Form 990-PF

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

Do not enter social security numbers on this form as it may be made public.

2018

		ent of the Treasury Revenue Service				irity numbers or <i>m990PF</i> for instr			-		pen to Public Inspection
Fo	or cal	endar year 2018	or tax year beginni	ng		12,	⁷ 20 , 2018	, and endi	ng		12/31, 20 18
		foundation	, =====				- ,			Employer identi	
	SCA	RLET CHARIT	ABLE TRUST							83	-2906731
			number if mail is not deliv	ered to	o street a	ddress)		Room/suite	; В		per (see instructions)
	400	ATLANTIC A	VENUE							6	17-482-1776
			country, and ZIP or foreign	n posta	l code						1, 102 1,70
									c	If exemption applic	
	ROS'	TON, MA 021	10-3333							pending, check her	6
		ck all that apply:	X Initial return			Initial return	of a former r	oublic char	itv		
_	0	on on mor apply.	Final return			Amended re	-	, , , , , , , , , , , , , , , , , , , ,	ີ ັ	1 Foreign organization 2 Foreign organization	
			Address chan	ae		Name chang				85% test, check	here and attach
$\overline{\mathbf{H}}$	Che	ck type of organia	ration: X Section		c)(3) e)			~	eg	computation .	
ï			onexempt charitable tre			ther taxable pr		, ()	୰∣⋷		n status was terminated
Τ		market value o				method: X C		crual	┥.		(b)(1)(A), check here .
•		of year (from Pa		_	-	nection.[_A] c pecify)	asii Acc	Juai			(b)(1)(B), check here .
		•				(d) must be on ca	ich hacie)		-	dioer section 507	B)(1)(B), CHOCK Here .
			enue and Expenses				1311 50313 7				(d) Disbursements
٠	CIL.	total of amounts i	n columns (b), (c), and	(d)		Revenue and penses per	(b) Net inv		(c)	Adjusted net	for charitable
		may not necessari column (a) (see in	ly equal the amounts in	1	~	books	incon	ne		income	purposes (cash basis only)
_	1			ula)		1,762,097.					†
	2	Chack > if th	ts, etc , received (attach schedu e foundation is not require	d to			-				
	3	aπa	ch Sch B								STMT 1
	3	•	rest from securities			1,295		1,295.		 	STMT 2
	50					1,200		1,2,5,			01111 2
	5a							-			;
•			(loss)		-	1,048.			•		1
Revenue	b b	Gross sales price for a	n sale of assets not on line 1 , (1,040					
ver	_		come (from Part IV, line					1,048.			† · · · · · · †
Re	7	. •						1,010.			
	8 9	•	ital gain ons				-				
		Gross sales less return	ns	• • •		-					1
		and allowances Less Cost of goods so					•				1
		_	s) (attach schedule)	-							†··
	11	•	ch schedule)		1						
	12		through 11			1,764,440.		2,343.			
	13		cers, directors, trustees, etc								<u> </u>
es					\sqcap			NONE		NON	E
us	15	Pension plans lemi						NONE		NON	
and Administrative Expense	16a	Local fees (attech	schedule)	- 1	3			7			
ũ	b	Accounting fees	trach SETPOUTE)1. 2019	3 1	 					· · · ·	
<u>×</u>	c	Other professional	ees (attach schedule)		2						
rat	17	I.									
isti	18	Taxes (attach sche	dule QG INSTRUMENT	13		83.		83.			
ij	19		h schedule) and deplet]
þ	20	•									
ΥF	21	• •	, and meetings					NONE		NON	E
anı	22		ations					NONE		NON	E
ğ	23	- '	tach schedule)								
ĭ	24	•	d administrative exper								
Operating			gh 23			83.	_	83.		NON	<u> </u>
o	25		, grants paid								
	26		pursements Add lines 24 ar			83.		83.		NON	E
	27	Subtract line 26 from									
			er expenses and disbursen	nents		1,764,357					
	ь	Net investment in	come (if negative, enter	-0-)				2,260.			
	_		me lif negative, enter d				· · · · · · · · · · · · · · · · · · ·				1

JSA For Paperwork Reduction Act Notice, see instructions.

