990-PF

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation Do not enter social security numbers on this form as it may be made public.

OMB No 1545-0047 22(0)**1**

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990PFfor instructions and the latest information. Open to Public Inspection 2019, and ending For calendar year 2019 or tax year beginning Name of foundation A Employer identification number THE JOAN H. BRACK CHARITABLE FOUNDATION 31-6632672 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) ONE CITIZENS BANK WAY JCB115 781-585-3868 City or town, state or province, country, and ZIP or foreign postal code If exemption application is pending, check here. . . JOHNSTON, RI 02919 G Check all that apply: Initial return Initial return of a former public charity 1 Foreign organizations, check here . . Final return Amended return 2 Foreign organizations meeting the 85% test, check here and attach Address change Name change computation H Check type of organization. | X | Section 501(c)(3) exempt private foundation E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here . J Accounting method X Cash Fair market value of all assets at If the foundation is in a 60-month termination Other (specify) end of year (from Part II, col. (c), line under section 507(b)(1)(B), check here . -1,206,007 (Part I, column (d), must be on cash basis.) Part | Analysis of Revenue and Expenses (The (d) Disbursements (a) Revenue and (c) Adjusted net for chantable (b) Net investment total of amounts in columns (b), (c), and (d) expenses per purposes (cash basis only) ıncome may not necessarily equal the amounts in books column (a) (see instructions).) Contributions, gifts, grants, etc., received (attach schedule) . Check X if the foundation is not required to attach Sch B. Interest on savings and temporary cash investments-27,725 27,115 STMT Dividends and interest from securities . . . Gross rents Net rental income or (loss) 40,672 Revenue Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 365,496 40,744 7 Capital gain net income (from Part IV, line 2) . 8 Net short-term capital gain Income modifications 1Õa Gross sales less returns and allowances b Less Cost of goods sold . Gross profit or (loss) (attach schedule) 154,438 113.132 STMT 11 Other income (attach schedule) 113,132 222,835 67,859 12 Total Add lines 1 through 11 NONE NONE NONE 13 Compensation of officers, directors, trustees, etc . . . Expenses NONE NONE 14 Other employee salaries and wages NONE NONE Pension plans employeerbenefits Legal fees (atlant schedule) 15 16a Accounting fees (attach schedie Accounting fees (allow) STMT.3 900 NONE NONE 900 strative 11,132 11,132 17 Taxes (attach schedule) [see instructions]. 5. Depreciation (attach schedule) and depletion. 1.730 106 18 Admin 19 20 NONE NONE and 21 Travel, conferences, and meetings NONE 22 NONE Printing and publications Operating 24 25 Other expenses (attach schedule) STMT.6. 38,653 38,583 70 Total operating and administrative expenses. 52,415 11,238 38,583 970 Add lines 13 through 23. 266,153 266,153 Contributions, gifts, grants paid 318,568 238 38.583 267 26 Total expenses and disbursements Add lines 24 and 25 Subtract line 26 from line 12: -95,733 a Excess of revenue over expenses and disbursements 56,621 b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-). . 74,549

