \$			
	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		х
	If "Yes," attach a detailed description of the activities			
	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		x
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		x
6	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	8		X
	If "Yes," attach the statement required by General Instruction T.		ſ	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	1	j	
	By language in the governing instrument, or		ļ	
	● By state legislation that effectively amends the governing instrument so that no mandatory directions that	- 1	ł	
	conflict with the state law remain in the governing instrument?	6	X	
	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	Х	
88	Enter the states to which the foundation reports or with which it is registered. See instructions.	1		
_	to Week to line 7 has the foundation functioned a contract Farm 000 DC to the	1	- 1	
	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	0.	ı, I	
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	86	<u> </u>	
	is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV if "Yes,"			
	•,,,			v
	complete Part XIV	9		<u>X</u>
	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	40	- [10
	names and addresses	10 m 99 0	DE	X
	į ra	m eaeA	~e~f~ (2	(8102

Form	990-PF (2018)	_	Ŧ	Page (
Par	PVII-A Statements Regarding A vittes (continued)		**	-
			Yes	No
11	All any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
0 4	meaning of section 512(b)(13)? If "Yes!" attach schedule See instructions	99		Ж
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			 -
14	person had advisory privileges? If "Yes," attach statement. See instructions.	12		ж
49	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	x	
13				L
	Website address ▶ The books are in care of ▶ John Treacy Telephone no. ▶ 952-852-	603:		
14	Located at > 605 Highway 169 North, Suite 800, Plymouth, MN ZIP+4 55441	003.		
40	Section 4947(a)(1) nonexempt charitable trusts filling Form 990-PF in Illeu of Form 1941 - check here		_	П
18	11	• • •	📂	~
	and enter the amount of tax-exampt interest received or accrued during the year		Yes	No
16	•	16		<u>x</u>
	over a bank, securities, or other financial account in a foreign country?	10 1		
			- 1	
Dai	the foreign country VILB Statements Regarding Activities for Which Form 4720 May Be Required			
Lai	File Form 4720 if any Item is checked in the "Yes" column, unless an exception applies.		Yes	No
_				
78	During the year, did the foundation (either directly or indirectly): (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No	[- 1	
	(1) Eligaço di allo sero di situationo di la company di la			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	- 1		
	Glodaniuse beyond 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		- 1	
	(a) I dilitati depart perturbat a transmit a fer manaka anataminat a transmit a fer manaka anataminat		ł	
	(4) (d) component of a harmon ()		- 1	
	(6) Transfer any income or assets to a disqualified person (or make any of either available for			
	(III DEVICIT OF DOD OF A STREET PROPERTY OF THE PROPERTY OF TH			
	(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			
	(GLIDIUSTION OF BOARDINGER SCINICE IN COMMISSION OF SEASON		- 1	
þ	If any answer is "Yes" to 1a(1)-(B), did any of the acts fall to qualify under the exceptions described in	4		
	Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b	\dashv	—
	Organizations relying on a current notice regarding disaster assistance, check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	4-	ŀ	
	were not corrected before the first day of the tax year beginning in 2019?	1c	-	<u>X</u>
	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private		- 1	
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines			
	6d and 6e) for tax year(s) beginning before 2019?		- {	
	If "Yes," list the years >	-		
Ь	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of essets) to the year's undistributed income? (If applying section 4942(a)(2) to	2		
	THE PARTY METERS AND	2b	\dashv	<u>X</u>
C	if the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	<u> </u>	j		
38	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
b	if "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or	1	- 1	
	disqualified persons after May 26, 1989, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the	ar	1	
		3b	+	
40	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	48		<u>X</u>
b	Did the foundation make any investment in a prior year (but after December 31, 1989) that could jeopardize its	44		V
	charitable hillingse till like hat best telleves to the	4b 990		X
	For	1 AAA	-FF (2	(910)

