

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](http://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 WR Berkley Corporation Charitable Foundation % Foundation Source		<b>A Employer identification number</b> 36-4516560	
Number and street (or P O box number if mail is not delivered to street address) Foundation Source 501 Silverside Rd	Room/suite	<b>B Telephone number (see instructions)</b> (800) 839-1754	
City or town, state or province, country, and ZIP or foreign postal code Wilmington, DE 198091377		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>	
<b>G</b> 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 type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here <input type="checkbox"/> <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
<b>H</b> 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		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
<b>I</b> Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ <u>414,434</u>		<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
<b>J</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ <i>(Part I, column (d) must be on cash basis)</i>			

<b>Part I Analysis of Revenue and Expenses</b> <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)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received (attach schedule)	921,500			
	<b>2</b> Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B				
	<b>3</b> Interest on savings and temporary cash investments	908	908		
	<b>4</b> Dividends and interest from securities				
	<b>5a</b> Gross rents				
	<b>b</b> Net rental income or (loss)				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10				
	<b>b</b> Gross sales price for all assets on line 6a				
	<b>7</b> Capital gain net income (from Part IV, line 2)			0	
	<b>8</b> Net short-term capital gain				
	<b>9</b> Income modifications				
	<b>10a</b> Gross sales less returns and allowances				
<b>b</b> Less Cost of goods sold					
<b>c</b> Gross profit or (loss) (attach schedule)					
<b>11</b> Other income (attach schedule)					
<b>12 Total.</b> Add lines 1 through 11	922,408	908			
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc	0			
	<b>14</b> Other employee salaries and wages				
	<b>15</b> Pension plans, employee benefits				
	<b>16a</b> Legal fees (attach schedule)				
	<b>b</b> Accounting fees (attach schedule)				
	<b>c</b> Other professional fees (attach schedule)				
	<b>17</b> Interest				
	<b>18</b> Taxes (attach schedule) (see instructions)	8			
	<b>19</b> Depreciation (attach schedule) and depletion				
	<b>20</b> Occupancy				
	<b>21</b> Travel, conferences, and meetings				
	<b>22</b> Printing and publications				
	<b>23</b> Other expenses (attach schedule)	3,726			3,726
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23	3,734		0	3,726
	<b>25</b> Contributions, gifts, grants paid	807,523			807,523
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	811,257		0	811,249	
<b>27</b> Subtract line 26 from line 12					
<b>a Excess of revenue over expenses and disbursements</b>	111,151				
<b>b Net investment income</b> (if negative, enter -0-)		908			
<b>c Adjusted net income</b> (if negative, enter -0-)					

<b>Part II Balance Sheets</b> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .			
	<b>2</b> Savings and temporary cash investments . . . . .	303,283	414,434	414,434
	<b>3</b> Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>4</b> Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .			
	<b>10a</b> Investments—U S and state government obligations (attach schedule)			
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .			
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .			
	<b>11</b> Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	<b>12</b> Investments—mortgage loans . . . . .			
	<b>13</b> Investments—other (attach schedule) . . . . .			
	<b>14</b> Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
<b>15</b> Other assets (describe ▶ _____)				
<b>16 Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	303,283	414,434	414,434	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .			
	<b>18</b> Grants payable . . . . .			
	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .			
	<b>22</b> Other liabilities (describe ▶ _____)			
	<b>23 Total liabilities</b> (add lines 17 through 22) . . . . .	0	0	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow FASB ASC 958, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 24, 25, 29 and 30.</b>			
	<b>24</b> Net assets without donor restrictions . . . . .			
	<b>25</b> Net assets with donor restrictions . . . . .			
	<b>Foundations that do not follow FASB ASC 958, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 26 through 30.</b>			
	<b>26</b> Capital stock, trust principal, or current funds . . . . .			
	<b>27</b> Paid-in or capital surplus, or land, bldg , and equipment fund			
	<b>28</b> Retained earnings, accumulated income, endowment, or other funds	303,283	414,434	
<b>29 Total net assets or fund balances</b> (see instructions) . . . . .	303,283	414,434		
<b>30 Total liabilities and net assets/fund balances</b> (see instructions) .	303,283	414,434		

**Part III Analysis of Changes in Net Assets or Fund Balances**

<b>1</b> 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)	<b>1</b>	303,283
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	111,151
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	414,434
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	<b>6</b>	414,434