HJA035 958K 08/26/2019 14:28:07

338738000

Б	art II	Attached schedules and amounts in the Balance Sheets description column should be for end-of-year	Beginning of year	End	of year
_	artii	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1,	Cash - non-interest-bearing	NONE	17	
	2	Savings and temporary cash investments	NONE	1,195	1,195
		Accounts receivable			
		Less, allowance for doubtful accounts			
		Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
		Grants receivable			
	6	Receivables due from officers, directors, trustees, and other	<u> </u>		
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
		Less, allowance for doubtful accounts ► NONE			\
S		Inventories for sale or use			
Assets		Prepaid expenses and deferred charges			†
As		Investments - U.S. and state government obligations (attach schedule).	-		—
Ī		Investments - corporate stock (attach schedule) . STMT .4.		1,238,271	1,728,465
		Investments - corporate bloods (attach schedule)		1,230,271	1,720,403
		Investments - land, buildings,			
		and equipment basis Less accumulated depreciation		···	·
		(attach schedule)			 -
		Investments - mortgage loans		49,619	76 550
	14	Land, buildings, and		43,013	. 76,558
		equipment basis Less accumulated depreciation			.
		(attach schedule)			
		Other assets (describe		. =	
		Total assets (to be completed by all filers - see the	NONE	1 000 100	1 000 000
_		instructions Also, see page 1, item I)	NONE	1,289,102	1,806,235
		Accounts payable and accrued expenses			<u> </u>
S		Grants payable			
ij	19	Deferred revenue			<u> </u>
Ĭ		Loans from officers, directors, trustees, and other disqualified persons			<u> </u>
Liabilities		Mortgages and other notes payable (attach schedule)	-		
_	22	Other liabilities (describe >)			
				27027]
\dashv		Total liabilities (add lines 17 through 22)		NON:	4 !
S		Foundations that follow SFAS 117, check here			
çë		and complete lines 24 through 26, and lines 30 and 31.			
lan	24	Unrestricted			
Ba		Temporarily restricted			
ō		Permanently restricted			
Net Assets or Fund Balances		Foundations that do not follow SFAS 117, check here			
ž		and complete lines 27 through 31.		1 000 100	
S		Capital stock, trust principal, or current funds	NONE	1,289,102	
set		Paid-in or capital surplus, or land, bldg , and equipment fund	-		ļ. <u> </u>
As	29	Retained earnings, accumulated income, endowment, or other funds			<u> </u>
et ,		Total net assets or fund balances (see instructions)	NONE	1,289,102	
Ž	31	Total liabilities and net assets/fund balances (see]
		instructions)	NONE	1,289,102	
		Analysis of Changes in Net Assets or Fund Bala			
1		I net assets or fund balances at beginning of year - Part			
		of-year figure reported on prior year's return)			NONE
		r amount from Part I, line 27a	· • • • • • • • • • • • • • • • • • • •		1,764,357.
		r increases not included in line 2 (itemize) ► ROUNDING		3	2.
4		lines 1, 2, and 3			1,764,359.
5		eases not included in line 2 (Itemize) ► DIFF. BETWEEN BV P	·· ·	5	475,257.
6	Tota	I net assets or fund balances at end of year (line 4 minus li	ine 5) - Part II, column (b	o), line 30 <u> </u> 6	1,289,102.

Pari	Capital Gains	and Losses for Tax on Inv	estment Income			
	(a) List and de	(b) How acquired	(c) Date acquired	(d) Date sold		
	2-story b	shs MLC Co)	P - Purchase D - Donation	(mo , day, yr)	(mo , day, yr)	
1 a	PUBLICLY TRADED	SECURITIES				
b						
C						
<u>d</u>	·					
<u>e</u>	 					
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo ((e) plus (f) mini	
a	1,048.				1	1,048.
b						
C						
d						
е						
	Complete only for assets sh	nowing gain in column (h) and owned b	by the foundation on 12/31/69	(I)	Gains (Col (h) ga	ın mınus
	i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		(k), but not less t Losses (from co	han -0-) or
а						1,048.
b						
C						
d						
е						
2	Capital gain net income	or (net capital loss)	ain, also enter in Part I, line 7 oss), enter -0- in Part I, line 7	2		1,048.
3	Net short-term capital g	ain or (loss) as defined in sections	,			•
	•	Part I, line 8, column (c). See ins				
	·			3		
Par			uced Tax on Net Investment I	ncome	N/	A
		the section 4942 tax on the distrit	butable amount of any year in the b	ase perio	d?	Yes No
1			er; see the instructions before making	ng any en	tries.	
Cala	(a) Base period years idar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		(d) Distribution ra (col (b) divided by	
	2017		"		.:1 <u>.</u>	
	2016					
	2015					
	2014					
	2013					
2 3		(d)	de the total on line 2 by 5.0, or by	2		
	the number of years the	foundation has been in existence	if less than 5 years	3		
4	Enter the net value of n	oncharitable-use assets for 2018 f	rom Part X, line 5	4		
5	Multiply line 4 by line 3			5		
6	Enter 1% of net investm	ent income (1% of Part I, line 27b)		6		
7	Add lines 5 and 6			7		
8	Enter qualifying distributed in the second s	tions from Part XII, line 4 greater than line 7, check the box	c in Part VI, line 1b, and complete	that part	using a 1% tax	rate. See the
JSA 8E143	1,000 HJA035 958K 08/	/26/2019 14:28:07	338738000		Form	990-PF (2018) 5 -