_	art II	Balance Sheets	Attached schedules and amounts in the	Beginning of year	Ei	nd of year
			description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bean	ing		,	
	2	Savings and temporary	cash investments	68,580.	14,17	14,174
		Accounts receivable				
		Less: allowance for doul	btful accounts ▶			
	4	Pledges receivable ▶_	btful accounts ▶			
		Less allowance for doul	btful accounts ▶			
	5	Grants receivable				
	6	Receivables due from	officers, directors, trustees, and other			
		disqualified persons (att	ach schedule) (see instructions)			
	7	Other notes and loans re	eceivable (attach schedule) btful accounts NONE		<u></u>	
		Less. allowance for doul	btful accounts ►NONE			
ţ	8	inventories for sale or us	se			
Assets	9	Prepaid expenses and d	eferred charges			
ä	1		government obligations (attach schedule)			
	ь	Investments - corporate	stock (attach schedule)			
	С	Investments - corporate	bonds (attach schedule)			
	11	Investments - land, building and equipment basis	s, >			
		Less accumulated deprecia (attach schedule)				
	ا مم		loans			
	13	Investments - other (atta	ich schedule)	1,098,059.	1,191,83	3. 1,191,833
	14	Lano, buildings, and	•			
)		Less accumulated deprecia (attach schedule)	ation			
	15	Other assets (describe	>			
	16	Total assets (to be	completed by all filers - see the			
		instructions Also, see p	age 1, (tem l)	1,166,639.	1,206,00	1,206,007
	17	Accounts payable and a	ccrued expenses			
es		• •				
Liabilities		Loans from officers, directo	rs, trustees, and other disqualified persons.			
ā			ites payable (attach schedule)			
Ë			•▶)[_		1
		·				1
	23	Total liabilities (add line	s 17 th <u>rough 22)</u>		NC	NE
S		Foundations that follow	v FASB ASC 958, check here			'
Balances		and complete lines 24,	25, 29, and 30.			1
直	24	Net assets without done	or restrictions	<u> </u>		
		Net assets with donor re	estrictions · · · · · · · · · · · · · · · · · · ·			
nd	26	Foundations that do not fo	ollow FASB ASC 958, check here 🕒 🗓			
3		and complete lines 26 thr	ough 30			,
5	26	Capital stock, trust princ	apal, or current funds	1,166,639.	1,206,00	<u>7</u>
ts	27 28 29	Paid-in or capital surplus, oi	land, bldg , and equipment fund \dots			
SSe	28	Retained earnings, accumul	ated income, endowment, or other funds	·· ··· _		
Ä	29	Total net assets or fund	d balances (see instructions)	1,166,639.	1,206,00	<u>7</u>
let	30	Total liabilities and	net assets/fund balances (see			'
_				1,166,639.	1,206,00	<u>7. </u>
			nges in Net Assets or Fund Balar			
1			palances at beginning of year - Part I			
			d on prior year's return)		f f	1,166,639.
			line 27a		<u> </u>	-95,733.
			led in line 2 (itemize) ► SEE STAT			135,852.
4					<u> </u>	1,206,758.
5			line 2 (itemize) AMORTIZATION	_		751.
6	Tota	net assets or fund ba	alances at end of year (line 4 minus li	ne 5) - Part II, column (b), line 29 (1,206,007.
						Form 990-PF (2019)

Part	IV Capital Gains	and Losses for Tax on Inve	stment Income					
		scribe the kind(s) of property sold (for exrick warehouse, or common stock, 200		(b) How	(c) Date acquired	(d) Date sold		
		P - Purchase D - Donation	(mo , day, yr)	(mo , day, yr)				
<u>1 a]</u>	PUBLICLY TRADED			<u> </u>				
<u>b</u>								
<u>c</u>								
<u>d</u>					<u> </u>			
<u>e</u> _		10.5	(g) Cost or other basis		(h) Com on the			
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))				
a	365,496.			40,744.				
<u>b</u>								
c								
d								
е								
	Complete only for assets sh	owing gain in column (h) and owned by	y the foundation on 12/31/69		Gains (Col. (h) ga			
(i) FMV as of 12/31/69 (j) Adjusted basis (k) Excess of col. (i) over col. (j), if any					(k), but not less t Losses (from col			
		as of 12/31/69	over coi (j), if any	ļ	203363 (110/11/00			
8						40,744.		
_ <u>b</u>	-				- I			
- d								
e								
		(If ga	un, also enter in Part I, line 7	·				
2	Capital gain net income		oss), enter -0- in Part i, line 7	2		40,744.		
3	Net short-term capital ga	ain or (loss) as defined in sections 1	1222(5) and (6).					
		art I, line 8, column (c). See inst						
				3				
Part		nder Section 4940(e) for Redu private foundations subject to the			-			
Was t		leave this part blank. the section 4942 tax on the distrib 't qualify under section 4940(e) Do	• •	ase period	d?	Yes X No		
		nount in each column for each year		ng any en	tries.	·		
	(a)	(b)	(c)	<u> </u>	(d) Distribution ra			
Cateno	Base period years dar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use assets		(col (b) divided by			
	2018	224,612.	1,245,930.			0.180277		
	2017	301,775.	1,315,244.			0.229444		
	2016	188,161.	1,355,458.	_ _ _		0.138817		
	2015	192,062.	1,499,676.			0.128069		
	2014	125,118.	1,521,255.	\vdash \vdash		0.082247		
2	Total of line 1 solumn /	d)		2		0.758854		
		o for the 5-year base period - divide		-		0.730034		
		foundation has been in existence i		3		0.151771		
		To a manage of the second of t	, , , , , , , , , , , , , , , , , , , ,					
4	Enter the net value of no	oncharitable-use assets for 2019 fro	om Part X, line 5	4	1,	210,004.		
5	Multiply line 4 by line 3.			5		183,644.		
6	Enter 1% of net investme	ent income (1% of Part I, line 27b) -		6		566.		
7	Add lines 5 and 6			7		184,210.		
	If line 8 is equal to or g	cions from Part XII, line 4	ın Part VI, line 1b, and complete 1	8 that part		267,123. rate. See the		
	Part VI instructions.							

