

Form **990-PF**
 Department of the Treasury
 Internal Revenue Service

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.
 ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No 1545-0052
2019
Open to Public Inspection

For calendar year 2019, or tax year beginning 01-01-2019 , and ending 12-31-2019

Name of foundation PONAGANSETT FOUNDATION INC		A Employer identification number 23-7179101	
Number and street (or P O box number if mail is not delivered to street address) Room/suite CO PKFOD LLP 665 FIFTH AVE		B Telephone number (see instructions) (212) 286-2600	
City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10022		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ <u>128,113</u>		J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	
		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	

Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</i>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	356,000			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	45	45		
	4 Dividends and interest from securities	2,752	2,752		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	1,332			
	b Gross sales price for all assets on line 6a <u>23,152</u>				
	7 Capital gain net income (from Part IV, line 2)		1,332		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)					
12 Total. Add lines 1 through 11	360,129	4,129			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	0	0		0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	7,528	0		7,528
	c Other professional fees (attach schedule)	13,448	363		13,085
	17 Interest				
	18 Taxes (attach schedule) (see instructions)				
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	956	254		702
	24 Total operating and administrative expenses. Add lines 13 through 23	21,932	617		21,315
	25 Contributions, gifts, grants paid	334,300			334,300
26 Total expenses and disbursements. Add lines 24 and 25	356,232	617		355,615	
27 Subtract line 26 from line 12					
a Excess of revenue over expenses and disbursements	3,897				
b Net investment income (if negative, enter -0-)		3,512			
c Adjusted net income (if negative, enter -0-)					

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing			
	2 Savings and temporary cash investments	2,433	3,591	3,591
	3 Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)			
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	106,587	109,195	124,522
	14 Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)				
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	109,020	112,786	128,113	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)	68,362	68,231	
	23 Total liabilities (add lines 17 through 22)	68,362	68,231	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/> and complete lines 24, 25, 29 and 30.			
	24 Net assets without donor restrictions	40,658	44,555	
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ▶ <input type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg, and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
29 Total net assets or fund balances (see instructions)	40,658	44,555		
30 Total liabilities and net assets/fund balances (see instructions) .	109,020	112,786		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	40,658
2 Enter amount from Part I, line 27a	2	3,897
3 Other increases not included in line 2 (itemize) ▶ _____	3	0
4 Add lines 1, 2, and 3	4	44,555
5 Decreases not included in line 2 (itemize) ▶ _____	5	0
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	6	44,555

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
1 a SALES OF PUBLICLY TRADED SECURITIES	P		
b CAPITAL GAINS DIVIDENDS	P		
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 23,032		21,820	1,212
b 120			120
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a			1,212
b			120
c			
d			
e			

2 Capital gain net income or (net capital loss)	2	1,332
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No
 If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2018	930,468	191,014	4.871203
2017	8,515,660	5,506,599	1.546446
2016	1,490,545	8,194,148	0.181904
2015	1,132,052	7,031,806	0.160990
2014	1,154,350	3,220,683	0.358418

2 Total of line 1, column (d)	7.118961
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	1.423792
4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	157,902
5 Multiply line 4 by line 3	224,820
6 Enter 1% of net investment income (1% of Part I, line 27b)	35
7 Add lines 5 and 6	224,855
8 Enter qualifying distributions from Part XII, line 4	355,615

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

Table with 11 rows for excise tax calculations. Includes items like 'Exempt operating foundations', 'Domestic foundations that meet the section 4940(e) requirements', and 'Tax based on investment income'. Total amount owed is 19,943.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions like 'During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?' and 'Has the foundation engaged in any activities that have not previously been reported to the IRS?'.

Part VII-A Statements Regarding Activities (continued)

11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule See instructions.
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement See instructions
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address N/A
14 The books are in care of MARY ELLEN LEYDEN Telephone no (212) 286-2600

Located at PO BOX 608 CLOSTER NJ ZIP+4 07624

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 -check here and enter the amount of tax-exempt interest received or accrued during the year 15

16 At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes", enter the name of the foreign country

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

1a During the year did the foundation (either directly or indirectly)
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days).
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019?
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))
a At the end of tax year 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? If "Yes," list the years
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement-see instructions)
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here
3a 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 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 Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2019).
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?
b 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?

