2949103014105

50m 990-PF

Return of Private Foundation

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

2019

Department of the Treasury Internal Revenue Service

► 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

		dar year 2019 or tax year beginning 03/03/19 ,	and ending 12/3	1/19	,	····		
١		undation PH AND EVA FLAHERTY CHARITAB:	LE.		A Empl	oyer identification number		
, -	RUS				83	-4301611		
	umber and street (or P O box number if mail is not delivered to street address) Room/suite					hone number (see instructions		
4	4 PADDOCK LN					8-409-1240	•	
	City or town, state or province, country, and ZIP or foreign postal code					mption application is pending	check here	X
	ANDOVER MA 01810				-			
GC	heck		rn of a former public c	harity	D 1 Fo	oreign organizations, check he	re •	
		Final return Amended				oreign organizations meeting the		
		Address change Name cha			85	5% test, check here and attach	computation	
		type of organization X Section 501(c)(3) exempt private		·U		ate foundation status was term	ninated under	\Box
		· · · · · · · · · · · · · · · · · · ·	le private foundation \	<u> </u>	section	n 507(b)(1)(A), check here	•	
		rket value of all assets at J Accounting method	X Cash Acc	rual	ı	foundation is in a 60-month ter		
		rear (from Part II, col (c), United Specify)			under	section 507(b)(1)(B), check h	ere 💌	
	<u>e 16)</u> art l			T	<u> </u>		(d) Disbursements	
Г	art i	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per	(b) Net inv		(c) Adjusted net	for charitable	•
		the amounts in column (a) (see instructions))	books	incoi	me	ıncome	purposes (cash basis only)	
h/	1	Contributions, gifts, grants, etc., received (attach schedule)	100,000					
Y/X	2	Check ▶ ☐ If the foundation is not required to attach Sch. B	· · · · · · · · · · · · · · · · · · ·	<u> </u>				
(1)	3	Interest on savings and temporary cash investments						
. 0	4	Dividends and interest from securities	183		183			
	5a	Gross rents						
ē	b	Net rental income or (loss)						
ne En	6a	Net gain or (loss) from sale of assets not on line 10						
Revenue	ь	Gross sales price for all assets on line 6a			<u>-</u>			
œ	7	Capital gain net income (from Part IV, line 2)			0			
	8	Net short-term capital gain		<u> </u>		0		
	9	Income modifications						
	10a	Gross sales less returns and allowances						
	C	Less Cost of goods sold Gross profit or (loss) (attach schedule)	· · · · · · · · · · · · · · · · · · ·					
	11	Other income (attach schedule)						
	12	Total. Add lines 1 through 11	100,183	-	183	0		
	13	Compensation of officers, directors, trustees, etc	0			<u>-</u>		
penses	14	Other employee salaries and wages						
en	15	Pension plans, employee benefits						
×	16a	Legal fees (attach schedule)						
e H	b	Accounting fees (attach schedule)	·		_	_		
€2	С	Other professional fees (attach schedule)						
	17	Interest						
n.e.c.	18	Taxes (attach schedule) (see instructions)	•	<u> </u>	-			
⊃. <u>E</u>	19	Depreciation (attach schedule) and depletion	1		RE			
ે વ	20	Occupancy		 		EC ENVED		
. <u>Z</u> ₽	21	Travel, conferences, and meetings		18	3 111	V 0 0		
Sperating and Administrative	22 23	Printing and publications Other expenses (att. sch.)		1	11 JU	<u>Y 2 2 2020 </u> ∺∦		
. ≟ E	24	Total operating and administrative expenses.			<u></u>			
20		Add lines 13 through 23	0	!_	୍ର	DEN IT		0
₹	25	Contributions, gifts, grants paid SEE STATEMENT 1	8,928				8,9	
B	26	Total expenses and disbursements. Add lines 24 and 25	8,928		0	0	8,9	
	27	Subtract line 26 from line 12	- 7,		 			
	а	Excess of revenue over expenses and disbursements	91,255					
	b	Net investment income (if negative, enter -0-)			183			
	С	Adjusted net income (if negative, enter -0-)				0		
For F	apen	work Reduction Act Notice, see instructions.					ې 990-PF (عــــــ	2019)