гаг	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	iistru	CHOIL	<u>s, </u>
1a	Exempt operating foundations described in section 4940(d)(2), check here			- [
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		_	45.
	here and enter 1% of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of			
	Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			<u>ione</u>
3	Add lines 1 and 2			<u>45.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)		N	<u>ione</u>
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0			<u>45.</u>
6	Credits/Payments.			- 1
а	2018 estimated tax payments and 2017 overpayment credited to 2018 6a			
b	Exempt foreign organizations - tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868)			- 1
d	Backup withholding erroneously withheld			لبب
7	Total credits and payments. Add lines 6a through 6d		3,5	<u> 500.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		3,4	<u> 155.</u>
11	Enter the amount of line 10 to be. Credited to 2019 estimated tax ▶ 3,455. Refunded ▶ 11			
	t VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			
	instructions for the definition	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities			لِـــا
	Did the foundation file Form 1120-POL for this year?	1c		X
þ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation ► \$ (2) On foundation managers ► \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers \$		—	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		v
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	-	X	
_	conflict with the state law remain in the governing instrument?	7	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	-		
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.			
	MA			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	8b	<u> </u>	/ا
_	(or designate) of each state as required by General Instruction G?If "No," attach explanation	- 60		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV If "Yes,"	_ a		X
	complete Part XIV	9		 ^
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	10	Х	
	names and addresses	10	Λ	l

Pari	t VII-A Statements Regarding Activities (continued)			
	•		Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement See instructions	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ► SEE STATEMENT 7 Telephone no ►			
14	Located at D		-	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		_	П
13	and enter the amount of tax-exempt interest received or accrued during the year			ш
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority		Yes	No
10	over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
	the foreign country			
Pari	VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
Lan			Yes	No
_	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			
18	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?	ĺ		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?			ŀ
	(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	<u> </u>		
	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		
	Organizations relying on a current notice regarding disaster assistance, check here			
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 2018?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2018?			
	If "Yes," list the years	ĺ		
Ь	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			•
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	<u> </u>		
	all years listed, answer "No" and attach statement - see instructions)	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			1
)			
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			1
	at any time during the year?	ĺ		1
b	If "Yes," did it have excess business holdings in 2018 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	Ì		
	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 2018.)	3b		
48	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	<u> </u>		
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b		X
	Fo	rm 99	0-PF	(2018)