2.5	990-PF (2019) rt VII-B		Ronnelle	6 In a FAR and A	1000 a - 0 000	4700				
		Statements	Keharding		or which fo	rm 4720 May Be I	Required (con	linued)		
SM.		year, did the for								Vec
,	(1) Carry (on propaganda, (or otherwise at	lempt to influent	e legislation (se	ction 4945(e))?	Yes	X No	. [1
	(2) Influen	ice the outcome	of any speci	fic public elect	ion (see sectio	n 4955); or to cam	/ on,		1	
	directly	y or Indirectly, ar	ny voter registra	lion drive?			Yes	X No	.	1.
	(3) Provide	e a grant to an in	ıdıvidual for trav	rel, study, or othe	r similar purpos	es?	Yes	X No		
	(4) Provide	e a grant to an	organization	other than a ci	naritable etc.,	organization describe	rd in		1.	1
	section	1 4945(d)(4)(A)?	See Instructions	· • • • • • • •			Ven	X No	'''	1
	(a) Provide	e for any purpo	se other ithan	religious, char	table, scientific	iliterary, or educat	onai	<u> </u>	- }	1
	purpose	es, or for the pre	evention of crue	ity to children or	animais?		Vea	X No	- 1	12.
b	If any ans	wer is "Yes" to	5a(1)-(5) did	any of the tra	insactions fail	to qualify under the	excentions des	orihad in		l
	Regulations	section 53.494	5 or in a current	notice regardin	g disaster assist	ance? See instruction		orioca in	ļ <u>.</u> .	!
	Organizatio	ons relying on a c	current notice re	garding disaster	assistance, che	ck here	••••••		<u>5b</u>	├
C	If the ansy	wer is "Yes" to	question 5e/4	does the for	indation claim	exemption from the		>		l
	because it r	maintained exper	diture respons	ibility for the area	inderion ciairii	evenibilon nom fut	tax	г -	1	İ,
	If "Yes." attr	ach the statemer	nt required by 5	tenulations section	n F2 4045 F/m		Yes	No		
6a	Did the for	undation during	the year rece	the any funds	dimeth: er led	lirectly, to pay premi				
	on a person	al henafit contrac	42	nes any lulius,	directly or ma	irectly, to pay prem	ums		- 1	
ь	Did the four	adation during th	n veer nev ere	e e e e e e e		a personal benefit con	· · L Yes	X No		
_		ib, file Form 8870		minums, directly	or indirectly, on	a personal benefit con	ract?		6b	
7 <u>a</u>		-	i	odallan a made						- 1
ь	Rundon a state	the foundation r	an, was the rou	noution a party	to a pronibited t	ex shelter transaction?	Yes [X No	- -	i
	II 163, UIU		eceive any prot	seeds or nave a	y net income at	tributable to the transa	tion?.,		7b	
}	is the round	ation subject to t	ine section 496	U tax on paymer	it(s) of more th	an \$1,000,000 in		_	1 1	
	remuneratio	n or excess para	cnute payment(s	during the year	<u>7 </u>		Yes	X No		
			ions orthogra	, Duectois,	Tubles, cu					
						undation Manage			y ees ,	
Ĺ	lat all offic	ers, directors,	trustees, an	d foundation (nanagers and litie, and average	their compersation	. See instructio	ns.		<u> </u>
	lst all offic	ers, directors, (a) Name and ad	trustees, an	d foundation (b)	nanagers and	their compersation	(d) Contributions	ns.	(e) Expense	accour Mances
	lat all offic	ers, directors, (a) Name and ad	trustees, an	d foundation (b)	nanagers and litie, and average ours per week	their comper sation (c) Compensation (if not paid,	7. See instruction	ns.	(e) Expense	8000Ur
	lst all offic	ers, directors, (a) Name and ad	trustees, an	d foundation (b)	nanagers and litie, and average ours per week	their comper sation (c) Compensation (if not paid,	(d) Contributions	ns.	(e) Expense	ACOQU!
	lst all offic	ers, directors, (a) Name and ad	trustees, an	d foundation (b)	nanagers and litie, and average ours per week	their comper sation (c) Compensation (if not paid,	(d) Contributions	ns.	(e) Expense	Accourt Mances
	lst all offic	ers, directors, (a) Name and ad	trustees, an	d foundation (b)	nanagers and litie, and average ours per week	their comper sation (c) Compensation (if not paid,	(d) Contributions	ns.	(e) Expense	accourt
	lst all offic	ers, directors, (a) Name and ad	trustees, an	d foundation (b)	nanagers and litie, and average ours per week	their comper sation (c) Compensation (if not paid,	(d) Contributions	ns.	(e) Expense	&conur Mances
	lst all offic	ers, directors, (a) Name and ad	trustees, an	d foundation (b)	nanagers and litie, and average ours per week	their comper sation (c) Compensation (if not paid,	(d) Contributions	ns.	(e) Expense	8conur Marices
	lst all offic	ers, directors, (a) Name and ad	trustees, an	d foundation (b)	nanagers and litie, and average ours per week	their comper sation (c) Compensation (if not paid,	(d) Contributions	ns.	(e) Expense	8conur Marices
	lst all offic	ers, directors, (a) Name and ad	trustees, an	d foundation (b)	nanagers and litie, and average ours per week	their comper sation (c) Compensation (if not paid,	(d) Contributions	ns.	(e) Expense	&conur Mances
E	lat all offic	(a) Name and ad E 3	, trustees, an	d foundation (b) (b) de	nanagers and filte, and average ours per week voted to position	their compensation (c) Compensation (if not paid, enter -0-)	n. See Instruction (d) Contributions employee benefit; and defaned compen	ris. to lans ssellon	(e) Expense other allo	METICES
