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OMB No 1545-0052

Department of the Treasury Internal Revenue Service

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

Not e. The foundation may be able to use a copy of this return to satisfy state reporting requirements

2010

For	cale	ndar year 2010	O, or tax y	year b	eginning 01-	01-2010 , a	nd en	ding 12-31-	2010	
G CI	neck a		Initial retuing Amended re		Initial return	of a former public	charity me cha		turn	
		ındatıon		etuiii	i Address cha	nge i Na	ille Cila		lentification numbe	er
ST	EVENSC	ON FAMILY CHARITABLE	TRUST					04-6629590		
Num	hor and	l stroot (or D.O. boy pun	nhar if mail is	not doluio	rad to atract address	s) Room/suite		B Telephone no	umber (see page 10 o	of the instructions)
		l street (or P O box nun WEATHER STREET	iibei ii iiidii is	not delive	ieu to street addres:	s) Room/suite		(617) 864-274	2	•
								, ,		
		, state, and ZIP code , MA 02138						1	application is pendin	· <u>-</u>
								D 1. Foreign o	rganizations, check h	ere 🕨
		pe of organization							rganizations meeting re and attach comput	
		4947(a)(1) nonexe						_	undation status was t	
		cet value of all asse From Part II, col. (c),	ts at end	_	ounting method Other (specify)	▼ Cash	crual		on 507(b)(1)(A), chec	
		\$ 5,658,928				_ t be on cash basıs.,			ation is in a 60-mont in 507(b)(1)(B), chec	
Pa	rt I	Analysis of F	Revenue a	and Ex	penses (The	(a) Revenue and		T under section	(1) (1) (1) (1), chec	(d) Disbursements
		total of amounts in columns (b), (c), and (d) may not necessanly equal the amounts in column (a) (see page 11 of the instructions))			nay not	expenses per books (b		Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, gra	ants, etc , rece	eived (atta	ich schedule)	765,0	00			
	2	Check ► ┌─ if the foundation is not required to attach Sch B								
	3	Interest on savings and temporary cash investments				99,8	96	99,896		
	4	Dividends and inte	rest from se	ecurities		17,5	25	17,525		
	5a	Gross rents								
	ь	Net rental income	or (loss)							
Revenue	6a	Net gain or (loss) f	from sale of	assets	not on line 10	428,2	27			
	Ь	Gross sales price for al								
Şe.	7	Capital gain net in						428,227		
	8	Net short-term cap								
	9	Income modification		1						
	10a	Gross sales less returns		—						
	Ь	Less Cost of good			`					
	11	Gross profit or (los Other income (atta				% 231,4	.68	58		
	12	Total. Add lines 1		•		<u> </u>		545,706		
	13	Compensation of o				1,312,	0	0		0
	14	Other employee sa	•	•	•					
φ	15	Pension plans, em		-						
en.	16a	Legal fees (attach								
Expenses	ь	Accounting fees (a					000	3,000		3,000
	c	Other professional	l fees (attac	hsched	ule)	_				
g tiv	17	Interest								
and Administrative	18	Taxes (attach schedule	e) (see page 1	4 of the ır	nstructions)	% 7,5	82	7,782		7,782
	19	Depreciation (atta	ch schedule) and de	pletion					
들	20	Occupancy								
7	21	Travel, conference	s, and meet	ings .						
	22	Printing and public	ations							
Operating	23	Other expenses (a	ttach sched	lule).		%	'31	731		731
rat	24	Total operating an	d administ r	ative ex	penses.					