Par	t VII-B Statements Regarding Activities for	or Which Form 4	720 May Be Req	uired (continued)			
5a	During the year, did the foundation pay or incur any amo	unt to				Yes	No
	(1) Carry on propaganda, or otherwise attempt to influer		n 4945(e))?	. Yes X No	,		1
	(2) Influence the outcome of any specific public ele						1
	directly or indirectly, any voter registration drive?			Yes X No	,		- 1
	(3) Provide a grant to an individual for travel, study, or o				,		1
	(4) Provide a grant to an organization other than a	• •				1	
	section 4945(d)(4)(A)? See instructions	· · · · · ·			,	•	٠.
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational						
	purposes, or for the prevention of cruelty to children		=		,		1
b	If any answer is "Yes" to 5a(1)-(5), did any of the				,		
	Regulations section 53 4945 or in a current notice regard				. 5b		
	Organizations relying on a current notice regarding disas	ter assistance, check	here				
C	If the answer is "Yes" to question 5a(4), does the	foundation claim e	xemption from the t	ax	_		- 1
	because it maintained expenditure responsibility for the		•		,		l
	If "Yes," attach the statement required by Regulations se						Į
6a	Did the foundation, during the year, receive any fun	ds, directly or indir	ectly, to pay premiur	ms			[
	on a personal benefit contract?			Yes X No	·		
b	Did the foundation, during the year, pay premiums, direc	tly or indirectly, on a	personal benefit contra	ict?	. 6b		<u>X</u>
	If "Yes" to 6b, file Form 8870						1
7a	At any time during the tax year, was the foundation a pa	rty to a prohibited tax	shelter transaction?.	. Yes X No	·		
Ь	If "Yes," did the foundation receive any proceeds or have	any net income attrib	outable to the transacti	on?	. 7b		
8	Is the foundation subject to the section 4960 tax on pay	ment(s) of more than	\$1,000,000 in				Į
	remuneration or excess parachute payment(s) during the						. (
Par	Information About Officers, Director and Contractors	rs, Trustees, Fou	indation ivianager	s, nignly Pald Emp	pioyees,		
_	List all officers dispetant desirations and foundation	n managers and th		See instructions.			
1	List all officers, directors, trustees, and foundation						
1	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (lf not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens other all		
		(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation			
JAURI	(a) Name and address	(b) Title, and average hours per week devoted to position TRUSTEE	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans			
JAURI 100 A 1ERED	(a) Name and address E J HALL ITLANTIC AVENUE, BOSTON, MA 02124 OITH BEEUWKES SCARLET	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation			
JAURI 100 A 1EREC	(a) Name and address E J HALL ITLANTIC AVENUE, BOSTON, MA 02124 OITH BEEUWKES SCARLET BOX 516, GROTON, MA 01450	(b) Title, and average hours per week devoted to position TRUSTEE 1 TRUSTEE 1	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation			
AURI 100 A 1EREC 2.0. BENJA	(a) Name and address E J HALL TLANTIC AVENUE, BOSTON, MA 02124 DITH BEEUWKES SCARLET BOX 516, GROTON, MA 01450 MIN S. SCARLET	(b) Title, and average hours per week devoted to position TRUSTEE 1 TRUSTEE 1 TRUSTEE	(c) Compensation (if not paid, enter -0-) - 0-	(d) Contributions to employee benefit plans and deferred compensation - 0 -			-0- -0-
AURI 100 A 1EREC 2.0. BENJA	(a) Name and address E J HALL ITLANTIC AVENUE, BOSTON, MA 02124 OITH BEEUWKES SCARLET BOX 516, GROTON, MA 01450	(b) Title, and average hours per week devoted to position TRUSTEE 1 TRUSTEE 1	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation			-0-
AURI 100 A 1EREC 2.0. BENJA	(a) Name and address E J HALL TLANTIC AVENUE, BOSTON, MA 02124 DITH BEEUWKES SCARLET BOX 516, GROTON, MA 01450 MIN S. SCARLET	(b) Title, and average hours per week devoted to position TRUSTEE 1 TRUSTEE 1 TRUSTEE	(c) Compensation (if not paid, enter -0-) - 0-	(d) Contributions to employee benefit plans and deferred compensation - 0 -			-0- -0-
LAURI 100 A 1EREC 2.0. BENJA 2.0	(a) Name and address E J HALL TLANTIC AVENUE, BOSTON, MA 02124 DITH BEEUWKES SCARLET BOX 516, GROTON, MA 01450 MIN S. SCARLET BOX 516, GROTON, MA 01450	(b) Title, and average hours per week devoted to position TRUSTEE 1 TRUSTEE 1 TRUSTEE 1 TRUSTEE	(c) Compensation (If not paid, enter -0-) -00-	(d) Contributions to employee benefit plans and deferred compensation - 0 - - 0 -	other all	owance	-0- -0-
AURI 100 A 1EREC 2.0. BENJA	(a) Name and address E. J. HALL TLANTIC AVENUE, BOSTON, MA 02124 DITH BEEUWKES SCARLET BOX 516, GROTON, MA 01450 MIN S. SCARLET BOX 516, GROTON, MA 01450 Compensation of five highest-paid employees	(b) Title, and average hours per week devoted to position TRUSTEE 1 TRUSTEE 1 TRUSTEE 1 TRUSTEE	(c) Compensation (if not paid, enter -0-) -00-	(d) Contributions to employee benefit plans and deferred compensation - 0 - - 0 -	other all	owance	-0- -0-
AURI 000 A MERED 2.0. BENJA 2.0	(a) Name and address E J HALL TLANTIC AVENUE, BOSTON, MA 02124 DITH BEEUWKES SCARLET BOX 516, GROTON, MA 01450 MIN S. SCARLET BOX 516, GROTON, MA 01450	(b) Title, and average hours per week devoted to position TRUSTEE 1 TRUSTEE 1 TRUSTEE 1 TRUSTEE	(c) Compensation (if not paid, enter -0-) -00-	(d) Contributions to employee benefit plans and deferred compensation - 0 - - 0 -	other all	one,	-0- -0- -0-