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, 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		
Total number of others receiving over \$50,000 for professional services. ▶		0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
2	
3	
4	

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	Amount
1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3 ▶	0

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	115,194
b	Average of monthly cash balances.	1b	45,113
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	160,307
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	160,307
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	2,405
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	157,902
6	Minimum investment return. Enter 5% of line 5.	6	7,895

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	7,895
2a	Tax on investment income for 2019 from Part VI, line 5.	2a	35
b	Income tax for 2019 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	35
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	7,860
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	7,860
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	7,860

Part 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	355,615
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	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	355,615
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	35
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	355,580

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				7,860
2 Undistributed income, if any, as of the end of 2019				
a Enter amount for 2018 only.			0	
b Total for prior years 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2019				
a From 2014.	1,005,066			
b From 2015.	887,600			
c From 2016.	1,093,684			
d From 2017.	8,316,216			
e From 2018.	919,961			
f Total of lines 3a through e.	12,222,527			
4 Qualifying distributions for 2019 from Part XII, line 4 ▶ \$ _____ 355,615				
a Applied to 2018, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2019 distributable amount.				7,860
e Remaining amount distributed out of corpus	347,755			
5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a))				0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	12,570,282			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
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.		0		
d Subtract line 6c from line 6b Taxable amount—see instructions		0		
e Undistributed income for 2018 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2019 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2020				0
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).		0		
8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions).	1,005,066			
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a	11,565,216			
10 Analysis of line 9				
a Excess from 2015.	887,600			
b Excess from 2016.	1,093,684			
c Excess from 2017.	8,316,216			
d Excess from 2018.	919,961			
e Excess from 2019.	347,755			

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling. ▶

b Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

	Tax year	Prior 3 years			(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
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					
e 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

a "Assets" alternative test—enter

(1) Value of all assets

(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

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

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

Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

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

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total ▶ 3a				334,300
b <i>Approved for future payment</i>				
Total ▶ 3b				0

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
MARY B SHEA C/O PKF OCONNOR DAVIES 665 FIFTH AVENUE NEW YORK, NY 10022	TRUSTEE, PRESIDENT, & ASST TREASURER 0 50	0	0	0
ROBERT B SHEA DECEASED ON 81119 C/O PKF OCONNOR DAVIES 665 FIFTH AVENUE NEW YORK, NY 10022	TRUSTEE & VICE PRESIDENT 0 50	0	0	0
BRIAN K GREEN C/O PKF OCONNOR DAVIES 665 FIFTH AVENUE NEW YORK, NY 10022	TRUSTEE & ASST SECRETARY 0 50	0	0	0
MICHAEL S ARLEIN C/O PKF OCONNOR DAVIES 665 FIFTH AVENUE NEW YORK, NY 10022	TRUSTEE & VICE PRESIDENT 0 50	0	0	0
MIMI J KAPLANSKY C/O PKF OCONNOR DAVIES 665 FIFTH AVENUE NEW YORK, NY 10022	TREASURER, ASST SECRETARY 0 50	0	0	0
MARY ELLEN LEYDEN C/O PKF OCONNOR DAVIES 665 FIFTH AVENUE NEW YORK, NY 10022	TRUSTEE SECRETARY & TREASURER 0 50	0	0	0
EILEEN CAROLINE DOLAN C/O PKF OCONNOR DAVIES 665 FIFTH AVENUE NEW YORK, NY 10022	TRUSTEE 0 50	0	0	0
JOHN F DOLAN C/O PKF OCONNOR DAVIES 665 FIFTH AVENUE NEW YORK, NY 10022	TRUSTEE 0 50	0	0	0