8		Add lines 13 throu	igh 23			11,5	13	11,513		11,513
_	25	Contributions, gifts	s, grants pa	ıd		863,3	_			863,322
	26	Total expenses and	disbursemen	ts. Add Iır	nes 24 and 25	874,8	35	11,513		874,835
	27	Subtract line 26 fr								
	a	Excess of revenue	-			667,2	81			
	b	Net investment in	, -	•	•			534,193		
	С	Adjusted net incor	me (ıf negatı	ve, ente	r-0-)	L				

)a	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year				year	
			(a) Book Value 114,366	(b) Book	Value 117,	_		117,718
	1	Cash—non-interest-bearing	114,300		117,	718		117,716
	2	Savings and temporary cash investments				\dashv		
	3	Accounts receivable						
	_	Less allowance for doubtful accounts				\dashv		
	4	Pledges receivable						
	_	Less allowance for doubtful accounts 🟲				\dashv		
	5	Grants receivable				\dashv		
	6	Receivables due from officers, directors, trustees, and other						
		disqualified persons (attach schedule) (see page 15 of the						
	_	instructions)				\dashv		
	7	Other notes and loans receivable (attach schedule)						
اہ		Less allowance for doubtful accounts 🟲						
Á	8	Inventories for sale or use						
<u> </u>	9	Prepaid expenses and deferred charges						
	10a	Investments—U S and state government obligations (attach schedule)						
	b	Investments—corporate stock (attach schedule)						
	c	Investments—corporate bonds (attach schedule)						
	11	Investments—land, buildings, and equipment basis 🕨						
		Less accumulated depreciation (attach schedule)						
	12	Investments—mortgage loans						
	13	Investments—other (attach schedule)	4,877,281	5	5,541,	210		5,541,210
	14	Land, buildings, and equipment basis 🟲						
		Less accumulated depreciation (attach schedule)						
	15	Other assets (describe 🟲)						
	16	Total assets (to be completed by all filers—see the						
		ınstructions Also, see page 1, item I)	4,991,647		5,658,9	928		5,658,928
	17	Accounts payable and accrued expenses	2,300		2,:	300		
	18	Grants payable						
ួ	19	Deferred revenue						
[]	20	Loans from officers, directors, trustees, and other disqualified persons	20,000		20,0	000		
<u> </u>	21	Mortgages and other notes payable (attach schedule)						
╸╽	22	Other liabilities (describe)						
	23	Total liabilities (add lines 17 through 22)	22,300		22,:	300		
		Foundations that follow SFAS 117, check here						
ا بر		and complete lines 24 through 26 and lines 30 and 31.						
إ≝	24	Unrestricted				_		
<u> </u>	25	Temporarily restricted				_		
<u>ة</u>	26	Permanently restricted				_		
Ĭ		Foundations that do not follow SFAS 117, check here						
or Fund Balances		and complete lines 27 through 31.	4 000 247		F (2)()	ر ا		
	27	Capital stock, trust principal, or current funds	4,969,347		5,636,0	028		
ASSets	28	Paid-in or capital surplus, or land, bldg, and equipment fund	0			_		
١٤	29	Retained earnings, accumulated income, endowment, or other funds	0			\dashv		
돌	30	Total net assets or fund balances (see page 17 of the	4,969,347		5,636,0	620		
Ž	24	Instructions)	4,909,347		3,030,0	320		
	31	Total liabilities and net assets/fund balances (see page 17 of	4,991,647		5,658,9	020		
		the instructions)	4,991,047		3,036,	920		
Pa	rt II	Analysis of Changes in Net Assets or Fund Balances						
L		Total net assets or fund balances at beginning of year—Part II, column	(a), line 30 (must agr	ee				
		with end-of-year figure reported on prior year's return)			1			4,969,347
2		Enter amount from Part I, line 27a			2			667,281
3		Other increases not included in line 2 (itemize)			3			0
1		Add lines 1, 2, and 3			4			5,636,628
5		Decreases not included in line 2 (itemize) 🟲		「	5			0
5		Total net assets or fund balances at end of year (line 4 minus line 5)—P	art II, column (b), line	e 30	6			5,636,628

b	· ·	ınd(s) of property sold (e g , re , or common stock, 200 shs M	•	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
C BLP 1983-1 1231 GAINS	1a BLP 1983-1 ST GAINS			Р		
d SEC 1256 GATMS	b BLP 1983-1 LT GAINS			P		