AURI 100 A MEREL 2.0. BENJA 2.0	(a) Name and address E. J. HALL ITLANTIC AVENUE, BOSTON, MA 02124 DITH BEEUWKES SCARLET BOX 516, GROTON, MA 01450 MIN S. SCARLET BOX 516, GROTON, MA 01450 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 1 TRUSTEE 1 TRUSTEE 1 (other than those hours per week hours per wee	(c) Compensation (If not paid, enter -0-) -0- -0- (c) Compensation (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation - 0 - - 0 - - 0 - (d) Contributions to employee benefit plans and deferred compensation	other all ons). If no (e) Expens other all	owance	-0- -0- -0-
AURI 000 A MERED 2.0. BENJA 2.0	(a) Name and address E. J. HALL ITLANTIC AVENUE, BOSTON, MA 02124 DITH BEEUWKES SCARLET BOX 516, GROTON, MA 01450 MIN S. SCARLET BOX 516, GROTON, MA 01450 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 1 TRUSTEE 1 TRUSTEE 1 (other than those hours per week hours per wee	(c) Compensation (If not paid, enter -0-) -0- -0- e included on line	(d) Contributions to employee benefit plans and deferred compensation - 0 - - 0 - - 0 - (d) Contributions to employee benefit plans and deferred	other all ons). If no (e) Expens other all	one,	-0- -0- -0-
AURI 100 A MEREL 2.0. BENJA 2.0	(a) Name and address E. J. HALL ITLANTIC AVENUE, BOSTON, MA 02124 DITH BEEUWKES SCARLET BOX 516, GROTON, MA 01450 MIN S. SCARLET BOX 516, GROTON, MA 01450 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 1 TRUSTEE 1 TRUSTEE 1 (other than those hours per week hours per wee	(c) Compensation (If not paid, enter -0-) -0- -0- (c) Compensation (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation - 0 - - 0 - - 0 - (d) Contributions to employee benefit plans and deferred compensation	other all ons). If no (e) Expens other all	owance	-0- -0- -0-
AURI 100 A MEREL 2.0. BENJA 2.0	(a) Name and address E. J. HALL ITLANTIC AVENUE, BOSTON, MA 02124 DITH BEEUWKES SCARLET BOX 516, GROTON, MA 01450 MIN S. SCARLET BOX 516, GROTON, MA 01450 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 1 TRUSTEE 1 TRUSTEE 1 (other than those hours per week hours per wee	(c) Compensation (If not paid, enter -0-) -0- -0- (c) Compensation (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation - 0 - - 0 - - 0 - (d) Contributions to employee benefit plans and deferred compensation	other all ons). If no (e) Expens other all	owance	-0- -0- -0-
AURI 100 A MEREL 2.0. BENJA 2.0	(a) Name and address E. J. HALL ITLANTIC AVENUE, BOSTON, MA 02124 DITH BEEUWKES SCARLET BOX 516, GROTON, MA 01450 MIN S. SCARLET BOX 516, GROTON, MA 01450 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 1 TRUSTEE 1 TRUSTEE 1 (other than those hours per week hours per wee	(c) Compensation (If not paid, enter -0-) -0- -0- (c) Compensation (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation - 0 - - 0 - - 0 - (d) Contributions to employee benefit plans and deferred compensation	other all ons). If no (e) Expens other all	owance	-0- -0- -0-
AURI 100 A MEREL 2.0. BENJA 2.0	(a) Name and address E. J. HALL ITLANTIC AVENUE, BOSTON, MA 02124 DITH BEEUWKES SCARLET BOX 516, GROTON, MA 01450 MIN S. SCARLET BOX 516, GROTON, MA 01450 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 1 TRUSTEE 1 TRUSTEE 1 (other than those hours per week hours per wee	(c) Compensation (If not paid, enter -0-) -0- -0- (c) Compensation (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation - 0 - - 0 - - 0 - (d) Contributions to employee benefit plans and deferred compensation	other all ons). If no (e) Expens other all	owance	-0- -0- -0-
AURI 100 A MEREL 2.0. BENJA 2.0	(a) Name and address E. J. HALL ITLANTIC AVENUE, BOSTON, MA 02124 DITH BEEUWKES SCARLET BOX 516, GROTON, MA 01450 MIN S. SCARLET BOX 516, GROTON, MA 01450 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 1 TRUSTEE 1 TRUSTEE 1 (other than those hours per week hours per wee	(c) Compensation (If not paid, enter -0-) -0- -0- (c) Compensation (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation - 0 - - 0 - - 0 - (d) Contributions to employee benefit plans and deferred compensation	other all ons). If no (e) Expens other all	owance	-0- -0- -0-
AURI 100 A MEREL 2.0. BENJA 2.0	(a) Name and address E. J. HALL ITLANTIC AVENUE, BOSTON, MA 02124 DITH BEEUWKES SCARLET BOX 516, GROTON, MA 01450 MIN S. SCARLET BOX 516, GROTON, MA 01450 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 1 TRUSTEE 1 TRUSTEE 1 (other than those hours per week hours per wee	(c) Compensation (If not paid, enter -0-) -0- -0- (c) Compensation (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation - 0 - - 0 - - 0 - (d) Contributions to employee benefit plans and deferred compensation	other all ons). If no (e) Expens other all	owance	-0- -0- -0-
AURI 100 A MEREL 2.0. BENJA 2.0	(a) Name and address E. J. HALL ITLANTIC AVENUE, BOSTON, MA 02124 DITH BEEUWKES SCARLET BOX 516, GROTON, MA 01450 MIN S. SCARLET BOX 516, GROTON, MA 01450 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 1 TRUSTEE 1 TRUSTEE 1 (other than those hours per week hours per wee	(c) Compensation (If not paid, enter -0-) -0- -0- (c) Compensation (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation - 0 - - 0 - - 0 - (d) Contributions to employee benefit plans and deferred compensation	other all ons). If no (e) Expens other all	owance	-0- -0- -0-
AURI 100 A MEREC 2.0. SENJA 2.0	(a) Name and address E. J. HALL ITLANTIC AVENUE, BOSTON, MA 02124 DITH BEEUWKES SCARLET BOX 516, GROTON, MA 01450 MIN S. SCARLET BOX 516, GROTON, MA 01450 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 1 TRUSTEE 1 (other than those hours per week devoted to position to the period of the	(c) Compensation (If not paid, enter -0-) -00- (c) Compensation (c) Compensation NONE	(d) Contributions to employee benefit plans and deferred compensation - 0 - - 0 - - 0 - (d) Contributions to employee benefit plans and deferred compensation	ons). If no	owance	-0- -0- -0-