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
AMERICAN DIABETES ASSOCIATION PO BOX 1834 MERRIFIELD, VA 22116	N/A	PC	GENERAL SUPPORT	100
AMERICAN KIDNEY FUND PO BOX 1837 MERRIFIELD, VA 22116	N/A	PC	GENERAL SUPPORT	100
AMERICAN LUNG ASSOCIATION PO BOX 7000 ALBERT LEA, MN 560078000	N/A	PC	GENERAL SUPPORT	100
Total ▶ 3a				334,300

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
AMERICAN PARKINSON DISEASE ASSOCIATION PARKINSON PLAZA 135 PARKINSON AVE STATEN ISLAND, NY 10305	N/A	PC	GENERAL SUPPORT	100
AMERICAN UNIVERSITY OF BEIRUT 3 DAG HAMMARSKJOLD PLAZA NEW YORK, NY 10017	N/A	PC	GENERAL SUPPORT	1,000
ARKANSAS CHILDREN'S HOSPITAL 1 CHILDRENS WAY LITTLE ROCK, AR 72202	N/A	PC	GENERAL SUPPORT	1,000
Total ▶ 3a				334,300

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BETHESDA HOSPITAL FOUNDATION 2815 SOUTH SEACREST BOULEVARD BOYNTON BEACH, FL 33435	N/A	PC	GENERAL SUPPORT	10,000
CALVARY CHRISTIAN ACADEMY 2401 WEST CYPRESS CREEK ROAD FORT LAUDERDALE, FL 33309	N/A	PC	GENERAL SUPPORT	10,000
CALVARY HOSPITALPO BOX 235 HARTSDALE, NY 10530	N/A	PC	GENERAL SUPPORT	1,000
Total ▶ 3a				334,300

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CHAPIN SCHOOL LTD100 EAST END AVE NEW YORK, NY 10028	N/A	PC	GENERAL SUPPORT	85,000
CHRISTIAN BROTHERS CENTER ENDOWMENT FUND 635 OCEAN ROAD NARRAGANSETT, RI 02882	N/A	PC	GENERAL SUPPORT	10,000
CLOSTER VOLUNTEER AMBULANCE & RESCUE CORPS INC 72 RUCKMAN ROAD CLOSTER, NJ 07624	N/A	PC	GENERAL SUPPORT	500
Total ▶ 3a				334,300

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CYSTIC FIBROSIS FOUNDATION PO BOX 52074 PHOENIX, AZ 85072	N/A	PC	GENERAL SUPPORT	100
EASTER SEALSPO BOX 768 ALBANY, NY 12201	N/A	PC	GENERAL SUPPORT	100
FIRST CHRISTIAN CHURCHPO BOX 245 NEW LONDON, MO 63459	N/A	PC	GENERAL SUPPORT	10,000
Total ▶ 3a				334,300

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FRIENDS OF NATHANIEL WITHERELL 70 PARSONAGE ROAD GREENWICH, CT 06830	N/A	PC	GENERAL SUPPORT	3,000
GATESTONE INSTITUTE 750 THIRD AVENUE NEW YORK, NY 100170300	N/A	PC	GENERAL SUPPORT	3,000
GEORGE C MARSHALL FOUNDATION PO BOX 1600 LEXINGTON, VA 24450	N/A	PC	GENERAL SUPPORT	5,000
Total ▶ 3a				334,300

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
GREENWICH EMERGENCY MEDICAL SERVICE INC 1111 E PUTNAM AVE RIVERSIDE, CT 06878	N/A	PC	GENERAL SUPPORT	5,000
GREENWICH LIBRARY 101 WEST PUTNAM AVE GREENWICH, CT 06830	N/A	PC	GENERAL SUPPORT	5,000
GREENWISH HOSPITAL FOUNDATION 35 RIVER ROAD COS COB, CT 06807	N/A	PC	GENERAL SUPPORT	25,000
Total ▶ 3a				334,300