(e) Gross sales price (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) a	c BLP 1983-1 1231 GAINS	;		Р		
(e) Gross sales price (f) Depreciation allowed (p) Cost or other basis (p) Gain or (fors) (or allowable) (or allowable) (p) us (p) musu (p) 44.7.0 (p) us (p	d SEC 1256 GAINS			Р		
(e) plus (f) minus (g) a	e					
B		(or allowable)	107) mınus (g)
C		+				44,709
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (f) Gains (Col. (h) gain minus (col. (h) Fixes of col. (i) as of 12/31/69 (f) Adjusted basis of 12/31/69 (f) Adjusted basis over col. (i), if any column (h) as of 12/31/69 (f) Adjusted basis over col. (i), if any column (h) as of 12/31/69 (f) Adjusted basis over col. (i), if any column (h) as of 12/31/69 (f) Adjusted basis over col. (i), if any column (h) as of 12/31/69 (f) Adjusted basis over col. (i), if any col. (ii), but not less than -0-10 (f) as of 12/31/69 (f) Adjusted part of 16/31/60 (f) Adjusted part of 16/31/60 (f) Adjusted quality of 16/31/60 (f) A	b 420,60	0.8				420,608
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) FM V as of 12/31/69 (ii) A djusted basis as of 12/31/69 (iii) A djusted basis as of 12/31/69 (iv) Excess of coli (h) colored (l), if any over coli (l), if any over coli (li) colored (li), but not less than -0-) at 44.7. b 420.6 c 4420.6 d -37.0 d -6 2 Capital gain net income or (net capital loss)	С			•		- 37,055
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) FM v as of 12/31/69 (ii) Adjusted basis over coling (iv) EM v as of 12/31/69 (iv) Excess of coling (iv) Adjusted basis over coling (iv) EM v as of 12/31/69 (iv) Adjusted basis over coling (iv) EM v as of 12/31/69 (iv) Adjusted basis over coling (iv) EM v as of 12/31/69 (iv	d			3	5	-35
(i) FM V as of 12/31/69 (j) Adjusted basis as of 12/31/69 overcol (j), if any col (k), but not less than -0-19 as of 12/31/69 overcol (j), if any 44,7 b 420,6 c 437,0 d 470,6 c 737,0 d -737,0 d -737,0 d -737,0 d -737,0 d -738,0 g 1	е					
Coses (from col (h))	Complete only for assets show				—	· / -
a 44,7 b 420,6 c 373,0 d 373,0 d 374,0 E 2 Capital gain net income or (net capital loss)	(i) F M V as of 12/31/69		, , ,	` '		•
Second		as 0112/31/09	OVEI .	cor (j), ir arry		44,709
C and a complete the second of						
Capital gain net income or (net capital loss) If gain, also enter in Part I, line 7 If (loss), enter -0 - in Part I, line 7 If (loss), enter -0 - in Part I, line 7 If (loss), enter -0 - in Part I, line 7 If (loss), enter -0 - in Part I, line 7 If (loss), enter -0 - in Part I, line 8 If (loss), enter -0 - in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) If (loss), enter -0 - in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) If (loss), enter -0 - in Part I, line 8 If (loss), enter -0 - in Part I, line 8 If (loss), enter -0 - in Part I, line 8 If (loss), enter -0 - in Part I, line 8 If (loss), enter -0 - in Part I, line 8 If (loss), enter -0 - in Part I, line 8 If (loss), enter -0 - in Part I, line 8 If (loss), enter -0 - in Part I, line 8 If (loss), enter -0 - in Part I, line 8 If (loss), enter -0 - in Part I, line 8 If (loss), enter -0 - in Part I, line 8 If (loss), enter -0 - in Part I, line 8 If (loss), enter -0 - in Part I, line 8 If (loss), enter -0 - in Part I, line 7 If (loss), enter -0 - in Part I, line 8 If (loss), enter -0 - in Part I, line 7 If (loss), enter -0 - in Part I, line 8 If (loss), enter -0 - in Part I, line 8 If (loss), enter -0 - in Part I, line 7 If (loss), enter -0 - in Part I, line 7 If (loss), enter -0 - in Part I, line 7 If (loss), enter -0 - in Part I, line 7 If (loss), enter -0 - in Part I, line 8 If (loss), enter -0 - in Part I, line 7 If (loss), enter -0 - in Part I, line 7 If (loss), enter -0 - in Part I, line 7 If (loss), enter -0 - in Part I, line 7 If (loss), enter -0 - in Part I, line 7 If (loss), enter -0 - in Part I, line 7 If (loss), enter -0 - in Part I, line 7 If (loss), enter -0 - in Part I, line 7 If (loss), enter -0 - in Part I, line 7 If (loss), enter -0 - in Part I, line 7 If (loss), enter -0 - in Part I, line 7 If (loss), enter -0 - in Part I, line 7 If (loss), enter -0 - in Part I, line 7 If (loss), enter -0 - in Part I, line 7 If (loss), enter -0 - in Part I, line 8 If (loss), enter -0 - in Part I, line 7 If (loss), en						