**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.)
<b>1a</b>			

(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)
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

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	
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss)	2	
{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)	3	
{ If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 }		

**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	572,640	352,590	1.624096
2017	578,590	357,063	1.620414
2016	463,417	329,503	1.406412
2015	627,417	386,405	1.623729
2014	523,751	341,065	1.535634

<b>2</b> Total of line 1, column (d)	<b>2</b>	7.810285
<b>3</b> 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	<b>3</b>	1.562057
<b>4</b> Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	<b>4</b>	373,965
<b>5</b> Multiply line 4 by line 3	<b>5</b>	584,155
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	<b>6</b>	9
<b>7</b> Add lines 5 and 6	<b>7</b>	584,164
<b>8</b> Enter qualifying distributions from Part XII, line 4	<b>8</b>	811,249

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 fields for exempt foundations, tax under section 511, subtitle A tax, and total tax due. Includes sub-tables 6a-6d for 2019 estimated tax payments.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about political campaigns, political expenditures, unrelated business income, and state reporting requirements. Includes Yes/No columns.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-13 regarding controlled entities, donor advised funds, and public inspection requirements.

14 The books are in care of Foundation Source Telephone no (800) 839-1754

Located at 501 Silverside Road Suite 123 Wilmington DE ZIP+4 198091377

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

Table with 3 columns: Question, Yes, No. Row 16 regarding interest in foreign countries.

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.

Main table with 3 columns: Question, Yes, No. Rows 1a-4b regarding Form 4720 exceptions and requirements.



**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
<b>Total</b> number of others receiving over \$50,000 for professional services. . . . . ▶		

**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
<b>1</b> _____	
<b>2</b> _____	
<b>3</b> _____	
<b>4</b> _____	

**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
<b>1</b> _____	
<b>2</b> _____	
All other program-related investments. See instructions	
<b>3</b> _____	
<b>Total.</b> Add lines 1 through 3 . . . . . ▶	

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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities.	<b>1a</b>	0
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	379,660
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	379,660
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	<b>1e</b>	
<b>2</b>	Acquisition indebtedness applicable to line 1 assets.	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	379,660
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	5,695
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4.	<b>5</b>	373,965
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	18,698

**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.)

<b>1</b>	Minimum investment return from Part X, line 6.	<b>1</b>	18,698
<b>2a</b>	Tax on investment income for 2019 from Part VI, line 5.	<b>2a</b>	9
<b>b</b>	Income tax for 2019 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	9
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	18,689
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	
<b>5</b>	Add lines 3 and 4.	<b>5</b>	18,689
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	<b>7</b>	18,689

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	<b>1a</b>	811,249
<b>b</b>	Program-related investments—total from Part IX-B.	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	<b>2</b>	0
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required).	<b>3a</b>	0
<b>b</b>	Cash distribution test (attach the required schedule).	<b>3b</b>	0
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	<b>4</b>	811,249
<b>5</b>	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.	<b>5</b>	9
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	811,240

**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
<b>1</b> Distributable amount for 2019 from Part XI, line 7				18,689
<b>2</b> Undistributed income, if any, as of the end of 2019				
<b>a</b> Enter amount for 2018 only. . . . .				
<b>b</b> Total for prior years 2017, 2016, 2015				
<b>3</b> Excess distributions carryover, if any, to 2019				
<b>a</b> From 2014. . . . .	506,198			
<b>b</b> From 2015. . . . .	608,097			
<b>c</b> From 2016. . . . .	446,943			
<b>d</b> From 2017. . . . .	560,743			
<b>e</b> From 2018. . . . .	555,026			
<b>f</b> Total of lines 3a through e. . . . .	2,677,007			
<b>4</b> Qualifying distributions for 2019 from Part XII, line 4 ▶ \$ <u>811,249</u>				
<b>a</b> Applied to 2018, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .				
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .				
<b>d</b> Applied to 2019 distributable amount. . . . .				18,689
<b>e</b> Remaining amount distributed out of corpus	792,560			
<b>5</b> Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a) )				
<b>6 Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	3,469,567			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .				
<b>c</b> 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. . . . .				
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .				
<b>e</b> Undistributed income for 2018 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .				
<b>f</b> Undistributed income for 2019 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2020 . . . . .				0
<b>7</b> 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). . . . .				
<b>8</b> Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions). . . . .	506,198			
<b>9 Excess distributions carryover to 2020.</b> Subtract lines 7 and 8 from line 6a . . . . .	2,963,369			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2015. . . . .	608,097			
<b>b</b> Excess from 2016. . . . .	446,943			
<b>c</b> Excess from 2017. . . . .	560,743			
<b>d</b> Excess from 2018. . . . .	555,026			
<b>e</b> Excess from 2019. . . . .	792,560			