Part I	Balance Sheets Attached schedules and amounts in the description column		Beginning of year	End	of year
Lranti	should be for end-of-year amounts only (See instructions)		(a) Book Value	(b) Book Value	(c) Fair Market Value
1 1 •	Cash – non-interest-bearing				
2	Savings and temporary cash investments			91,255	91,255
3	Accounts receivable ▶				
	Less allowance for doubtful accounts ▶				
4	Pledges receivable ▶		[
	Less allowance for doubtful accounts ▶				
5	Grants receivable				
6	Receivables due from officers, directors, trustees, and other				ł
	disqualified persons (attach schedule) (see				
	instructions)				
7	Other notes and loans receivable (att. schedule)				
	Less allowance for doubtful accounts ▶	0			
रें 8	Inventories for sale or use			· –	
Assets 9 10a	Prepaid expenses and deferred charges				
∛ 10a	Investments – U.S. and state government obligations (attach schedule)				
b	Investments – corporate stock (attach schedule)				
С	Investments – corporate bonds (attach schedule)			· · · · · · · · · · · · · · · · · · ·	
11	Investments – land, buildings, and equipment basis			~ ~~	
	Less accumulated depreciation (attach sch.)				
12	Investments – mortgage loans				
13	Investments – other (attach schedule)				
14	Land, buildings, and equipment basis				
	Less accumulated depreciation (attach sch.)				
15	Other assets (describe ▶)			
16	Total assets (to be completed by all filers - see the		1		
	instructions. Also, see page 1, item I)		0	<u>91,255</u>	91,255
17	Accounts payable and accrued expenses			<u></u>	
18	Grants payable				
<u>ğ</u> 19	Deferred revenue				
∄ 20	Loans from officers, directors, trustees, and other disqualified persons				
Liabilities 61 61 61	Mortgages and other notes payable (attach schedule)				
22	Other liabilities (describe ▶)			
23	Total liabilities (add lines 17 through 22)	I==1 "	0	0	
es	Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30.	► X			
24	Net assets without donor restrictions			91,255	
हु 25	Net assets with donor restrictions				<u>'</u>
Net Assets or Fund Balances 08 8 2 2 9 5 5 7 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30.	▶ ∐			-
[26	Capital stock, trust principal, or current funds				
ω 27	Paid-in or capital surplus, or land, bldg, and equipment fund				
5 28	Retained earnings, accumulated income, endowment, or other funds				
Y 29	Total net assets or fund balances (see instructions)		0	91,255	
정 30	Total liabilities and net assets/fund balances (see				
	instructions)		0]	91,255	<u> </u>
Part	III Analysis of Changes in Net Assets or Fund Balanc	es			
	I net assets or fund balances at beginning of year - Part II, column (a), line	29 (mu	ist agree with		
end-	of-year figure reported on prior year's return)			1	
	r amount from Part I, line 27a			2	91,255
	er increases not included in line 2 (itemize) ▶			3	
	lines 1, 2, and 3			4	91,255
	reases not included in line 2 (itemize)			5	01 67
6 Tota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	<u>olumn (</u>	b), line 29	6	91,255