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
GUNN MEMORIAL LIBRARY & MUSEUM PO BOX 1273 WASHINGTON, CT 06793	N/A	PC	GENERAL SUPPORT	41,000
HABITAT FOR HUMANITY PO BOX 1729 AMERICUS, GA 31709	N/A	PC	GENERAL SUPPORT	100
INNER-CITY SCHOLARSHIP FUND 1011 FIRST AVENUE NEW YORK, NY 10022	N/A	PC	GENERAL SUPPORT	10,000
Total				334,300

▶ 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
LEUKEMIA & LYMPHOMA SOCIETY PO BOX 9031 PUTTSFIELD, MA 01202	N/A	PC	GENERAL SUPPORT	100
LITTLE FERRY FREE PUBLIC LIBRARY 239 LIBERTY ST LITTLE FERRY, NJ 07643	N/A	PC	GENERAL SUPPORT	4,000
MARCH OF DIMES PO BOX 5041 WHITE PLAINS, NY 10602	N/A	PC	GENERAL SUPPORT	100
Total				334,300

▶ **3a**

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MATIGNON HIGH SCHOOL 1 MATIGNON RD CAMBRIDGE, MA 02140	N/A	PC	GENERAL SUPPORT	25,000
MEMORIAL SLOAN-KETTERING CANCER CENTER 1275 YORK AVE NEW YORK, NY 10065	N/A	PC	GENERAL SUPPORT	5,000
NATIONAL FEDERATION OF THE BLIND PO BOX 17252 BALTIMORE, MD 212971252	N/A	PC	GENERAL SUPPORT	100
Total ▶ 3a				334,300

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NATIONAL MULTIPLE SCLEROSIS SOCIETY PO BOX 4527 NEW YORK, NY 10163	N/A	PC	GENERAL SUPPORT	100
NATIONAL WILDLIFE FEDERATION PO BOX 1691 MERRIFIELD, VA 22116	N/A	PC	GENERAL SUPPORT	100
NEW MILFORD HOSPITAL FOUNDATION 28 ELM ST NEW MILFORD, CT 06776	N/A	PC	GENERAL SUPPORT	5,000
Total ▶ 3a				334,300

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NYU LANGONE MEDICAL CENTER ONE PARK AVENUE NEW YORK, NY 10016	N/A	PC	GENERAL SUPPORT	25,000
ONE WEST 54TH STREET FOUNDATION 1 WEST 54TH STREET NEW YORK, NY 10019	N/A	PC	GENERAL SUPPORT	1,000
OUR LADY OF PERPETUAL HELP CHURCH ROUTE 47 PO BOX 303 WASHINGTON DEPOT, CT 06794	N/A	PC	GENERAL SUPPORT	10,000
Total ▶ 3a				334,300

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SALVATION ARMY OF PALM BEACH COUNTY 2100 PALM BEACH LAKED BLVD WEST PALM BEACH, FL 33409	N/A	PC	GENERAL SUPPORT	5,000
SHRINERS HOSPITALS FOR CHILDREN 2900 N ROCKY POINT DRIVE TAMPA, FL 33607	N/A	PC	GENERAL SUPPORT	11,000
ST ANTHONY'S PARISH 199 WALNUT STREET NORTHVALE, NJ 07647	N/A	PC	GENERAL SUPPORT	1,000
Total ▶ 3a				334,300

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ST MARGARET'S CHURCH 1098 PAWTUCKET AVENUE RUMFORD, RI 02916	N/A	PC	GENERAL SUPPORT	1,500
ST THERESE OF LISIEUX CHURCH 102 MONROE AVENUE CRESSKILL, NJ 07626	N/A	PC	GENERAL SUPPORT	1,000
STEEP ROCK ASSOCIATION PO BOX 279 WASHINGTON DEPOT, CT 06794	N/A	PC	GENERAL SUPPORT	5,000
Total				334,300



3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SUMMIT JEWISH COMMUNITY CENTER SUMMIT NJ PO BOX 268 SUMMIT, NJ 07902	N/A	PC	GENERAL SUPPORT	3,000
VETERANS OF FOREIGN WARS PO BOX 8954 TOPEKA, KS 666089922	N/A	PC	GENERAL SUPPORT	100
WASHINGTON AMBULANCE ASSOCIATION PO BOX 294 WASHINGTON DEPOT, CT 06794	N/A	PC	GENERAL SUPPORT	1,000
Total ▶ 3a				334,300