**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)

	Tax year	Prior 3 years			<b>(e) Total</b>
	<b>(a) 2019</b>	<b>(b) 2018</b>	<b>(c) 2017</b>	<b>(d) 2016</b>	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .					
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon					
<b>a</b> "Assets" alternative test—enter					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .					
<b>c</b> "Support" alternative test—enter					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> 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) )  
NONE

**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

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**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 Name and address (home or business)	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
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total . . . . .</b> ▶ <b>3a</b>				807,523
<b>b</b> <i>Approved for future payment</i>				
<b>Total . . . . .</b> ▶ <b>3b</b>				





**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)				
<b>a</b> <i>Paid during the year</i>				
ALZHEIMERS DISEASE AND RELATED DISORDERS association inc 441 W KIRKPATRICK ST SYRACUSE, NY 13204	N/A	PC	Education Program	2,000
AMERICAN DIABETES ASSOCIATION INC 2451 CRYSTAL DR STE 900 ARLINGTON, VA 22202	N/A	PC	Camp AZDA Program	5,000
APPALACHIAN STATE UNIVERSITY FOUNDATION INC ASU BOX 32014 BOONE, NC 28608	N/A	PC	Brantley Center Strategic Partners Program	5,000
<b>Total . . . . .</b>				807,523

**▶ 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)				
<b>a</b> <i>Paid during the year</i>				
ARIZONA STATE UNIVERSITY FOUNDATION FOR A NEW american university PO BOX 2260 TEMPE, AZ 85280	N/A	PC	General & Unrestricted	5,000
ARTVAN10 STATE RD PMD 272 BATH, ME 04530	N/A	PC	Core Neighborhood Program	2,500
ATLAS OF ROCK COUNTYPO BOX 922 LIVERNE, MN 56156	N/A	PC	General & Unrestricted	1,000
<b>Total . . . . .</b> ▶ <b>3a</b>				807,523

**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)				
<b>a</b> <i>Paid during the year</i>				
BIG BROTHERS BIG SISTERS OF CENTRAL MASS METROWEST 484 MAIN ST STE 360 WORCESTER, MA 01608	N/A	PC	MySTEM Program	3,000
BOYS & GIRLS CLUB OF GREENWICH INC 4 HORSENECK LN GREENWICH, CT 06830	N/A	PC	General & Unrestricted	10,000
BOYS & GIRLS CLUB OF MT VERNON NY INC 350 S 6TH AVE MOUNT VERNON, NY 10550	N/A	PC	General & Unrestricted	5,000
<b>Total . . . . .</b> ▶ <b>3a</b>				807,523



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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BOYS AND GIRLS CLUBS OF METROWEST INC 169 PLEASANT ST MARLBORO, MA 01752	N/A	PC	After School Tutoring Program	3,000
CAMP ANGELS INC 5083 SUMMER BEACH BLVD FERN BCH, FL 32034	N/A	PC	Camp Program	5,625
CASA DE AMPARO 325 BUENA CREEK RD SAN MARCOS, CA 92069	N/A	PC	General & Unrestricted	2,000
<b>Total . . . . .</b> ▶ <b>3a</b>				807,523

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

Recipient Name and address (home or business)	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
<b>a</b> <i>Paid during the year</i>				
CHILD CRISIS ARIZONA 817 N COUNTRY CLUB DR MESA, AZ 85201	N/A	PC	General & Unrestricted	3,500
CHILDRENS LITERACY FOUNDATION 1536 LOOMIS HILL RD WATERBURY CTR, VT 05677	N/A	PC	Rural Libraries Program	1,500
CLEAR PATH FOR VETERANS INC 1223 SALT SPRINGS RD CHITTENANGO, NY 13037	N/A	PC	Art House Program	1,500
<b>Total . . . . .</b> ▶ <b>3a</b>				807,523