	Ind Losses for Tax on Investm the kind(s) of property sold (for example, real estate		(b) How acquired P – Purchase	(c) Date acquired	(d) Date sold
2-story brick warehouse, or common stock, 200 shs MLC Co) P - 8 D - 1				(mo , day, yr)	(mo , day, yr)
1a N/A					
<u>b</u>					
<u>c</u>					
d		· · · · · · · · · · · · · · · · · · ·	 		
е			<u> </u>		or (loss)
(e) Gross sales price	(e) Gross sales price (f) Depreciation allowed (g) Cost or other basis (or allowable) plus expense of sale				
<u>a</u>					
<u>b</u>					
d		 	-		
e					
	ng gain in column (h) and owned by the	foundation on 12/31/6	69	(I) Gains (Col	(h) gain minus
(ı) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	· ·	ss of col (i) (j), if any	col (k), but not	less than -0-) or om col (h))
a					
<u>b</u>					
С		_			
<u>e</u>			<u> </u>		
2 Capital gain net income or (net o	eapital loss)	a		2	
3 Net short-term capital gain or (lo	ss) as defined in sections 1222(5) and	(6)			
· · · · · ·	3, column (c) See instructions. If (loss),	enter -0- ın			
Part I, line 8			l	3	
	nder Section 4940(e) for Redu			ome	
•	e foundations subject to the section 494	to(a) tax on het invest	iment income)		
If section 4940(d)(2) applies, leave to	his part blank				N/A
Was the foundation liable for the sec	ction 4942 tax on the distributable amou	int of any year in the t	base period?		Yes No
If "Yes," the foundation doesn't quali	fy under section 4940(e) Do not comple	ete this part			
1 Enter the appropriate amount in	each column for each year, see the ins	tructions before maki	ng any entries		
(a) Base period years Calendar year (or tax year beginning in	(b) Adjusted qualifying distribution	ns Net value	(c) e of noncharitable-use asse		(d) ribution ratio divided by col. (c))
2018					
2017					
2016			<u> </u>		
2015					
2014					
0 7 to 1 of the a 4 continues (4)					
2 Total of line 1, column (d)	E year base period - divide the total or	une 2 by 5.0 or by		2	
-	5-year base period – divide the total or ion has been in existence if less than 5			3	
the number of years the foundat	on has been in existence in less than 5	years			
4 Enter the net value of noncharita	able-use assets for 2019 from Part X, lir	ne 5		4	
5 Multiply line 4 by line 3				5	
6 Enter 1% of net investment inco	me (1% of Part I, line 27b)			6	
7 Add lines 5 and 6				7	
8 Enter qualifying distributions from	B . 1411 1 :				
ter o		11E		8 	
If line 8 is equal to or greater that Part VI instructions	m Part XII, line 4 in line 7, check the box in Part VI, line 1	lb, and complete that	part using a 1% tax i		

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	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1	Ť	1	ti doti	0113,	<u></u>
14	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)	ľ				1
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1	-			4
	here ▶ and enter 1% of Part I, line 27b	- -				<u> </u>
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of					
	Part I, line 12, col (b)	-	1			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	2				0
3	Add lines 1 and 2	3				4
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	4				0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	ļ			4
6	Credits/Payments	1				İ
а	2019 estimated tax payments and 2018 overpayment credited to 2019 6a	4				.]
þ	Exempt foreign organizations – tax withheld at source	١.		,	,	1
C	Tax paid with application for extension of time to file (Form 8868)	-				`.
d _	Backup withholding erroneously withheld 6d	┤ ——		1.		
7	Total credits and payments Add lines 6a through 6d	7	+			
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	9	 			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	+			
11 I Pa	Enter the amount of line 10 to be Credited to 2020 estimated tax ► Refunded ► Int VII-A Statements Regarding Activities	11	<u> </u>			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		_	П	Yes	No
	participate or intervene in any political campaign?			1a	163	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the					
_	instructions for the definition			16		x
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials				,	.]
	published or distributed by the foundation in connection with the activities					_ •
С	Did the foundation file Form 1120-POL for this year?			1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				•	
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$	_		.		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			•	•	.
	on foundation managers 🕨 \$					لث
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
	If "Yes," attach a detailed description of the activities			•	٠	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles					البيد
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		NT / B	4a		X
þ	If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b 5		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yos." attach the statement required by General Instruction T.			-		
6	If "Yes," attach the statement required by General Instruction T Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					
v	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 Pa	art XV		7	х	
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					
	(or designate) of each state as required by General Instruction G? If "No," attach explanation			8b	X	L <i>,</i>
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 instructions for Part XIV If "Yes,"					_ ~
	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	_			<u>,</u>	
	names and addresses STMT	2		10	X	<u></u>
			F	orm 99	ひってた	(2019)

Did the foundation hold more than a 2% direct or indirect interest in any business enterprise

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

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?

the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the

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X

X No

N/A

3b

4a

Yes

at any time during the year?

foundation had excess business holdings in 2019)