3 Five highest-paid independent contractors for professional serv	ices. See instructions. If none, enter "NONE	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NOVE.		MONT
NONE		NONE
	·	
		<u> </u>
otal number of others receiving over \$50,000 for professional services	·	NONE
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year Include organizations and other beneficiaries served, conferences convened, research papers proc		Expenses
1NONE		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see in	nstructions)	
Describe the two largest program-related investments made by the foundation during the		Amount
1NONE		
2		
All other program-related investments. See instructions		
3 NONE		

Form	990-PF (2018) 03-2300/31		rage C
Par	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign founda	ations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	1,805,019.
b	Average of monthly cash balances	1b	1,213.
	Fair market value of all other assets (see instructions)	1c	NONE
d	Total (add lines 1a, b, and c)	1d	1,806,232.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)]	
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	1,806,232.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	27,093.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	<u>1,779,139.</u>
6	Minimum investment return. Enter 5% of line 5	6	2,925.
Par	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four and certain foreign organizations, check here ▶ and do not complete this part)	ndations	
1	Minimum investment return from Part X, line 6	1	2,925.
2 a	Tax on investment income for 2018 from Part VI, line 5 2a 45.		
b	Income tax for 2018 (This does not include the tax from Part VI.) 2b] .	
	Add lines 2a and 2b	2c	45.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	2,880.
4	Recoveries of amounts treated as qualifying distributions		NONE
5	Add lines 3 and 4		2,880.
6	Deduction from distributable amount (see instructions)	6	NONE
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	2,880.
Par	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	07.15	
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	
b	Program-related investments - total from Part IX-B		
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the.		· ·
а	Suitability test (prior IRS approval required)	3a	NONE
	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	NONE
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	
6	Adjusted qualifying distributions. Subtract line 5 from line 4		NONE
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca		
	qualifies for the section 4940(e) reduction of tax in those years.		