**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)				
<b>a</b> <i>Paid during the year</i>				
COMMUNITY CHEST OF ENGLEWOOD 310 ENGLE ST ENGLEWOOD, NJ 07631	N/A	PC	General & Unrestricted	1,000
CRIPPLED CHILDRENS FOUNDATION 2019 4TH AVE N STE 101 BIRMINGHAM, AL 35203	N/A	PC	General & Unrestricted	2,500
CULTIVATING COMMUNITYPO BOX 3792 PORTLAND, ME 04104	N/A	PC	Culinary Crew Program	5,625
<b>Total . . . . . ▶ 3a</b>				807,523

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

Recipient Name and address (home or business)	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
<b>a</b> <i>Paid during the year</i>				
CYSTIC FIBROSIS FOUNDATION 4550 MONTGOMERY AVE STE 1100 N BETHESDA, MD 20814	N/A	PC	General & Unrestricted	1,500
DRAVET SYNDROME FOUNDATION INC PO BOX 3026 CHERRY HILL, NJ 08034	N/A	PC	General & Unrestricted	700
ELIZABETH FREEMAN CENTER INC 43 FRANCIS AVE PITTSFIELD, MA 01201	N/A	PC	Domestic and sexual violence Programs	3,000
<b>Total . . . . .</b> ▶ <b>3a</b>				807,523

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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)				
<b>a</b> <i>Paid during the year</i>				
EMPLOYMENT OPTIONS INC 82 BRIGHAM ST MARLBOROUGH, MA 01752	N/A	PC	Catering Training Program	3,000
ENABLE INC13 ROSZEL RD STE B110 PRINCETON, NJ 08540	N/A	PC	General & Unrestricted	1,000
FARMINGTON VALLEY ARTS CENTER INC 25 ARTS CENTER LN AVON, CT 06001	N/A	PC	Artist in Residence Program	1,500
<b>Total . . . . .</b> ▶ <b>3a</b>				807,523

**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)				
<b>a</b> <i>Paid during the year</i>				
FEED MY STARVING CHILDREN 401 93RD AVE NW COON RAPIDS, MN 55433	N/A	PC	General & Unrestricted	960
FIT-NH NH INC122 MARKET ST MANCHESTER, NH 03101	N/A	PC	Angie's Shelter for Women Program	3,500
GREENWICH DEPARTMENT OF HUMAN SERVICES FUND INC 101 FIELD POINT RD GREENWICH, CT 06830	N/A	PC	Greenwich Campership program	2,500
<b>Total . . . . .</b> ▶ <b>3a</b>				807,523

**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)				
<b>a</b> <i>Paid during the year</i>				
GREENWICH HOSPITAL 5 PERRYRIDGE RD GREENWICH, CT 06830	N/A	PC	General & Unrestricted	500,000
GREENWICH HOSPITAL 5 PERRYRIDGE RD GREENWICH, CT 06830	N/A	PC	Women's and Children's Health Program	50,000
HABITAT FOR HUMANITY INTERNATIONAL INC 4408 LLOYD NOLAND PKWY FAIRFIELD, AL 35064	N/A	PC	Greater Birmingham Habitat for Humanity program	2,500
<b>Total . . . . . ▶ 3a</b>				807,523

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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)				
<b>a</b> <i>Paid during the year</i>				
HAND IN HAND MANO EN MANO 2 MAPLE ST MILBRIDGE, ME 04658	N/A	PC	Migrant Education Program in Portland	5,000
HEPHZIBAH CHILDRENS ASSOCIATION 1144 LAKE ST OAK PARK, IL 60301	N/A	PC	General & Unrestricted	5,000
HORACE MANN EDUCATIONAL ASSOCIATES INC 8 FORGE PKWY E FRANKLIN, MA 02038	N/A	PC	Autism Research Central Fund	3,000
<b>Total . . . . .</b> ▶ <b>3a</b>				807,523