Capital gain net income or (net capital loss) If gain, also enter in Part I, line 7 If (loss), enter -0 - in Part I, line 7 If (loss), enter -0 - in Part I, line 7 If (loss), enter -0 - in Part I, line 8						-35
2 Capital gain net income or (net capital loss) [If gain, also enter in Part I, line 7 ft (loss), enter-0- in Part I, line 7 ft (loss), enter-0- in Part I, line 7 ft (loss), enter-0- in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) If (loss), enter-0- in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) If (loss), enter-0- in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) If (loss), enter-0- in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) If (loss), enter-0- in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) If (loss), enter-0- in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) If (loss), enter-0- in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) If (loss), enter-0- in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) If (loss), enter-0- in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) If (loss), enter-0- in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) If (loss), enter-0- in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) If (loss), enter-0- in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) If (loss), enter-0- in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) If (loss), enter-0- in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) If (loss), enter-0- in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) If (loss), enter-0- in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) If (loss), enter-0- in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) If (loss), enter-0- in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) If (loss), enter-0- in Part I, line 2, and 17 of the instructions) If (loss), enter-0- in Part I, line 2, and 17 of the instructions) If (loss), enter-0- in Part I, line 2, and 17 of the instructions)						-5.
For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income	3 Net short-term capital gair If gain, also enter in Part I	(net capital loss) { n or (loss) as defined in section , line 8, column (c) (see pages	If (loss), enter -0 ns 1222(5) and (6 13 and 17 of the	- In Part I, line 7	}	428,227
Ca Base period years Calendar year (or tax year beginning in)	Was the foundation liable for the sec	tion 4942 tax on the distribute			erıod?	┌ Yes ┌ No
Base pend years Calendar year (or tax year beginning in)	1 Enter the appropriate amount in	n each column for each year, se	ee page 18 of the i	nstructions before	making any entries	
2009 691,529 5,511,802 0 12546 2008 357,075 5,248,926 0 06802 2007 322,315 3,294,430 0 09783 2006 374,480 2,633,911 0 14217 2005 216,119 2,397,160 0 09015 2 Total of line 1, column (d).	Base period years Calendar				Distributio	n ratio
2007 322,315 3,294,430 0 09783 2006 374,480 2,633,911 0 14217 2005 216,119 2,397,160 0 09015 2 Total of line 1, column (d). 2 0 5236 3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years 3 0 1047 4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5. 4 5,341,2 5 Multiply line 4 by line 3. 5 559,4 6 Enter 1% of net investment income (1% of Part I, line 27b). 6 5,3 7 Add lines 5 and 6. 7 564,7 8 Enter qualifying distributions from Part XII, line 4. 8 874,8	2009	691,529		5,511,802		0 125463
2006 374,480 2,633,911 0 14217 2005 216,119 2,397,160 0 09015 2 Total of line 1, column (d). 2 0 5236 3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years 3 0 1047 4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5. 4 5,341,2 5 Multiply line 4 by line 3. 5 559,4 6 Enter 1% of net investment income (1% of Part I, line 27b). 6 5,3 7 Add lines 5 and 6. 7 564,7 8 Enter qualifying distributions from Part XII, line 4. 8 874,8		·				0 068028