31-6632672

Par		instru	ction	s)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter N/A on line 1			1
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)	_		· .
ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check			<u> 66.</u>
	here X and enter 1% of Part I, line 27b			
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of			_ '
	Part I, line 12, col. (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		1	ONE
3	Add lines 1 and 2			<u> 66.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)		1	ONE
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0			<u> 66.</u>
6	Credits/Payments:			
а	2019 estimated tax payments and 2018 overpayment credited to 2019 6a 1,100.			
b	Exempt foreign organizations - tax withheld at source			
c	Tax paid with application for extension of time to file (Form 8868)			
d	Backup withholding erroneously withheld	-		
7	Total credits and payments Add lines 6a through 6d		1,2	<u> 46.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8	_		
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	_		
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		6	<u> 80.</u>
11	Enter the amount of line 10 to be. Credited to 2020 estimated tax ▶ 76. Refunded ▶ 11		6	<u> </u>
Part	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	<u></u>	Yes	No
	participate or intervene in any political campaign?	1a		<u> X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			
	instructions for the definition	1b	L	<u>X</u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			ı
	published or distributed by the foundation in connection with the activities.	-	_	1
	Did the foundation file Form 1120-POL for this year?	1c		<u>X</u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation ► \$ (2) On foundation managers ► \$	1 '		1
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	'		
	on foundation managers. \$	-		- 4
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		<u> X</u>
	If "Yes," attach a detailed description of the activities.		,	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			- =:
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		<u>X</u>
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		<u>X</u>
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b_		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		<u>X</u>
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	1		
	By language in the governing instrument, or			l.
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			-
	conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	Λ	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.			
_	MA	}		•
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		_v	-
_	(or designate) of each state as required by General Instruction G?If "No," attach explanation	8P	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or		-	- /
	4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes,"			37
	complete Part XIV	9	-	<u>X</u> '
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			v
	names and addresses	10	<u> </u>	<u> </u>
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Par	t VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11	ł)
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement. See instructions	12	1	2
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	_
	Website address ► N/A			Ь
14	The books are in care of ► CITIZENS, N.A. Telephone no. ► (401) 260	419	8	
	Located at ► ONE CITIZENS BANK WAY, JCB 115, JOHNSTON, RI ZIP+4 ► 02919		<u> </u>	
45	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here · · · · · ·			$T \neg$
15				ــــا
4.0	and enter the amount of tax-exempt interest received or accrued during the year		Yes	No
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority	16	1.00	3
	over a bank, securities, or other financial account in a foreign country?		L	
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of			
	the foreign country	<u></u>		L
Par	VII-B Statements Regarding Activities for Which Form 4720 May Be Required		Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		res	IVO
1a	During the year, did the foundation (either directly or indirectly):	}		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person? Yes X No			1
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			l
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in	_	_	
	Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		
	Organizations relying on a current notice regarding disaster assistance, check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2019?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			ł
a	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines		İ	ĺ
	6d and 6e) for tax year(s) beginning before 2019? Yes X No			1
	If "Yes," list the years			ĺ
ь	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			1
_	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			ĺ
	all years listed, answer "No" and attach statement - see instructions.)	2b		
_	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			$\overline{}$
·				
20	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
34			- 1	ĺ
			ļ	
D	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the			
	foundation had excess business holdings in 2019.)	3b		
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
Ь	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			-
	chantable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		X