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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
JUNIOR ACHIEVEMENT USA - GREATER FAIRFIELD COUNTY 835 MAIN ST BRIDGEPORT, CT 06604	N/A	PC	General & Unrestricted	2,500
KIDS CHANCE INC OF MISSOURI PO BOX 410384 SAINT LOUIS, MO 63141	N/A	PC	General & Unrestricted	2,000
KIDS CHANCE OF CALIFORNIA INC 3121 PARK AVE STE C SOQUEL, CA 95073	N/A	PC	General & Unrestricted	2,500
<b>Total . . . . .</b> ▶ <b>3a</b>				807,523

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
KIDS CHANCE OF MAINE INC PO BOX 696 BANGOR, ME 04402	N/A	PC	General & Unrestricted	500
KIDS CHANCE OF VIRGINIA INC 9301 INNOVATION DR STE 200 MANASSAS, VA 20110	N/A	PC	General & Unrestricted	9,000
KISKI VALLEY VETERANS & PATRIOTS ASSOCIATION 4500 MELWOOD RD LEECHBURG, PA 15656	N/A	PC	Charitable Event	500
<b>Total . . . . .</b> ▶ <b>3a</b>				807,523

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
L U K CRISIS CENTER INC 545 WESTMINSTER ST FITCHBURG, MA 01420	N/A	PC	Outpatient Counseling Fund	3,000
LIBERTY HOUSE INC 75 W BAKER ST MANCHESTER, NH 03103	N/A	PC	Transitional House Fund	3,000
LIFELIGHT FOUNDATION PO BOX 899 CAMDEN, ME 04843	N/A	PC	Human Patient Simulator Fund	5,625
<b>Total . . . . . ▶ 3a</b>				807,523

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
LITERACY VOLUNTEERS OF CENTRAL CONNECTICUT INC 20 HIGH ST NEW BRITAIN, CT 06051	N/A	PC	General & Unrestricted	2,000
LUVERNE ELEMENTARY SCHOOL OF INDEPENDENT SCHOOL district 709 N KNISS ST LUVERNE, MN 56156	N/A	PC	General & Unrestricted	1,000
MANHATTAN INSTITUTE FOR POLICY RESEARCH INC 52 VANDERBILT AVE NEW YORK, NY 10017	N/A	PC	General & Unrestricted	10,000
<b>Total . . . . .</b> ▶ <b>3a</b>				807,523

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<b>a</b> <i>Paid during the year</i>				
MEALS ON WHEELS AND MORE INC 3227 E 5TH ST AUSTIN, TX 78702	N/A	PC	General & Unrestricted	500
MERIDIAN COMMUNITY COLLEGE FDN 910 HWY 19 N MERIDIAN, MS 39307	N/A	PC	General & Unrestricted	1,000
MUSIC HAVEN INC 315 PECK ST BLDG 5 2ND FLR NEW HAVEN, CT 06513	N/A	PC	Educational Programs	1,500
<b>Total . . . . .</b> ▶ <b>3a</b>				807,523

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
NATALIES SISTERS INCPO BOX 2074 LEXINGTON, KY 40588	N/A	PC	General & Unrestricted	500
NEW HAMPSHIRE FOOD BANK DEPT F PO BOX 9510 MANCHESTER, NH 03108	N/A	PC	Recipe for Success Program	3,000
NEW MILFORD FIRE COMPANY 2 INC 680 TRENTON ST NEW MILFORD, NJ 07646	N/A	PC	General & Unrestricted	100
<b>Total . . . . .</b> ▶ <b>3a</b>				807,523

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
OPHELIA PLACE INCPO BOX 621 LIVERPOOL, NY 13088	N/A	PC	Community Education Program	1,500
PATRIOT PAWS SERVICE DOGS 254 RANCH TRL ROCKWALL, TX 75032	N/A	PC	General & Unrestricted	2,263
PEDIATRIC BRAIN TUMOR FOUNDATION OF THE UNITED states inc 302 RIDGEFIELD CT ASHEVILLE, NC 28806	N/A	PC	General & Unrestricted	2,500
<b>Total . . . . .</b> ▶ <b>3a</b>				807,523

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
PHOENIX CHILDRENS PROJECT 3219 E CAMELBACK RD PHOENIX, AZ 85018	N/A	PC	General & Unrestricted	1,500
PINE TREE SOCIETY FOR HANDICAPPED CHILDREN & adults inc 149 FRONT ST BATH, ME 04530	N/A	PC	Pine Tree Camp's Nature Program	5,000
PORTLAND MAINE SYMPHONY ORCHESTRA 50 MONUMENT SQ 2ND FL PORTLAND, ME 04101	N/A	PC	Discovery Concerts Youth Program	5,000
<b>Total . . . . . ▶ 3a</b>				807,523