Page 9

Pai	t XIII Undistributed Income (see instr	uctions)		·	
		(a)	(b)	(c)	(d)
1	Distributable amount for 2018 from Part XI,	Corpus	Years prior to 2017	2017	2018
	line 7				2,880.
2	Undistributed income, if any, as of the end of 2018				
а	Enter amount for 2017 only			NONE	
b	Total for prior years 20,20,20		NONE		
	Excess distributions carryover, if any, to 2018.				
a	From 2013 NONE	,			
b	From 2014 NONE		-	, -	
C	From 2015 NONE				
d	From 2016 NONE	erra da un	ماليوان _، د	fo	
е	From 2017 NONE				
f	Total of lines 3a through e	NONE			
4	Qualifying distributions for 2018 from Part XII,				
	line 4 ▶ \$NONE				
a	Applied to 2017, but not more than line 2a			NONE	
Ь	Applied to undistributed income of prior years				
	(Election required - see instructions)		NONE		
C	Treated as distributions out of corpus (Election				
	required - see instructions)	NONE			
	Applied to 2018 distributable amount	170177			NONE
	Remaining amount distributed out of corpus Excess distributions carryover applied to 2018	NONE			<u> </u>
•	(If an amount appears in column (d), the same	NONE			MOME
	amount must be shown in column (a))	NONE			NONE
6	Enter the net total of each column as				
	indicated below:	NONE		,	-
	Corpus Add lines 3f, 4c, and 4e Subtract line 5	INOINE			}
Ь	Prior years' undistributed income Subtract		NONE		}
	line 4b from line 2b		NONE		
·	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)		NONE		
	tax has been previously assessed		1,01,7		
a	Subtract line 6c from line 6b Taxable amount - see instructions		NONE		
е	Undistributed income for 2017 Subtract line				
	4a from line 2a Taxable amount - see instructions			NONE	
_					
T	Undistributed income for 2018. Subtract lines 4d and 5 from line 1. This amount must be				
	distributed in 2019				2,880.
7	Amounts treated as distributions out of corpus				
•	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required - see instructions)	NONE			
8	Excess distributions carryover from 2013 not				
	applied on line 5 or line 7 (see instructions)	NONE			
9	Excess distributions carryover to 2019.				
	Subtract lines 7 and 8 from line 6a	NONE			
10	Analysis of line 9.	can r	•	· • •	,
a	Excess from 2014 NONE				
b	Excess from 2015 NONE				
	Excess from 2016 NONE				*
	Excess from 2017 NONE				
е	Excess from 2018 NONE				

(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).)

MEREDITH BEEUWKES SCARLET

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.

N/A

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

Check here ► X 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:

JSA 8E1490 1 000

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	Foundation	Purpose of grant or contribution	Amount						
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	Amount						
a Paid during the year										
• ,		İ								
				`						
	lt.									
	B									
		}								
•										
Total			▶ 3a							
b Approved for future payment										
				İ						
Total										

JSA 8E1491 1 000

Part XVI-A Analysis of Income-Prod		ated business income	Excluded by	section 512, 513, or 514	(e)
nter gross amounts unless otherwise indicated	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income
1 Program service revenue	Duamesa coue	Amount	Exclusion code	Amount	(See instructions)
8					
b					
c			-		
d	-				
e					
f					
g Fees and contracts from government agencies					
Membership dues and assessments			14		
Interest on savings and temporary cash investments	1		14	1,295.	
Dividends and interest from securities Net rental income or (loss) from real estate				•	
a Debt-financed property	,				
b Not debt-financed property	1				
Net rental income or (loss) from personal property	l .				
Other investment income					
Gain or (loss) from sales of assets other than inventor	l .		18	1,048.	
Net income or (loss) from special events · · ·	1				
Gross profit or (loss) from sales of inventory					
Other revenue. a					
b					
c					
d					
е					
Subtotal Add columns (b), (d), and (e)				2,343.	2,343
art XVI-B Relationship of Activitie ine No. Explain below how each activitie accomplishment of the foundat	ty for which	h income is reported	in column (e	e) of Part XVI-A contribu	
					······································
		NOT APPLICAB	LE		
	<u> </u>				

Form 990-PF	(2018)				83-2906731		Pag	ge 13
Part XVII	Information R Exempt Organ		ansfers to and Transacti	ons ar	nd Relationships With Non	charit	able	!
in se orgar	ection 501(c) (other nizations?	than section	501(c)(3) organizations) or	in sec	any other organization described tion 527, relating to political		Yes	No
(1) C (2) O	ash				of: 			X
(1) Si (2) Pi	urchases of assets fror	m a noncharitat	ole exempt organization			16(2)		X X X
(4) Ro (5) Lo	eimbursement arrange pans or loan guarantee	ements				1b(4) 1b(5)		X X X
c Shari d If the value	ng of facilities, equipm answer to any of the of the goods, other	ent, mailing lis le above is "Ye assets, or serv	ts, other assets, or paid employers," complete the following sinces given by the reporting fo	yees chedule. oundatio	Column (b) should always shound always should be sooned by the following should be	1c w the s than	fair m fair m	X narke narke
(a) Line no	(b) Amount involved	(c) Name of	noncharitable exempt organization	(6) D	escription of transfers, transactions, and shi	rring arra	ngeme	ints
descr		(other than se	filiated with, or related to, or ction 501(c)(3)) or in section 5		ore tax-exempt organizations	Y	es 🔼	 ∐ No
	(a) Name of organizatio	n	(b) Type of organization		(c) Description of relation	nship		