Part	VII-B	Statements Regarding Activities t	for Which Form 4	1720 May Be Req	uired (continued)					
5a	During t	he year, did the foundation pay or incur any amo	ount to				Yes	No		
	(1) Carr	y on propaganda, or otherwise attempt to influe	nce legislation (sectio	n 4945(e))?	. Yes X N	0				
	(2) Influ	ence the outcome of any specific public ele	ection (see section	4955); or to carry or	n,					
	dire	ctly or indirectly, any voter registration drive?			Yes X N	o				
	(3) Prov	ide a grant to an individual for travel, study, or o	ther similar purposes	,	. Yes X N	0		1		
	(4) Prov	ride a grant to an organization other than a	charitable, etc., org	janization described i	n			j		
	sect	on 4945(d)(4)(A)? See instructions		·	Yes X N	o		l		
		ide for any purpose other than religious, cl						}		
	purp	oses, or for the prevention of cruelty to children	or animals?		Yes X N	0				
Ь	If any a	onswer is "Yes" to 5a(1)-(5), did any of the	transactions fail to	qualify under the e	xceptions described i	n		ا 🚅 ا		
	Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions									
	Organiza	itions relying on a current notice regarding disas	ster assistance, check	here				ļ		
C	If the a	nswer is "Yes" to question 5a(4), does the	foundation claim e	xemption from the t	ax					
	because	it maintained expenditure responsibility for the	grant?		Yes No	o		}		
	If "Yes,"	attach the statement required by Regulations se	ection 53,4945-5(d).				J]		
6a	Did the	foundation, during the year, receive any fur	nds, directly or indir	ectly, to pay premiur	ms		.	1		
	on a per	sonal benefit contract?			Yes X No	o		.]		
Ь	Did the t	oundation, during the year, pay premiums, direc	tly or indirectly, on a	personal benefit contra	oct?	. 6b		_X_		
	If "Yes" t	o 6b, file Form 8870.								
7a	At any ti	me during the tax year, was the foundation a pa	rty to a prohibited tax	shelter transaction?	. Yes X No	o				
, b	If "Yes,"	did the foundation receive any proceeds or have	any net income attrit	outable to the transacti	on?	. 7ь				
์ 8	Is the fo	undation subject to the section 4960 tax on pay	ment(s) of more than	\$1,000,000 in				1		
	remuner	ation or excess parachute payment(s) during the						t		
Part	VIII	Information About Officers, Directo and Contractors	rs, Trustees, Fou	ındation Manager	s, Highly Paid Em	ployees,				
1	List all o	fficers, directors, trustees, and foundatio	n managers and th	neir compensation.	See instructions.					
	_	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	(e) Expens				
	<u> </u>	<u> </u>	devoted to position	enter -0-)	and deferred compensation	other all	owance	s ———		
SEE	STATE	MENT 9								
							_			
			1		ļ					
		_ 								
				-						
	.									
	Campan	sation of five highest-paid employees	/athor than than	a included on line	1 000 instruction	nna) 16 m				
	"NONE."		torner man mos	e inciqued on mil	e i · see msnucu	2115 <i>).</i> II IIC	nie, e	siitei		
			(b) Title, and average		(d) Contributions to employee benefit	(e) Expens	۰ ۵۸۸۱۱	nt .		
(a)	Name and	address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred compensation	other all		_ '		
					Compensation					
NONE				NONE	NONE	M	ONE			
MONI	<u>-</u>		-	NONE	NONE_	<u></u>	OIVE			
							_			
			1							
					-		_			
			 				_			
Total	number	of other employees paid over \$50,000				N	ONE			
						Form 99(2019)		

Form 990-PF (2019) Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emplo	Page 7
and Contractors (continued) 3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NON	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
(a) Hollie did address of address parameter than address of addres	(of compensation
NONE	NONE
	
	
Total number of others receiving over \$50,000 for professional services	NONE
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1EXPENSES FOR THE PURPOSE OF CONDUCTING A GOLF TOURNAMENT	
	38,583
2	
3	
	i
4	
Part IX-B Summary of Program-Related Investments (see instructions)	<u> </u>
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1NONE	
2	
All other program-related investments. See instructions	
3 NONE	}
Tabel Add lines 1 through 2	
Total. Add lines 1 through 3 · · · · · · · · · · · · · · · · · ·	Form 990-PF (2019)

Par	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign found	ations,
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	1,164,166.
	Average of monthly cash balances	1b	64,264.
	Fair market value of all other assets (see instructions)	1c	NONE
	Total (add lines 1a, b, and c)	1d	1,228,430.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	1,228,430.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	18,426.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V. line 4	5	1,210,004.
6	Minimum investment return. Enter 5% of line 5	6	60,500.
Par	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating found and certain foreign organizations, check here and do not complete this part.)	ndations	
1	Minimum investment return from Part X, line 6	1	60,500.
2 a	Tax on investment income for 2019 from Part VI, line 5 2a 566.		
b	Income tax for 2019. (This does not include the tax from Part VI.) 2b	1	
	Add lines 2a and 2b	2c	566.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	59,934.
4	Recoveries of amounts treated as qualifying distributions	4	NONE
5	Add lines 3 and 4	5	59,934.
6	Deduction from distributable amount (see instructions)	6	NONE
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
•	line 1	7	59,934.
Par	Qualifying Distributions (see instructions)	· · · · · · · · · · · · · · · · · · ·	
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	267,123.
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	NONE
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	267,123.
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	566.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	266,557.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca	Iculating w	
	qualifies for the section 4940(e) reduction of tax in those years.		