DAA

		AND EVA FLAHERTI CHAI		POTPTI						P	age t
Pa	art VII-B Statements F	Regarding Activities for Which F	orm 4720 May Be R	Required (<u>'con</u>	<u>tinue</u>	ed)			r	
5a	During the year did the foundati				_		-			Yes	No
		herwise attempt to influence legislation (so			Ш	Yes	X	No		٠.	۲,
		ny specific public election (see section 49	55), or to carry on,								
	directly or indirectly, any vo	_			_	Yes	X	No		,	-
	` '	dual for travel, study, or other similar purp			Ш	Yes	X	No			1
	• • •	ization other than a charitable, etc., organ	ization described in		$\overline{}$						
	section 4945(d)(4)(A)? See				Ш	Yes	X	No			
		ner than religious, charitable, scientific, lite	erary, or educational		$\overline{}$		(F)				.
		tion of cruelty to children or animals?				Yes	X	No	-	' '	-
b		(5), did any of the transactions fail to qual	=				_	- /-			<u> </u>
		or in a current notice regarding disaster a		ıs			1	1/¥	5b_		<u> </u>
		ent notice regarding disaster assistance, c					•	•		[
С		on 5a(4), does the foundation claim exemp	otion from the tax	37/3	$\overline{}$		_				
	because it maintained expendit	-		N/A		Yes	\sqcup	No			,
_		equired by Regulations section 53 4945–5							_	ľ	
6a	- · · · · · · · · · · · · · · · · · · ·	ear, receive any funds, directly or indirect	y, to pay premiums		$\overline{}$		(40)				
	on a personal benefit contract?				Ш	Yes	X	No			<u> </u>
b	•	ear, pay premiums, directly or indirectly, o	on a personal benefit contr	act?					6b	<u> </u>	X
_	If "Yes" to 6b, file Form 8870						(T)				
		was the foundation a party to a prohibited			Ш	Yes	X	No			
b		ive any proceeds or have any net income		tion?			1	1/A	7b	ļ <u> </u>	
8	•	section 4960 tax on payment(s) of more the	han \$1,000,000 in		\Box	Yes	X	No			
- D		ute payment(s) during the year? pout Officers, Directors, Trustee	- Foundation Man	nero Uia	<u>—</u>					L	L
	- · • · · · · · · · · · · · · · · · · ·		es, roundation wan	agers, miç	Jilly	raid	u E11	ipioy	ees,		
1	and Contracto	ees, and foundation managers and the	r compensation. See ins	tructions				_			
	cist all officers, directors, trust	ees, and roundation managers and the		structions.		(4)	Contabi	utions to	Г		
	(0)	Name and address	(b) Title, and average hours per week	(c) Compens: (If not paid				benefit	(e) Ex	pense a	ccount,
	(4)	Name and address	devoted to position	enter -0-)		ns and o ompens	deferred sation	othe	er allowa	nces
	SEPH C FLAHERTY	ANDOVER	TRUSTEE	-		+			 		
	PADDOCK LANE	MA 01810	1.00		(0			
	A M FLAHERTY	ANDOVER	TRUSTEE	·		╁		—— <u> </u>			
	PADDOCK LANE	MA 01810	1.00		(o			
	PADDOCK HAND		1.00		`	1					
									1		
						T^{-}		_			
2	Compensation of five highest	-paid employees (other than those incl	uded on line 1 - see inst	tructions).	f noi	ne. en	ter		<u> </u>		
	"NONE."	, , , , , , , , , , , , , , , , , , , ,									
			(b) Title, and average					utions to	T		
	(a) Name and address of each	n employee paid more than \$50,000	hours per week	(c) Compens	ation			benefit deferred		pense a er allowa	
			devoted to position				ompens			ui anoma	
N	ONE										
									l		
						L			<u> </u>		
						T^-					
							_				

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Part VIII . Information About Officers, Directors, Trustees, Foundation Management	gers, Highly Paid Emp	
and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. See instructions. If none	, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	- <u></u>	
		