EE :	lat all offic	(a) Name and ad E 3	, trustees, an	d foundation (b) (b) de	nanagers and filte, and average ours per week voted to position	their comper sation (c) Compensation (if not paid,	n. See Instruction (d) Contributions employee benefit; and defaned compen	ris. to lans ssellon	(e) Expense other allo	METICES
C "	SCHEDULE ompensation	(a) Name and ad E 3	trustees, an	d foundation (b) (b) de	nanagers and fille, and average ours per week voted to position er than thos	their compensation (c) Compensation (if not paid, enter -0-)	n. See Instruction (d) Contributions employee benefit; and defaned compen	ns. to lans saelion	(e) Expense other allow	e, en
C "	SCHEDULE ompensation	(a) Name and ad E 3	trustees, an	d foundation (b) (b) n de	nanagers and file, and average ours per week voted to position er than thos tito, and average ours per week	their compensation (c) Compensation (if not paid, enter -0-)	1. See instruction (d) Contributions employee benefit; and detained compare 1 - See inst (d) Contributions employee benefit	ructions	(e) Expense (e) Ex	e, en
CE (a) N	SCHEDULE ompensation	(a) Name and ad E 3	trustees, an	d foundation (b) (b) n de	nanagers and fille, and average ours per week voted to position er than thos	their compensation (c) Compensation (if not paid, enter -0-)	n. See Instruction (d) Contributions employee benefit; and defaned compen	ructions	(e) Expense other allow	e, en
C (a) N	SCHEDULE ompensation	(a) Name and ad E 3	trustees, an	d foundation (b) (b) n de	nanagers and file, and average ours per week voted to position er than thos tito, and average ours per week	their compensation (c) Compensation (if not paid, enter -0-)	d) Contributions employee benefit and deferred compared to the	ructions	(e) Expense (e) Ex	e, en
C (a) N	SCHEDULE ompensation	(a) Name and ad E 3	trustees, an	d foundation (b) (b) n de	nanagers and file, and average ours per week voted to position er than thos tito, and average ours per week	their compensation (c) Compensation (if not paid, enter -0-)	d) Contributions employee benefit and deferred compared to the	ructions	(e) Expense (e) Ex	e, en
C "I	SCHEDULE ompensation	(a) Name and ad E 3	trustees, an	d foundation (b) (b) n de	nanagers and file, and average ours per week voted to position er than thos tito, and average ours per week	their compensation (c) Compensation (if not paid, enter -0-)	d) Contributions employee benefit and deferred compared to the	ructions	(e) Expense (e) Ex	e, en
CE (a) N	SCHEDULE ompensation	(a) Name and ad E 3	trustees, an	d foundation (b) (b) n de	nanagers and file, and average ours per week voted to position er than thos tito, and average ours per week	their compensation (c) Compensation (if not paid, enter -0-)	d) Contributions employee benefit and deferred compared to the	ructions	(e) Expense (e) Ex	e, en
C (a) N	SCHEDULE ompensation	(a) Name and ad E 3	trustees, an	d foundation (b) (b) n de	nanagers and file, and average ours per week voted to position er than thos tito, and average ours per week	their compensation (c) Compensation (if not paid, enter -0-)	d) Contributions employee benefit and deferred compared to the	ructions	(e) Expense (e) Ex	e, en
C (a) N	SCHEDULE ompensation	(a) Name and ad E 3	trustees, an	d foundation (b) (b) n de	nanagers and file, and average ours per week voted to position er than thos tito, and average ours per week	their compensation (c) Compensation (if not paid, enter -0-)	d) Contributions employee benefit and deferred compared to the	ructions	(e) Expense (e) Ex	e, en
CE (a) N	SCHEDULE ompensation	(a) Name and ad E 3	trustees, an	d foundation (b) (b) n de	nanagers and file, and average ours per week voted to position er than thos tito, and average ours per week	their compensation (c) Compensation (if not paid, enter -0-)	d) Contributions employee benefit and deferred compared to the	ructions	(e) Expense (e) Ex	e, en
C (a) N	SCHEDULE ompensation	(a) Name and ad E 3	trustees, an	d foundation (b) (b) n de	nanagers and file, and average ours per week voted to position er than thos tito, and average ours per week	their compensation (c) Compensation (if not paid, enter -0-)	d) Contributions employee benefit and deferred compared to the	ructions	(e) Expense (e) Ex	e, en
C "	SCHEDULE ompensation	(a) Name and ad E 3	trustees, an	d foundation (b) (b) n de	nanagers and file, and average ours per week voted to position er than thos tito, and average ours per week	their compensation (c) Compensation (if not paid, enter -0-)	d) Contributions employee benefit and deferred compared to the	ructions	(e) Expense (e) Ex	e, en
C "I	SCHEDULE ompensation	(a) Name and ad E 3	trustees, an	d foundation (b) (b) n de	nanagers and file, and average ours per week voted to position er than thos tito, and average ours per week	their compensation (c) Compensation (if not paid, enter -0-)	d) Contributions employee benefit and deferred compared to the	ructions	(e) Expense (e) Ex	e, en