Form **990-PF** (2019)

υQ	rt XIII Undistributed Income (see instru	(a)	(b)	(c)	(d)
1	Distributable amount for 2019 from Part XI,	Corpus	Years prior to 2018	2018	2019
	line 7				59,934.
	Undistributed income, if any, as of the end of 2019			NONE	
	Enter amount for 2018 only		NONE	NONE NONE	
	Total for prior years 20,20,20		NONE		
	Excess distributions carryover, if any, to 2019:				
	From 2014				
b	From 2015				
C	From 2016				
	From 2017				
		606 124			
	Total of lines 3a through e	696,124.			_ _
	Qualifying distributions for 2019 from Part XII, line 4: \$ 267, 123.			27027	
a	Applied to 2018, but not more than line 2a			NONE	
b	Applied to undistributed income of prior years (Election required - see instructions)		NONE		
C	Treated as distributions out of corpus (Election				
	required - see instructions)	NONB			
	Applied to 2019 distributable amount				<u>59,934.</u>
	Remaining amount distributed out of corpus Excess distributions carryover applied to 2019	207,189.			
•	(If an amount appears in column (d), the same amount must be shown in column (a))	NONE			NONE
6	Enter the net total of each column as indicated below:				
a	Corpus Add lines 3f, 4c, and 4e Subtract line 5	903,313.			
Ь	Prior years' undistributed income. Subtract		*****		
	line 4b from line 2b		NONE		
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)		NONE		
	tax has been previously assessed		NONE		
d	Subtract line 6c from line 6b. Taxable		NONE		
	Undistributed income for 2018. Subtract line		NONE		
٠	4a from line 2a Taxable amount - see			NONE	
	instructions			NONE	
f	Undistributed income for 2019. Subtract lines				
	4d and 5 from line 1 This amount must be				NONE
_	distributed in 2020		··		NONE
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				•
	170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	NONE	•		!
٥	Excess distributions carryover from 2014 not	NOMB		-	· <u> </u>
5	applied on line 5 or line 7 (see instructions)	52,094			
9	Excess distributions carryover to 2020.				
3	Subtract lines 7 and 8 from line 6a	851,219.			
10	Analysis of line 9:				
	Excess from 2015 119, 182.	•	-	.	
	Excess from 2016 121, 536.				
	Excess from 2017 238, 819.				ļ
	Excess from 2018 164, 493.				ĺ
	Excess from 2019 207, 189.				

Рa	rt XIV Private Op	erating Foundations	s (see instructions a	nd Part VII-A, questi	<u>on 9) </u>	NOT APPLICABL
1 a	If the foundation has	received a ruling or d	etermination letter tha	t it is a private opera	ating	
	foundation, and the ruling	g is effective for 2019, en	ter the date of the ruling		▶	
ь	Check box to indicate	whether the foundation	is a private operating	foundation described in	section 4942(j)(3) or 4942(j)(5)
	Enter the lesser of the ad-	Tax year		Prior 3 years		1
	justed net income from Part		/h) 2018	T	(4) 2016	(e) Total
	I or the minimum investment	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
	return from Part X for each					
	year listed					
b	85% of line 2a					
c	Qualifying distributions from Part					
·	XII, line 4, for each year listed .]	
d	Amounts included in line 2c not					
	used directly for active conduct					
	of exempt activities					
е	Qualifying distributions made				1	
	directly for active conduct of exempt activities Subtract line					
	2d from line 2c		/	ĺ		
3	Complete 3a, b, or c for the					
	elternative test relied upon					
a	"Assets" alternative test - enter]	
	(1) Value of all assets			<u> </u>	 	
	(2) Value of assets qualifying under section)]]
	4942(j)(3)(B)(i)					
b	*Endowment* alternative test-	/				
	enter 2/3 of minimum invest-					
	ment return shown in Part X,					
	line 6 for each year listed					<u> </u>
С	"Support" alternative test - enter					
	(1) Total support other than gross investment income	· /				
	(interest, dividends, rents,					,
	payments on securities					
	loans (section 512(a)(5)), or royalties)					
	(2) Support from general					·
	public and 5 or more					
	exempt organizations as					
	provided in section 4942		<u> </u>			
	(3) Largest amount of sup-					
	ort from an exempt organization					
	(4) Gross investment income					
Da		tany Information //	Complete this part	only if the founds	tion had \$5,000 or	r mara in accate at
Га		uring the year - see		only if the lounds	ition nau 45,000 o	i iliole III assets at
_						
1	Information Regarding	_				d books to other
а	List any managers of					ed by the foundation
	before the close of any	tax year (but only if th	iey nave contributed n	nore than \$5,000). (So	ee section 507(a)(2))	
	NONE					
b	List any managers of	the foundation who	own 10% or more of	f the stock of a corp	oration (or an equally	large portion of the
	ownership of a partner					• •
	•	, ,,		· ·		
	NONE					
_	Internation Department	Constitution O	O'th I C.b. I L.	4- D		
2	Information Regarding	Contribution, Grant,	GITT, Loan, Scholarshi	p, etc., Programs		
	Check here ▶ If t	he foundation only i	makes contributions	to preselected chari	table organizations a	ind does not accept
	unsolicited requests for	or funds. If the found	ation makes gifts, gra	ints, etc., to individua	ils or organizations ur	nder other conditions,
	complete items 2a, b,	c, and d. See instructio	ns			
a	The name, address, an	d telephone number o	r email address of the	person to whom appl	ications should be add	ressed.
_		•	r cindii dadi coo or tiio	porcer to minom app.		100004.
	SEE STATEMENT					
D	The form in which app			ni and materials they s	snoula include	
	SEE ATTACHED ST	TATEMENT FOR LI	NE 2			
C	Any submission deadli	nes:				
	SEE ATTACHED ST	TATEMENT FOR L.T	NE 2			
	OBB ALIACHED SI	TH NOT IMBRETAL	.110 2			
٠	Any rockmatican - 1	mitatiana ==	auch on his near i	nhuad areas -E	bla fields leader of	
a	Any restrictions or li factors:	mitations on awards,	such as by geogra	ipnicai areas, charita	wie Tielas, Kinas of	institutions, or other
	SEE ATTACHED ST	TATEMENT FOR LI	NE 2			