		
Total number of others receiving over \$50,000 for professional services		0
Part IX-A Summary of Direct Charitable Activities	<u></u>	0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of	- 	
organizations and other beneficiaries served, conferences convened, research papers produced, etc		Expenses
1 N/A	=	
2		
3		
4		
D-(WD)		·
Part IX-B Summary of Program-Related Investments (see instructions)		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 1 N/A		Amount
1 N/A		
2		
•		
All other program-related investments. See instructions		<u>.</u>
3		
Total. Add lines 1 through 3	▶	

orn	1 990-PF (2019) JOSEPH AND EVA FLAHERTY CHARITABLE 83-4301611		
Pa	art X . Minimum Investment Return (All domestic foundations must complete this part. Foreign	ign foundation	ıs,
	see instructions)	· · · · · · · · · · · · · · · · · · ·	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	1 1	
	purposes		
а	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	95,628
С	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	95,628
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	<u>)</u>	
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	95,628
4	Cash deemed held for charitable activities Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	1,434 94,194
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	94,194
6	Minimum investment return. Enter 5% of line 5	6	3,897
Pa	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating	g foundations	
	and certain foreign organizations, check here ▶ and do not complete this part)	•	
1	Minimum investment return from Part X, line 6	1	3,897
2a	Tax on investment income for 2019 from Part VI, line 5		
b	Income tax for 2019 (This does not include the tax from Part VI)	7	
С	Add lines 2a and 2b	2c	4
3	Distributable amount before adjustments Subtract line 2c from line 1	3	3,893
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	3,893
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	3,893
Pá	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc – total from Part I, column (d), line 26	1a	8,928
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	8,928
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	7	0,020
•	Enter 1% of Part I, line 27b See instructions	5	n
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	8,928
J	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the found	<u> </u>	0,020
		Jation	
	qualifies for the section 4940(e) reduction of tax in those years		

Pa	art XIII I. Undistributed Income (see instructions))	 		
	D	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d)
1	Distributable amount for 2019 from Part XI,	Corpus	Tears prior to 2010	2010	2019
2	line 7				3,893
	Undistributed income, if any, as of the end of 2019 Enter amount for 2018 only				
	Total for prior years 20 , 20 , 20				
3	Excess distributions carryover, if any, to 2019				
	From 2014				
	From 2015				
	From 2016				(
	From 2017				
	From 2018				
	Total of lines 3a through e				
4	Qualifying distributions for 2019 from Part XII,				i
	line 4 ▶ \$ 8,928				
а	Applied to 2018, but not more than line 2a				
	Applied to undistributed income of prior years				ĺ
	(Election required – see instructions)				
С	Treated as distributions out of corpus (Election]
	required – see instructions)	1			}
d	Applied to 2019 distributable amount				3,893
е	Remaining amount distributed out of corpus	5,035			•
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:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	5,035			
b	Prior years' undistributed income Subtract				
	line 4b from line 2b				
C	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable				
	amount – see instructions				
е	Undistributed income for 2018 Subtract line				}
	4a from line 2a Taxable amount – see				
	instructions				<u> </u>
f	Undistributed income for 2019 Subtract lines				
	4d and 5 from line 1. This amount must be				_
_	distributed in 2020				
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				
0	,				
9	applied on line 5 or line 7 (see instructions) Excess distributions carryover to 2020.				<u> </u>
•	Subtract lines 7 and 8 from line 6a	5,035			
10	Analysis of line 9	2,000			
а	Excess from 2015				
	Excess from 2016				
c	Excess from 2017				
d	Excess from 2018				
e	Excess from 2019 5,035				<u> </u>