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
WASHINGTON CITIZEN'S SCHOLARSHIP FOUNDATION INC PO BOX 243 WASHINGTON DEPOT, CT 06794	N/A	PC	GENERAL SUPPORT	1,000
WASHINGTON COMMUNITY FUND INC PO BOX 1213 WASHINGTON DEPOT, CT 06793	N/A	PC	GENERAL SUPPORT	1,000
WASHINGTON VOLUNTEER FIRE DEPARTMENT PO BOX 244 WASHINGTON DEPOT, CT 06794	N/A	PC	GENERAL SUPPORT	1,000
Total ▶ 3a				334,300

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
WOUNDED WARRIOR PROJECT PO BOX 758517 TOPEKA, KS 66675	N/A	PC	GENERAL SUPPORT	1,000
Total ▶ 3a				334,300

TY 2019 Accounting Fees Schedule**Name:** PONAGANSETT FOUNDATION INC**EIN:** 23-7179101

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	7,528	0		7,528

TY 2019 Investments - Other Schedule**Name:** PONAGANSETT FOUNDATION INC**EIN:** 23-7179101**Investments Other Schedule 2**

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
730.000 SHARES OF FIDELITY 500 INDEX FD-AI	AT COST	68,386	81,775
70.000 SHARES OF ISHARES SELECT DIVIDEND ETF	AT COST	6,948	7,396
70.000 SHARES OF VANGUARD DIVIDENDS APPREC ETF	AT COST	7,866	8,726
376.95 SHARES OF DODGE & COX INCOME	AT COST	5,032	5,289
520.09 SHARES OF DOUBLELINE TTL RTRN BND-I	AT COST	5,400	5,529
43.00 SHARES OF ISHARES 1-3 YEAR TREASURY BO	AT COST	3,584	3,639
25.00 SHARES OF VANGUARD SHORT-TERM BOND ETF	AT COST	1,979	2,015
448.83 SHARES OF VANGUARD TOTAL INTL BND-ADM	AT COST	10,000	10,153

TY 2019 Other Expenses Schedule**Name:** PONAGANSETT FOUNDATION INC**EIN:** 23-7179101**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FILING FEES	25	0		25
POSTAGE	105	0		105
INSURANCE	272	0		272
DUES AND SUBSCRIPTIONS	554	254		300

TY 2019 Other Liabilities Schedule**Name:** PONAGANSETT FOUNDATION INC**EIN:** 23-7179101

Description	Beginning of Year - Book Value	End of Year - Book Value
BANK OVERDRAFT	68,362	68,231

TY 2019 Other Professional Fees Schedule**Name:** PONAGANSETT FOUNDATION INC**EIN:** 23-7179101

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOUNDATION ADMINISTRATION	13,085	0		13,085
INVESTMENT MANAGEMENT	363	363		0

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors
▶ Attach to Form 990, 990-EZ, or 990-PF
▶ Go to www.irs.gov/Form990 for the latest information

OMB No 1545-0047
2019

Name of the organization
PONAGANSETT FOUNDATION INC

Employer identification number
23-7179101

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)() (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹ 3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc , contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization
 PONAGANSETT FOUNDATION INC

Employer identification number
 23-7179101

Part I

Contributors (see instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MARY SHEA 1991 REVOCABLE TRUST C/O PKF OCONNOR DAVIES 665 FIFTH AV NEW YORK, NY 10020	\$ 356,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions)

Name of organization
PONAGANSETT FOUNDATION INC

Employer identification number

23-7179101

Part II			
Noncash Property			
(a) No. from Part I	(b) Description of noncash property given <small>(see instructions) Use duplicate copies of Part II if additional space is needed</small>	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____

Name of organization PONAGANSETT FOUNDATION INC	Employer identification number 23-7179101
--	---

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 Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	