Part IX-B	Summary of Program	Related Investments (see instructions)	
Describe the	two largest program-related invest	nente made by the foundation during the tax year on lines 1 and 2	Amount
1			
2			
All other pro	gram-related investments. See instru	tiono	-
3			
· · · · · · · · · · · · · · · · · · ·			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Total, Add lis	nes 1 through 3		

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	} }	
8	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	18	245, 893.00
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.		
8	Suitability test (prior IRS approval required)	3а	
þ	Cash distribution test (attach the required schedule)		
4	Qualifying distributions. Add lines is through 3b. Enter here and on Part V. line 8; and Part XIII, line 4	4	245,893.00
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		
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	245,893.00
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca	lculatir	ng whether the foundation

qualifies for the section 4940(e) reduction of tax in those years

Form 990-PF (2019)

For	m 990-PF (2019)					Pege
Pa	rri XIII Undistributed income	(see ins	tructions)		· 	
			(a)	(b)	(c)	(d)
1	Distributable amount for 2019 from	Part XI,	Corpus	Years prior to 2018	2016	2019
	line 7				`~(32,715.28
2	Undistributed income, if any, as of the en	d of 2019		, i = 4, i		
8	Enter amount for 2018 only		2 1 1 1 1 1 1 1	2. 00		231
ŧ	Fotal for prior years 20,20	,20	•			
3	Excess distributions carryover, if any,	to 2019		tore the	•	7
8	From 2014 309, 4		1		•	
t		71.69			,	i
C	From 2016	38.89	11	\$675		1
	From 2017 255, 7				,	Ì
	From 2018	96.00		·	· · · · · · · · · · · · · · · · · · ·	
	Total of lines 3a through e		1,353,404.50	<u> </u>		
4	Qualifying distributions for 2019 from		, ,	**		}
	line 4: ▶ \$245,893.					
a	Applied to 2018, but not more than line	2a				
b	Applied to undistributed income of p			·		
	(Election required - see Instructions)					
c	Treated as distributions out of corpus	(Election				
	required - see Instructions)					
	Applied to 2019 distributable amount.					
	Remaining amount distributed out of col	pus	213,677.72			
5	Excess distributions carryover applied (if an amount appears in column (d), if	he same				
	amount must be shown in column (a).)					
6	Enter the net total of each col indicated below:	umn as				
8	Corpus. Add lines 3f, 4c, and 4e. Subtre	ict Ilne 5	1,567,082.22			
b	Pnor years' undistributed income.	Subtract				
	line 4b from line 2b					
c	Enter the amount of prior years' undi-	stributed				
	income for which a notice of deficie been issued, or on which the section	4942(a)	Í			
	tax has been previously assessed					- -
đ	Subtract line 6c from line 6b.	Taxable			ļ	
	amount - see instructions					
•	Undistributed income for 2018. Subt 4a from line 2a Taxable amount	- \$69		İ	1	
	instructions					
f	Undistributed income for 2019 Subtr	act lines				
Ī	4d and 5 from line 1. This amount	must be				00 845 04
	distributed in 2020	• • • •				32,715.28
7	Amounts treated as distributions out of	corpus		-	1	
	to satisfy requirements imposed by	section	İ		Ţ	
	170(b)(1)(F) or 4942(g)(3) (Election	may be		1	}	
	required - see instructions)					
8	Excess distributions carryover from 2 applied on line 5 or line 7 (see instruction	18)				
8	Excess distributions carryover to	2020.	4 500 000 00	1		
	Subtract lines 7 and 8 from line 6a		1,567,082.22			
10	Analysis of line 9:			j	1	
	Excess from 2015 288.0		j	1	1	
t	Excess from 2016 295, 7		ļ		ļ	
6	Excess from 2017 255, 7]		ł	