	990-PF (2019) JOSEPH AND E				 	Page 1 (
a Pa	artIXIV Private Operating For	undations (see in:	structions and Par	t VII-A, question !	9)	
1a	If the foundation has received a ruling or			ıng		
	foundation, and the ruling is effective for			_		
b	Check box to indicate whether the found	ation is a private opera	ting foundation describ	ped in section 4	942(J)(3) or 4942	(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) Total
	investment return from Part X for		ii			
	each year listed					
b	85% of line 2a		<u> </u>			
С	Qualifying distributions from Part XII,					
	line 4, for each year listed					
þ	Amounts included in line 2c not used directly					
	for active conduct of exempt activities					
е	Qualifying distributions made directly					
	for active conduct of exempt activities					
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the					
	alternative test relied upon			\		
а	"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 investment return shown in					
	Part X, line 6, for each year listed					
C	"Support" alternative test – enter					
	(1) Total support other than gross					
	investment income (interest,					
	dividends, rents, payments on					
	securities loans (section					
	512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt					
	organizations as provided in					
	section 4942(j)(3)(B)(iii)			·		
	(3) Largest amount of support from					
	an exempt organization					
	(4) Gross investment income					
g P,	Supplementary Inform	nation (Complete	this part only if t	the foundation h	ad \$5,000 or more	in assets at
	any time during the y	<u>ear – see instruct</u>	tions.)			
1	Information Regarding Foundation Ma	anagers:				
а	List any managers of the foundation who	have contributed more	e than 2% of the total o	contributions received	by the foundation	
	before the close of any tax year (but only	of they have contribute	ed more than \$5,000)	(See section 507(d)(2))	
	N/A					····
b	List any managers of the foundation who	own 10% or more of t	he stock of a corporati	on (or an equally large	e portion of the	
	ownership of a partnership or other entity	y) of which the foundati	ion has a 10% or great	er interest		
	N/A				· · · · · · · · · · · · · · · · · · ·	
2	Information Regarding Contribution, C	Grant, Gift, Loan, Sch	olarship, etc , Progra	ms:		
	Check here ► X if the foundation only	y makes contributions t	to preselected charitab	le organizations and o	does not accept	
	unsolicited requests for funds. If the four	ndation makes gifts, gra	ants, etc , to individuals	s or organizations und	er other conditions,	
	complete items 2a, b, c, and d See instr					
а	The name, address, and telephone numl	ber or email address of	f the person to whom a	pplications should be	addressed	
	N/A					
b	The form in which applications should be	submitted and inform	ation and materials the	y should include		
	N/A					· · · · · · · · · · · · · · · · · · ·
С	Any submission deadlines					
	N/A					··
d	Any restrictions or limitations on awards,	such as by geographic	cal areas, charitable fie	elds, kinds of institutio	ns, or other	

factors N/A Part XV 1. Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient show any relationship to Purpose of grant or status of **Amount** any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year BOSTON CHILDRENS HOSPITAL 401 PARK DR PC NONE BOSTON MA 02215 UNRESTRICTED 5,000 MOVEMBER FOUNDATION NONE PC PO BOX 1595 CULVER CITY CA 90232 UNRESTRICTED 3,075 OTHER CONTRIBUTIONS NONE PC UNRESTRICTED 853 8,928 ▶ 3a Total **b** Approved for future payment N/A ▶ 3b Total

Dort VI/I A	Analysis of Income Bradusing Acti	vition.				
	Analysis of Income-Producing Actions unless otherwise indicated		ed business income	Excluded	by section 512, 513, or 514	
· ·	·		(b)	(c)	(d)	(e) Related or exempt
1 Dragram as		Business code	Amount	Exclusion code	Amount	function income (See instructions)
1 Program sei				+		
				 		
			-	 		
d			<u></u>	1 - 1		
e						
f				1		
g Fees an	d contracts from government agencies					
	dues and assessments					
3 Interest on s	avings and temporary cash investments					
4 Dividends a	nd interest from securities			1	183	
5 Net rental in	come or (loss) from real estate					
a Debt-fin	anced property					
	t-financed property					
	come or (loss) from personal property					
7 Other invest				 		
	s) from sales of assets other than inventory			-		
	or (loss) from special events			╁╾┈╁		
	or (loss) from sales of inventory	<u> </u>		$+\cdots+$		
	ue a		<u> </u>	 		
				 		
e						
	d columns (b), (d), and (e)			0	183	0
	ne 12, columns (b), (d), and (e)				13	183
See worksheet	in line 13 instructions to verify calculations)					
Part XVI-B						
Line No. ▼	Explain below how each activity for which income accomplishment of the foundation's exempt purpo					
N/A	accomplianment of the leandation a exempt purpo	oco (otilor tilali	by programs range in	<u></u>	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>
_						
						
		 				
						
						
<u> </u>						
						

(4) Reim	bursement arrangement	is				1b(4)	<u> </u>
(5) Loans	s or loan guarantees					1b(5)	X
(6) Perfo	rmance of services or m	embership or fu	ndraising solicitations			1b(6)	X
c Sharing o	f facilities, equipment, n	nailing lists, othe	r assets, or paid employees			1c	X
d If the ans	wer to any of the above	is "Yes," comple	ete the following schedule Colu	mn (b) should always	show the fair market		
value of the	he goods, other assets,	or services give	n by the reporting foundation. If	the foundation receive	ed less than fair market		
			show in column (d) the value of				
(a) Line no	(b) Amount involved		noncharitable exempt organization		of transfers, transactions, and share	ing arrangements	
N/A							, ,
		<u> </u>					
		†		 			
		 					