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment									
Recipient	If recipient is an individual,	Foundation	Purpose of grent or						
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	contribution	Amount					
a Paid during the year	di apparatifici contributor								
DANA-FARBER CANCER INSTITUTE, INC.									
44 BINNEY ST, STE BP600 BOSTON MA 02115	NONE	n/a	OVARIAN CANCER RESEARCE	116,153.					
SOUTH MIDDLESEX OPPORTUNITY COUNCIL			JOAN E BRACK LEARNING						
7 BISHOP STREET FRAMINGHAM MA 01702	NONB	PC	CENTER	80,000.					
METROWEST LEGAL SERVICES INC			CHILDRENS EDUCATION						
63 FOUNTAIN STREET FRAMINGHAM MA 01702-6279	NONE	PC	ADVOCACY PROJECT	15,000.					
THE COLLEGE OF CHARLESTOWN - MARY KEOHAN ATTN	27/2577	N/3	COMOL ND CHT D	1 000					
66 GEORGE STREET CHARLESTOWN SC 29424	NONE	N/A	SCHOLARSHIP	1,000.					
SUFFOLK UNIVERSITY BOSTON - CAITLIN RYAN BURS 73 TREMONT ST 6TH FL BOSTON MA 02108	NONE	N/A	SCHOLARSHIP	1,000.					
	NOMB	, , , ,	DONOMINOATI	1,000.					
FRAMINGHAM STATE UNIVERSITY MAKAYLA LORANCE 100 STATE ST PO BOX 9101 FRAMINGHAM MA 01701	NONE	N/A	SCHOLARSHIP	1,000.					
				2,					
JFS OF METROWEST 475 FRANKLIN ST SUITE 101 FRAMINGEAM MA 0170	NONE	PC	WILSON BLEM. AFTERSCHOOL PRGM & FOOD PANTRY	15,000.					
			2 000 17777700 0 5 000						
SHARED BEAT 238 W HOSACK BORRNE TX 78006	NONE	PC	3,000 AUDITOR & 5,000 VISION & 2,000 FLORIDE	10,000.					
ACTS C/O VIRGINIA BRACK			HEMOGLOBIN SCREENER FOR						
85 SO. HANOVER ST. APT 10 HANOVER NH 03755	NONE	N/A	POINT OF CARE TESTING	2,000.					
HOPE FLOATS HEALING & WELLNESS									
4 BLM STREET KINGSTON MA 02364	NONE	PC	PROGRAMS & FY19 EXPENSES	25,000.					
Total			▶ 3a	266,153.					
b Approved for future payment									
Total		<u> </u>							