	Excess from 2018 204, 3		1	}	}	
5	Excess from 2019 213, 6	77.72			,1	Car- 990 DE 100
		1				Form 990-PF (2019)

	990-PF (2018)	A0 (C)						Page 10
					and Part VII-A, ques			
	If the foundation has							
	foundation, and the rulin							
	Chack box to indicate			n is a private operating	g foundation described i	n section	4942())(3) or 4942(j)(5)
	Enter the lesser of the ed-	Tax	rear		Prior 3 years	т		(a) Total
	justed net income from Part I or the minimum investment	1 10/2	D19	(b) 2018	(c) 2017	(4) 20	116	(3) (0.01
	roturn from Part X for each	`l	ļ	1		l		
	year hated					1		
	85% of line 2a							
	Qualifying distributions from Pert				1	1		
	XII, line 4, for each year listed					İ		
đ	Amounts included in line 2c not used directly for active conduct of exempt sclivities							
0	Qualifying distributions made directly for active conduct of							
	exempt activities Subtract line 2d from line 2d							
_	Complete 3a, b, or c for the alternative test relied upon							
	"Assets" alternative test - enter					{	1	
	(4) Value of all assets							
((2) Value of essets qualifying under section 4942()(3)(B)()							
ь.	Endowment alternative test-							
	enter 2/3 of minimum invest-							
	ment return shown in Part X,							
	ine 6 for each year listed 'Support' alternative test - enter.							
	1) Total support other than							
'	gross investment income						}	
	(interest, dividende, rents, payments on securities							
	toens (section 512(a)(5)),			1				
_	or royalties)							
(2) Support from general public and 5 of more			Ì				
	exempt organizations as							
	provided in section 4942 ()(3)(B)(ii)							
(3) Largest amount of sup-							
	port from an exempt organization.							
(4) Gross investment income .							
Pårt	XV Supplemen	tary inform	nation (Complete this part	only if the foundat	lon had \$5	,000 or	more in assets at
	any time du			instructions.)				
1 h	nformation Regarding	Foundation	Manage!	re:				_
al	ist any managers of t	he foundati	on who t	nave contributed more	e than 2% of the total	contribution	s received	d by the foundation
t	pefore the close of any	tax year (bu	only if th	ey have contributed n	nore than \$5,000). (See	e section 507	(d)(2))	-
lone	9					•		
h I	ist any managers of t	he foundat	on who	own 10% or more of	the stock of a corpo	ration (or an	ecually l	arge portion of the
	ownership of a partners	hip or other	entity) of	which the foundation	has a 10% or greater in	nterest		ange pertion of the
		•						
Vone	e nformation Regarding	Contribution	on, Grant.	Gift, Loan, Scholarsh	lp. etc Programs:			
	Check here ▶ if th					this emonine	*****	d door
(check here ▶ if the constant of the cons	r funds if t	ne founds	ation makes aifts, ara	nts, etc. to individuals	SOLOLOGISTICS	itions and tions unde	o does not accept
	complete items 2a, b, c	and d See	instructio	ins	,,	garmaa		on onion containing,
	The name, address, an				e nerson to whom anni-	cations should	he addre	cceq.
8 1	ine name, acciess, an	in relebuoue	HOIMPAL	01 0111411 2841088 01 11	io pordon to mioni appii	CEROIIS SHOULD	De audio	33 5 U.
N/A	The form in which appli	tions abou	ild be suf	mitted and informatio	n and materials they s	nould include		
Do 1	ine form in which appli	บลแบทร ธทิงเ	חים מפ פענ		and materials they si	ioura include.		
N/A								
c/	Any submission deadlir	es:						
N/A	_							
d /	Any restrictions or fir	nitations of	awards,	, auch as by geogra	aphical areas, chariteb	le fields, kir	ids of ins	stitutions, or other
	factors							
NJ / B								
N/A Jsa								Form 990-PF (2019)
OF 1/10	0.1.000		i					(0010)