		†		 			
	_	†					
		 -		 			
		 		 			
		 		 			
		+		-			
		 		<u> </u>			
							
		 		 			
		 					
		ļ	· · · · · · · · · · · · · · · · · · ·	<u> </u>			
				<u> </u>			
2a Is the fou	ndation directly or indire	ctly affiliated wit	h, or related to, one or more tax	k-exempt organizations	;	_	
described	I in section 501(c) (other	than section 50	11(c)(3)) or in section 527?			∐ Yes	X No
b If "Yes," o	complete the following so	chedule			 	· <u>-</u>	
	(a) Name of organization		(b) Type of organization		(c) Description of relationship		
N/A				<u> </u>			
-							
							•
Under	penalties of perjury, I declare t	hat I have examined	this return, including accompanying sch	edules and statements, and	to the best of my knowledge and t	belief, it is true,	
correct	i, and complete Declaration of	preparer (other than	taxpayer) is based on all information of	which preparer has any kno	May the IRS	discuss this return	
Sign						parer shown below	
Here			F	- / /	See instruct	tions X Yes	· No
	()	11	\\\	175/20	TRUSTEE		
	ignature of officer or trustee	1	Date	,/-/-	Title		
Bent	VType preparer's name	_{	Preparer's signatu	IFP O		ate/ Ch	
	r type preparers name		Preparer's augment	Sol le Da	,	/ / \	eck if
Paid	V WIITN COOPS		MARY ELLI	N COSTELLO	13,	<i> 20 262</i> 5511	employed
Preparer	Y ELLIN COSTEL			H COSTETITO		2003857:	30
Use Only	20.14	AH & COM				2-05339	
Firm			ETTS AVE STE 30				
	NORT	H ANDOVE	R, MA 01845-34	ン ಠ	Phone no 9	78-685-	·0341

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

2019

Name of the organization

JOSEPH AND EVA FLAHERTY CHARITABLE TRUST

Employer identification number

83-4301611

Organization type (check o	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	X 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See					
General Rule						
	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or property) from any one contributor. Complete Parts I and II. See instructions for determining a intributions.					
Special Rules						
regulations under se 13, 16a, or 16b, and \$5,000, or (2) 2% of	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the ections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line I that received from any one contributor, during the year, total contributions of the greater of (1) the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one					
literary, or education	ne year, total contributions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year.						
990-EZ, or 990-PF), but it m	Faution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 90-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 orm 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)					

83-4301611

age 2

Name of organization

JOSEPH AND EVA FLAHERTY CHARITABLE

Employer identification number

Part l Contributors (see instructions) Use duplicate copies of Part I if additional space is needed (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 JOSEPH C FLAHERTY Person 4 PADDOCK LN Payroll 100,000 Noncash **ANDOVER** MA 01810 (Complete Part II for noncash contributions) (a) (b) (c) (d) No Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll \$ Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) Name, address, and ZIP + 4 Total contributions Type of contribution No. Person Payroll \$ Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll \$ Noncash (Complete Part II for noncash contributions) (c) (d) (a) (b) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll \$ Noncash (Complete Part II for noncash contributions) (d) (c) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions)

5/20/2020 3:23 PM 1-2 11/16/19 12/03/19 12/31/19 Date City, State, Zip Statement 1 - Form 990-PF, Part I, Line 25 - Noncash Contributions, Gifts, Grants Statement 2 - Form 990-PF, Part VII-A, Line 10 - Substantial Contributors Book Value Explanation ANDOVER MA 01810 Book Value Amount Federal Statements Explanation FM< Address 8002 JOSEPH AND EVA FLAHERTY CHARITABLE 4 PADDOCK LN Description Noncash Name JOSEPH C FLAHERTY FYE: 12/31/2019 5,000 3,075 853 83-4301611 Amount