Pa	rt XVI-A Analysis of Income-Produ	ıcing Acti	vities			
Ente	er gross amounts unless otherwise indicated.	Unrela	ited business income	Excluded by	section 512, 513, or 514	(e)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
•	Ţ					(see motraction)
	d					
	e					
	·		<u> </u>			
	g Fees and contracts from government agencies					
	Membership dues and assessments		<u> </u>			
	Interest on savings and temporary cash investments		·		-	
	Dividends and interest from securities			14	27,725.	
	Net rental income or (loss) from real estate:					<u>-</u>
	a Debt-financed property	_				
	b Not debt-financed property					
	Net rental income or (loss) from personal property					
	Other investment income					
	Gain or (loss) from sales of assets other than inventory			18	40,672.	
	Net income or (loss) from special events					
	Gross profit or (loss) from sales of inventory					<u></u>
11	Other revenue: a					
	b GOLF TOURNAMENT RE			1	113,132.	
	c 2018 990PF REFUND			1	1,306.	
	d <u>2018 FORM M-990T R</u>			1	40,000.	
	e				222 225	
	Subtotal Add columns (b), (d), and (e) L				222,835.	200 025
	Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcul			• • • • • •	13	222,835.
	rt XVI-B Relationship of Activities		somplishment of Ev	omnt Dur		
Li	Explain below how each activity accomplishment of the foundation					
		· -				
						
	- 				 -	
_			· <u>-</u> -			<u></u>
						<u> </u>
			NOT APPLICABLE	3		
						<u> </u>
			<u> </u>			
						
						5 990 PE (2010)

Fòrm 99	0-PF (2	019)				3	31-6632672			Pag	je 13
Part	XVII	Information Re Organizations	egarding Tra	nsfers to and	Transaction	s and F	delationships With	Noncharit	table	Exe	mpt
11	n sec						y other organization d on 527, relating to			Yes	No
	-	ers from the reporting	a foundation to	a noncharitable e	xempt organ	zation of:		,			
		-	-		-				la(1)	İ	X_
(;	2) Oth	er assets						[1	la(2)]	_X
		ransactions.									
											<u>X</u>
									b(2)		<u>Х</u>
									lb(3) lb(4)		X
									b(5)		<u> </u>
											X
]	X
							column (b) should alv				
							If the foundation rece of the goods, other as				
(a) Line		(b) Amount involved		noncharitable exempt o			ription of transfers, transacti				$\overline{}$
10) (1)	3 110	(b) Amount myored	(c) Name of	Honoria Itable exempt o	-	- 10/ 0000	ription of duriniers, transacti	ons, and sharm	9 011011	geniei	
	$\neg \uparrow$		 -					**			
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				<u> </u>							
			 								
d	lescrib	ed in section 501(c)	(other than se	· ·			e tax-exempt organiza		Yes	s X	 No
b _11	"Yes,	complete the follow (a) Name of organization		(h) Type o	f organization	———	(c) Description	on of relationsh	ın.		
		(a) None of organization		(2) 1/pc o	, organization	- 	10/ 0000/piic		<u> </u>		
			<u> </u>					<u> </u>			
	Under	analtan of annual Lideole	and the table to table to the table to table to table to the table to	l and the second restriction		hadulaa aad .	statements, and to the best of	. mu beaudadaa			
		, and complete Declaration of						my knowledge	and bei		s true,
Sign)	VIII TE Bra	ماد	1 10/3	0/20	Trus	م ساد	May the IRS			
Here	Sign	eture of officer or trustee		Date		Title		with the preparations	X		No No
		D-m/T		I p	ln		1044	1 1 1 ==			
Paid		Print/Type preparer's na		Properer sugnetu	15/ Sux /		Date Chec	<u> </u>		ንድረ	1
Prepa	rer	BRADLEY N SP	MG LLP	11/10cg	VIII		10/21/2020 self-	► 13-5	0064 5652		<u> </u>
Use (E FINANCIA	AL PLAZA, SU	ITE 2300		rimsein	<u>- 13-3:</u>	<u> </u>	<u> </u>	
		l .	OVIDENCE,	RI	029	903	Phone no	401-22	3-26	00	
									990-		2019)

THE JOAN R. BRACK CHARITABLE POUNDATION

31-6637672

FORM 990-PP, PART XV - LINE 2d

THE PURPOSE OF THIS FOUND IS TO ANARD TWO ACTUMAL SCHOLARSHIPS. CHE
SCHOLARSHIP WILL BE ANARDED TO A SENIOR MEMBER OF THE VARSITY BOYS'
SOCCER TEAM AND CONE TO A SENIOR MEMBER OF THE VARSITY GIRLS' SOUCER
TEAM AT SILVERLARE REGIONAL HISE SCHOOL, EACH RECIPIEST HILL BE
ELIGIBLE FOR UP TO THIRSE ADDITIONAL GRANTS (ONE BACH FOR THE
RECIPIENT'S ENCOND, THIRD AND FOUNTH YEARS OF COLLEGE) IF THE
RECIPIENT'S ENCOND, THIRD AND FOUNTH YEARS OF COLLEGE) IF THE
RECIPIENT MAINTAINS A GPA OF 3.0 OR HIGHER DURING THE PRECEDING
ACADEMIC YEAR AND MAINTAINS HIS OR HER STATUS AS A PULL-TIME STODENT
AT A QUALIFIED SCHOOL DURING THE PRECEDING ACADEMIC YEAR.