245,893	ari XV Supplementary Info
245,893	3 Grants and Contributions
245,893	Recipient
245,893	Name and address (home or bu
245,893	a . an anning ma you
3a 245.893.0	chedule 4
r future payment 3a 245,893.0	-
or future payment 3a 245,893.0	
or future payment	
	Approved for future payment
	Approved for falcie payment
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A st	Total
	Total

Form 990-PF						· · · · · · · · · · · · · · · · · · ·	Page 1
Part XV		_					
,	amounts unless otherwise indica	ed	Unrela (2) Business code	ated business income (a) Amount	(c) Excluded b	y section 512, 513, or 514 (d) Amount	(e) Related or exempt function income
•	n service revenue:		BESS CESS COME	Amount	Excusion code	Amount	(See instructions)
		_					
		-					
t		_					
_	and contracts from government age		ļ		_		_ _
	ship dues and assessments	1	ļ		14	11 100 00	
	on savings and temporary cash investm	•			7.4	11,182.00	
	ds and interest from securities . tal income or (loss) from real estate	• •					
-	-financed property	l					
	debt-financed property						
	income or (loss) from personal pro		L				
• •	vestment income		 				
	loss) from sales of assets other than inv	ontory			+		
	rme or (loss) from special events				+		
-	rofit or (loss) from sales of inventor venue. a	ויין			1		
	oende. a						· · · · · · · · · · · · · · · · · · ·
		_			1		
e		\vdash \mid			 	44 100 00	···
12 Subtotal	. Add columns (b), (d), and (e)	• •				11,182.00	11 100 00
13 Total. Ad	dd line 12, columns (b), (d), and (eneet in line 13 instructions to verif	calc	ulations)			13	11,182.00
Part XVI-		vitie	s to the Ac	complishment of E	xempt Purp	0868	
Line No.	Explain below how each a accomplishment of the four	ctivity	y for which	income is reported	in column (e)	of Part XVI-A contribut	ed importantly to the
. —	N/A			——————————————————————————————————————			(000 11011001013.)
	N/A						
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Form	990-Pi	(2019)									Pego 13
Par	t XV	. Organizations									e Exempt
1	Did 1	he organization direc	thy or in	direc	lly engage in any	of the follow	ina with	h anv other o	manization de	sacribad	Yes No
•	in s	ection 501(c) (other nizations?	r than	section	on 501(e)(3) or	ganizations) c	or in s	section 527,	relating to	political	1,649 (1)0
А		sfers from the reporti	na found	L ation	to a noncharitab	la avamat am	anizatio	.a.a.f			1 1.
_	(1) C	ash			to a noncrigings	ne exempt dig	arnzauu	in Oi.		1	
	(2) (ther assets	• • • •	1		• • • • • • •	• • • •			· · · · · [fa(f)	X
ь	. , .	transactions.		1						• • • • • 1a(2)	X
			anaharita	-		_				()	
	1910	ales of assets to a no			reinpiorganizado	n		• • • • • • •		· · · · · [1b(1)]	
	(4) F	urchases of assets fr	inmost 4		sranie exembit old	anization		• • • • • • • •	• • • • • • •	· · · · · <u>1b(2)</u>	X
	(4) D	ental of facilities, equ	ihiiigiil, (ur our	e assets	• • • • • • • •			• • • • • • •	· · · · · f le(3)	- X
	(7) IV	grams themesuudmie		1	• • • • • • • • • •	• • • • • • • •			• • • • • • •	· · · · • [1b(4)]	X
	(0) L	nans or loan guarante		har	shis or fundacisis			• • • • • • • •	• • • • • • •	· · · · 15(5)	X
_	Short	erformance of serviceing of facilities, equipm	ant ma	line i	sing of lundralsm	ig solicitations .		· · · · · · · ·	• • • • • • •	1b(6)	<u>X</u>
A	if the	answer to any of th	one, ma	in g	Voe " complete ti	, or paid emplo ho, following o	yees			· · · · <u>[16]</u>	<u> </u>
•	value	of the goods, other	assats (nr sei	vices diven by th	ne ronowing s	undatic	on lithe for	gwis biudna (ys snow the fi	air market