	1						
	describ	foundation directly or indirectly ped in section 501(c) (other than	section 501(c)(3)) or in s				
<u> </u>	it "Yes,	"complete the following schedu		· · .	4.3.0	. As at alaba astro	
	(a) Name of organization		(b) Type of organization		(c) Description of relationship		
		r penalties of perury, I declare that I have entry and complete Application of preparer (other to				best of my knowledge and belief, it is tru	
Sign			08/26/201	L		May the IRS discuss this return with the preparer shown below:	
Here	Sign	nature of officer or trustee	Date	Title		See instructions X Yes N	
	1.2	AURIE J. HALL					
		Print/Type preparer's name	Preparer's signature		Date	Check If PTIN	
Paid Preparer			Och n O	Rada	08/26/2019		
		Firm's name GOULSTON 6	STOKAS PC	1000		sein ► 04-2738098	
-	Only	Firm's address > 400 ATLAN'					
000 Omy			MA	02110-333	3 Phon	eng 617-574-6482	

Schedule, B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

For to www.irs.gov/Form990for the latest information.

OMB No 1545-0047

2018

Employer Identification number

83-2906731 SCARLET CHARITABLE TRUST Organization type (check one): Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

SCARLE	ET CHARITABLE TRUST		83-2906731
Part I	Contributors (see instructions). Use duplicate cop	pies of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	MEREDITH BEEUWKES SCARLET		Person X Payroll
	245 LOWELL ROAD GROTON, MA 01450	\$ 1,762,097.	Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash

Person Payroll Noncash (Complete Part II for noncash contributions.)

(Complete Part II for noncash contributions)

(d)

Type of contribution

(a)

No.

(b)

Name, address, and ZIP + 4

(c)

Total contributions

Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Name of organization SCARLET CHARITABLE TRUST

Employer identification number

83-2906731

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1_	VARIOUS SECURITIES-SEE ATTACHED SCHEDULE		
		\$1,762,097.	12/20/2018
(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
		\$	

FORM 990PF, PART I - INTEREST ON TEMPORARY CASH INVESTMENTS

REVENUE AND EXPENSES PER BOOKS

DESCRIPTION

FIDELITY INSTITUTIONAL MONEY MARKET TREA

TOTAL

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

NET INVESTMENT INCOME	17. 1,278. 1,295.
REVENUE AND EXPENSES PER BOOKS	1,278.
	ACIFIC GR F2 TOTAL
DESCRIPTION	CDK GLOBAL INC AMERICAN FUNDS EUROPACIFIC GR F2

~

STATEMENT

338738000 ·

- TAXES FORM 990PF, PART I

DESCRIPTION

REVENUE AND EXPENSES PER BOOKS

> TOTALS FOREIGN TAXES ON QUALIFIED FOR

83. 83.

83.

Μ

STATEMENT

STATEMENT

HJA035 958K 08/26/2019 14:28:07

338738000

PORATE STOCK	=========
- CORI	
ART II	
1 990PF, P	
FORM	

SCARLET CHARITABLE TRUST

വ

338738000

FORM 990PF, PART II - CORPORATE STOCK SCARLET CHARITABLE TRUST

83-2906731

775 SYLEM INC 4000 HALMA PLC 300 MEDTRONIC PLC 300 SYSCO CORP COM DESCRIPTION

51,708. 69,627. 27,288. 18,798. ENDING FMV 1 31,204. 58,299. 22,535. 2,733. ENDING BOOK VALUE

1,728,465.

1,238,271.

TOTALS

9

STATEMENT

		ENDING	FMV		76,558.	76,558.
83-2906731		ENDING	BOOK VALUE		49,619.	49,619.
	ENTS ====	COST/ FMV	C OR F	!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!	D	TOTALS
SCARLET CHARITABLE TRUST	FORM 990PF, PART II - OTHER INVESTMENTS		DESCRIPTION		1,704.69 AMERICAN FUNDS EUROPA	

FORM 990PF, PART VII-A, LINE 14 - BOOKS ARE IN THE CARE OF _____

LAURIE J. HALL, ESQ NAME:

GOULSTON & STORRS PC

ADDRESS: 400 ATLANTIC AVENUE

BOSTON, MA 02110

TELEPHONE NUMBER: (617)574-4028