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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
PRESUMPCOT REGIONAL LAND TRUST INC PO BOX 33 GORHAM, ME 04038	N/A	PC	Community Engagement Education Program in Westbrook	5,000
RANCHO COASTAL HUMANE SOCIETY 389 REQUEZA ST ENCINITAS, CA 92024	N/A	PC	General & Unrestricted	1,000
SENIOR SERVICE CENTERS OF THE ALBANY AREA INC 28 COLVIN AVE STE 2 ALBANY, NY 12206	N/A	PC	Health and Wellness Programs	1,500
<b>Total . . . . .</b>				807,523

▶ **3a**

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SINGLE PARENT PROVISION 2041 GRAND AVE WEST DES MOINES, IA 50265	N/A	PC	General & Unrestricted	1,000
SPIERINGS CANCER FOUNDATION 700 HARVEST TRL APPLETON, WI 54913	N/A	PC	General & Unrestricted	2,500
ST BALDRICKS FOUNDATION INC 1333 S MAYFLOWER AVE STE 400 MONROVIA, CA 91016	N/A	PC	General & Unrestricted	500
<b>Total . . . . .</b> ▶ <b>3a</b>				807,523

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ST JOHNS UNIVERSITY - SCHOOL OF RISK MANAGEMENT 101 ASTOR PL RM 259 NEW YORK, NY 10003	N/A	PC	2019 SRM Annual Fund	25,000
ST MARYS FOOD BANK ALLIANCE 2831 N 31ST AVE PHOENIX, AZ 85009	N/A	PC	General & Unrestricted	5,000
STATEWIDE PARENT ADVOCACY NETWORK INCORPORATED 35 HALSEY ST 4TH FL NEWARK, NJ 07102	N/A	PC	General & Unrestricted	1,000
<b>Total . . . . .</b>				807,523

▶ **3a**

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
TABITHA INC4720 RANDOLPH ST LINCOLN, NE 68510	N/A	PC	General & Unrestricted	1,000
TERRI BRODEUR BREAST CANCER FOUNDATION INC PO BOX 785 NEW LONDON, CT 06320	N/A	PC	Mentoring Program	1,500
THE ALFRED E SMITH MEMORIAL FOUNDATION 1011 1ST AVE STE 1400 New YORK, NY 10022	N/A	PC	General & Unrestricted	1,000
<b>Total . . . . .</b> ▶ <b>3a</b>				807,523

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Recipient Name and address (home or business)	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
<b>a</b> <i>Paid during the year</i>				
THE BIRCHTREE CENTER 2064 WOODBURY AVE STE 204 NEWINGTON, NH 03801	N/A	PC	School/Agency Consultation Services Program	3,000
THE OPEN HEARTH ASSOCIATION 150 CHARTER OAK AVE HARTFORD, CT 06106	N/A	PC	Working Man's Center Program	2,000
TRAVIS MILLS FOUNDATION 747 WESTERN AVE MANCHESTER, ME 04351	N/A	PC	Recalibration Retreat Program	5,000
<b>Total . . . . .</b>				<b>807,523</b>



**3a**

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
TREE STREET YOUTH INC144 HOWE ST LEWISTON, ME 04240	N/A	PC	Longley Leaders Program	5,625
TRUE COLORS INC 30 ARBOR ST UNIT 201A HARTFORD, CT 06106	N/A	PC	Youth Leadership Team Program	2,000
UNITED CARE USA613 COLTS NECK CT COLLEYVILLE, TX 76034	N/A	PC	General & Unrestricted	500
<b>Total . . . . . ▶ 3a</b>				807,523

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
UNIVERSITY OF MISSISSIPPI FOUNDATION - UNIVERSITY of mississippi medical center 2500 N STATE ST JACKSON, MS 39216	N/A	PC	The Blair E Batson Hospital for Children	2,500
URBANDALE FOOD PANTRY 7611 DOUGLAS AVE STE 34 35 URBANDALE, IA 50322	N/A	PC	General & Unrestricted	1,000
UTICA ZOOLOGICAL SOCIETY 99 STEELE HILL RD UTICA, NY 13501	N/A	PC	Zoo Adventures STEM Academy Program	1,000
<b>Total . . . . .</b>				<b>807,523</b>