	value	in any transaction or	sharing	arra	ngement show i	n column (d)	the veh	ue of the god	rication receiv	reu ress than h	air market
(a) Lir		(b) Amount involved	1	,	f noncharitable exam						
(et) re	18110	(D) Alliquit Macket	(6).	120110	i ilonchantable exemp	ot didanisarimi	(6) (Description of tra	naters, transaction	s, and sharing arren	gements
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d	tescri	foundation directly open in section 501(c)	(other th	an se					pt organization		X No
D I	1-465	" complete the follow (a) Name of organization		saule.	(h) Type	of organization	<u>-</u> -		(a) Danadation o	£ _1_81	
		(a) idente di diganzanti		 	(0) 1900	Of Organization			(c) Description o	relationship	
				├			t				
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				-			-				
	Linch	r consider of nation 1 decise	e that I he	и акил	ined this return includi	no accompanying oc	ns eatuber	of abstargents and	to the best of my	imowledge and helle	C D in hom
	corre	r paralles of perjuny, i declar st, and complete Decimation of	preparer (et	her (han	taxpayer) is based on ell i	nformation of which p	reparer has	egbelworn ynu		TOTO WEEKS BILL DOING	u, Hiserna,
Sign		/ /// / 9	7		16/9	/em	•		May	the IRS decuse t	
lere		neture of afficer or trustee	(Date	/	Title		with	the preparer show	-
	Sig	ustrue o, milioes os grastica	<i>(</i>		- Diaio				3681	nstructions y	es No
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Jse (Only	Firm'e address							ĺ		
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										Form 990-F	°F (2019)
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Schedule B

(Form 980, 990-EZ, or 996-PF)

or 996-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.l/s.gov/Form990 for the latest information. OMB No. 1545-0047

2019

Name of the organization Employer identification number Intact Charitable Trust USA (fkg OneBeacon Charitable Trust) 23-2441567 Organization type (check one): Section: Filers of: 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 501(c)(3) exempt private foundation Form 990-PF 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 33 1/3% 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) For Paperwork Reduction Act Notice, see the Instructions for Form 989, 999-EZ, or 999-PF. Schedule B (Form 890, 980-EZ, or 990-PF) (2019) JSA 9E1251 1 000

	organization et Charitable Trust	USA (fka OneBeacon Ch	aritable Trust)	Employer identification number 23-2441567
Part I		ctions). Use duplicate copies		
(2) No.	Name, ad	(b) iress, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	OneBeacon Services 605 Highway 169 No		\$ 158,250.00	Person Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	Name, add	(b) ress, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Fundraisers Employees of OneBe	acon Services LLC	\$15,455.00 	Person Payroll Noncash (Complete Part II for noncash contributions.)
(e) No.	Name, add	(b) ress, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			- \$	Person Payroll Moncash (Complete Part II for noncash contributions.)
(a) No.	Name, add	(b) ress, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			\$	Person Payroli Noncash (Complete Part II for noncash contributions)
(a) No.	Name, ad ¢	(b) ress, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	Name, add	(b) ress, and ZIP + 4	(c) Total contributions	(d) Type of contribution
04 U .			.	Person Payroll Noncash (Complete Part II for noncash contributions.)
			Schedule E) (Form 980, 898-EZ, or 880-PF) (2019)