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DIVIDE	911111111111111111111111111111111111111
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PART 1	
990PF,	
FORM	

NET INVESTMENT INCOME	27,115. 27,115.
REVENUE AND EXPENSES PER BOOKS	27,725.
	TOTAL
DESCRIPTION	DIVIDENDS AND INTEREST

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ADJUSTED NET INCOME	113,132.	113,132.
REVENUE AND EXPENSES PER BOOKS	1,306. 113,132. 40,000.	
DESCRIPTION	2018 990PF REFUND FUNDRAISING GOLF TOURNAMENT REVENUE 2018 FORM M-990T REFUND	TOTALS

(

	CHARITABLE PURPOSES	.006	.006
	ADJUSTED NET INCOME		NONE
	NET INVESTMENT INCOME		NONE
	REVENUE AND EXPENSES PER BOOKS	 	.006
FORM 990PF, PART I - ACCOUNTING FEES			TOTALS
FORM 990PF, PART ====================================	DESCRIPTION	TAX PREP FEE	

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PROFESSIONAL FEES	
OTHER	
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PART	
990PF,	:====:

	NET	INVESTMENT	INCOME		11,132.	l	
REVENUE	AND	EXPENSES	PER BOOKS	1 1 1 1 1	11,132.	11,132.	
			DESCRIPTION		CITIZENS INVESTMENT MANAGEMENT	TOTALS	

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FOUNDATION
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31-6632672

- TAXES	
PART I	
M 990PF,	K 11 11 11 11 11 11
FOR	

NET INVESTMENT INCOME	106.	
REVENUE AND EXPENSES PER BOOKS	1,100.630.	
	TOTALS	
DESCRIPTION	FOREIGN TAXES CURRENT ESTIMATES PRIOR YEAR BALANCE DUE	

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STATEMENT

	ADJUSTED NET INCOME	38,583.	38,583.
	REVENUE AND EXPENSES PER BOOKS	70. 38,583.	38,653.
FORM 990PF, PART I - OTHER EXPENSES	DESCRIPTION	MA PC FILING FEE FUNDRAISING GOLF TOURNAMENT EX	TOTALS

70.

CHARITABLE PURPOSES 70.

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THE JOAN H. BRACK CHARITABLE FOUNDATION

	END ING FMV		1,191,833.
	ENDING BOOK VALUE	• 1	1,191,833.
	BEGINNING BOOK VALUE	1,098,059.	1,098,059.
STMENTS	COST/ FMV C OR F	[±,	TOTALS
FORM 990PF, PART II - OTHER INVESTMENTS	DESCRIPTION	SEE ATTACHED STATEMENT	

FORM 990PF,	PART	III	-	OTHER	INCREASES	IN	NET	WORTH	OR	FUND	BALANCES
========	======	====	===	======	========	====	====	=====	===	:==== ,	========
DESCRIPTION											AMOUNT

UNREALIZED GAIN ON INVESTMENTS DISALLOWED WASH SALES

72. 135,852.

135,780.

TOTAL

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

OFFICER NAME:

KENNETH B. BRACK

ADDRESS:

6 SOULE STREET

PLYMPTON, MA 02367

TITLE:

• • •

TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 3

OFFICER NAME:

DENISE BRACK

ADDRESS:

6 SOULE STREET

PLYMPTON, MA 02367

TITLE:

TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 3

OFFICER NAME:

ROBERT B. BRACK

ADDRESS:

6 SOULE STREET

PLYMPTON, MA 02367

TITLE:

TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

WILLIAM H. BRACK

ADDRESS:

6 SOULE STREET

PLYMPTON, MA 02367

TITLE:

TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

OFFICER NAME:

VIRGINIA C. BRACK, M.D.

ADDRESS:

6 SOULE STREET

PLYMPTON, MA 02367

. .

TITLE: TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

THE JOAN H. BRACK CHARITABLE FOUNDATION FORM 990PF, PART XV - LINES 2a - 2d

RECIPIENT NAME:

KENNETH B. BRACK

ADDRESS:

6 SOULE STREET

PLYMPTON, MA 02367

FORM, INFORMATION AND MATERIALS:

APPLICATION FORM, COMPLETED PERSONAL STATEMENT

AND OFFICIAL TRANSCRIPT.

SUBMISSION DEADLINES:

APRIL 4

RESTRICTIONS OR LIMITATIONS ON AWARDS:

SEE ATTACHED STATEMENT