▶ **3a**

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Recipient Name and address (home or business)	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
<b>a</b> <i>Paid during the year</i>				
VERA HOUSE INC723 JAMES ST SYRACUSE, NY 13203	N/A	PC	Adult Prevention & Education Program	1,500
VERMONT CHILDRENS TRUST FOUNDATION 95 STPAUL ST 330 BURLINGTON, VT 05401	N/A	PC	Committee on Temporary Shelter Program	2,000
VETERAN HOMESTEAD INC 3 VICTORY LN GARDNER, MA 01440	N/A	PC	Veteran Victory Farm Program	3,500
<b>Total . . . . .</b>				<b>807,523</b>

▶ **3a**



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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)				
<b>a</b> <i>Paid during the year</i>				
WASHINGTON LEGAL FOUNDATION 2009 MASSACHUSETTS AVE NW WASHINGTON, DC 20036	N/A	PC	General & Unrestricted	15,000
WEBSTER HOUSE135 WEBSTER ST MANCHESTER, NH 03104	N/A	PC	Safe Haven for Children Program	3,000
<b>Total . . . . . ▶ 3a</b>				807,523

**Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.**

## **TY 2019 Depreciation Schedule**

**Name:** WR Berkley Corporation Charitable  
Foundation

**EIN:** 36-4516560

**TY 2019 LiquidationExplanationStmnt**

**Name:** WR Berkley Corporation Charitable  
Foundation

**EIN:** 36-4516560

**Statement:** As explained below, the Foundation has no plans for dissolution. This statement is submitted to report the distribution of certain assets during the year. The distributions resulted in a substantial contraction of assets. The following information is submitted in accordance with Treasury Regulation Section 1.6043-3(a)(1) and the Form 990-PF instructions: During the taxable year ending December 31, 2019, the Foundation made distributions from assets from sources other than current income. Collectively, the distributions in excess of current income totaled \$807,523. This amount represents 25% or more of the Foundation's net assets of \$303,283 (as measured by fair market value) at the beginning of the Foundation's taxable year ending December 31, 2019. Although the Foundation technically experienced a substantial contraction, it will continue in existence and has no plans for dissolution. The Foundation made distributions of cash to the grantees listed in the attachment to Part XV, Line 3a; each such grant was made solely for the charitable purpose specified therein.

**TY 2019 Other Expenses Schedule**

**Name:** WR Berkley Corporation Charitable  
Foundation

**EIN:** 36-4516560

**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Administrative Fees	3,701			3,701
State or Local Filing Fees	25			25

**TY 2019 Taxes Schedule**

**Name:** WR Berkley Corporation Charitable  
Foundation

**EIN:** 36-4516560

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
990-PF Excise Tax for 2018	8			

**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](http://www.irs.gov/Form990) for the latest information

OMB No 1545-0047  
**2019**

Name of the organization  
WR Berkley Corporation Charitable  
Foundation

**Employer identification number**  
36-4516560

**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 33<sup>1</sup> 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  
 WR Berkley Corporation Charitable  
 Foundation

**Employer identification number**  
 36-4516560

**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	Berkley Insurance Co 475 Steamboat Rd <hr/> Greenwich, CT 06830	<hr/> \$ 161,500	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions )
2	Berkley Technology Services 3840 109th Street <hr/> Urbandale, IA 50322	<hr/> \$ 5,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions )
3	W R Berkley Corporation 475 Steamboat Road <hr/> Greenwich, CT 06830	<hr/> \$ 750,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions )
4	Berkley Casualty Company One Metroplex drive <hr/> Birmingham, AL 35209	<hr/> \$ 5,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions )
.	<hr/> <hr/>	<hr/> \$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions )
.	<hr/> <hr/>	<hr/> \$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions )

Name of organization WR Berkley Corporation Charitable Foundation	Employer identification number 36-4516560
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<b>Part II Noncash Property</b>			
(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  
 WR Berkley Corporation Charitable  
 Foundation

**Employer identification number**  
 36-4516560

**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	
_____ _____		_____ _____	