Intact Charitable Trust USA (fkg OneBeacon Charitable Trust)

Employer identification number

23-2441567

‡Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(8) No. from Part I	Descriptio	(b) n of noncask property given	(6) FMV (or estimate) (See Instructions.)	(d) Dato received		
			\$			
(a) No. from Part i	Description	(b) of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
			\$			
(a) No. fróm Part I	Description	(b) of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
			\$			
(a) No. from Part I	Description	(b) of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
			\$			
(a) No. from Part I	Description	(b) of noncash property given	(e) FMV (or estimate) (See instructions.)	(d) Date received		
			\$			
(a) No. from Part I	Description	(b) of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
			\$			
		Colonial Colonia Colonial Colonial Colonial Colo	Onbadula B /Farm 98	A 060 C7 BOO EEU MOAN		

Intact C	Chazitable Trust USA (fk	a OneBeacon	Charitable Trust}		23-2441567		
Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or						
•	(10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$						
	Use duplicate copies of	Or less for the	te year. (Enter this informational space is peeded	ation once. S	ee instructions.) ► 5		
(a) No.		T					
from Part I	(b) Purpose of (g ft	(c) Use of gift		(d) Description of how gift is held		
		<u> </u>					
		 					
			(e) Transfer of gi	 Ift			
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee				
				·····			
		 					
(a) No. from	(b) Purpose of g	aft.	(c) Use of gift		(d) Description of how gift is held		
Part 1			(0, 100 0.0		(a) accomplish of horse gare of horse		
		 					
		 					
		(e) Transfer of gift					
	Transferes's na	me, address, an	nd 71P + 4	Relation	ship of transferor to transferes		
	7,4((8)8)80 0 111	11101 44414001 11		- NORTH	amb or resustator m resustate		
(a) Na		 					
(a) No. from Part I	(b) Purpose of gi	it i	(c) Use of gift	1	(d) Description of how gift is held		
74							
	(e) Transfer of gift						
		(-)a. Bito					
	Transferee's name, address, and ZiP + 4		Relationship of transferor to transferes				
							
(a) No. from	(b) Purpose of gi	ft.	(c) Use of gift		(d) Description of how gift is held		
Part I	(2), (3)			+			
							
		(e) Transfer of gift					
	Tanadayao's Di	Francieree's name, address, and ZiP + 4		Relations	Relationship of transferor to transferee		
	I LEUGISTES D 116	,			and a second of seconds		
					Ochodula B (Form Sec. 202		
SA					Schedule B (Form 990, 990-EZ, or 990-PF) (2019)		
		1					

Pege 4

Employer Identification number

Name of organization

Intact Charitable Trust USA

EIN: 23-2441567 Tax Year 12/31/2019

Form 990-PF Other income Page 1 Line 23

Sweep Account

6,000.00

Intact Charitable Trust USA

EIN: 23-2441567 Tax Year 12/31/2019

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Management Fees Unrelated Third Party

6,000

Annual Report Printing Costs

Bank Fee Misc Fees

-

3,620

Total Misc

9,620

Intact Charitable Trust USA

EIN: 23-2441567 Tax Year 12/31/2019

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During 2019 the trustees were

Nicole Anacleto Carmen Duarte Joe Schmitt John Treacy

Each Trustee spent about four hours during the year on the Trust

None of the Trustees receive any form of compensation from the Trust.

Intact Charitable Trust USA

EIN: 23-2441567 EIN: 23-2441567

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Employee Requests	90,248
Matching Gifts	3,700
Holiday Donations	51,000
OneBeacon Scholarships	32,000
United Way Campaign Agency Co-Op Giving	-
Agency co-op diving	68,945