Total of line 1, column (d)		·				0 097836
2 Total of line 1, column (d)		•				0 142176
A verage distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	2005	216,119		2,397,160		0 090156
the number of years the foundation has been in existence if less than 5 years	2 Total of line 1, column (d).				2	0 523659
5 Multiply line 4 by line 3. 5 559,4 6 Enter 1% of net investment income (1% of Part I, line 27b). 6 5,3 7 Add lines 5 and 6. 7 564,7 8 Enter qualifying distributions from Part XII, line 4. 8 874,8					3	0 104732
6 Enter 1% of net investment income (1% of Part I, line 27b). 6 5,3 7 Add lines 5 and 6. 7 564,7 8 Enter qualifying distributions from Part XII, line 4. 8 874,8	4 Enter the net value of nonc	harıtable-use assets for 2010	from Part X, line	5	4	5,341,280
7 Add lines 5 and 6. 7 564,7 8 Enter qualifying distributions from Part XII, line 4. 8 874,8	5 Multiply line 4 by line 3				5	559,40
8 Enter qualifying distributions from Part XII, line 4	6 Enter 1% of net investmen	nt income (1% of Part I, line 27	⁷ b)		6	5,34:
	7 Add lines 5 and 6				7	564,74
	• • •			L		874,83

Add lines 1 and 2. Subtlife A (mome) lax (domestic section 4917(a)(1) liness and taxable foundations only. Others enter -0-) Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0 Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0 Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0 Exempt foreign organizations—tex withheld at source. Tax pand with application for extension of time to file (Form 8868) Backup withholding erroneously withheld. Total credits and peyments. Add lines 6 at through 6d. Total credits and peyments. Add lines 6 at through 6d. Total credits and peyments. Add lines 6 at through 6d. Total credits and peyments. Add lines 6 and 8; enter the amount overpaid. Total credits and peyments and 2009 overpayment are amount overpaid. Total credits and peyments and the store of lines 5 and 8; enter the amount overpaid. Total credits and peyments and lines 5 and 8; enter the amount overpaid. Total credits and peyments and lines 5 and 8; enter the amount overpaid. Total credits and peyments and lines 5 and 8; enter the amount overpaid. Total credits and peyments and total of lines 5 and 8; enter the amount overpaid. Total credits and peyments and total or lines 5 and 8; enter the amount overpaid. Total credits and peyments and total or lines 5 and 8; enter the amount overpaid. Total credits and peyments and total or lines 5 and 8; enter the amount overpaid. Total credits and peyments and total or lines 5 and 8; enter the amount overpaid. Total credits and peyments and total or lines 5 and 8; enter the amount overpaid. Total credits and peyments and total or lines 5 and 8; enter the amount overpaid. Total credits and peyments and total or lines 5 and 8; enter the amount overpaid. Total credits and peyments and total or lines 5 and 8; enter the amount overpaid. Total credits and peyments and total or lines 5 and 8; enter the amount overpaid. Total credits and total and total o	Pai	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the ins	t ruct io	ns)	
bomestic foundations that meet the section 4940(e) requirements in Part V, chack here F and enter 1% of Part I, line 278 here F and enter 1% of Part I, line 278 All called indirect Sead down mere 2% of flow 718 (compt flowing programmations enter 4% of Part I, line 12, col (h) Statement Requirement incomes control 497(a)(1) trusts and taxable foundations only (their senter -0) Add lines 1 and 2. Statement Requirement incomes. Subtract line 4 from line 3 if zero or less, enter -0. 5 Tax based on investment incomes. Subtract line 4 from line 3 if zero or less, enter -0. 6 C redit 27 warms 2 2010 estimated tax payments and 2009 averpayment credited to 2010. 6 Exempt foreign organizations—tax withheld at source. 6 Tax paid with application for extension of time to file (Form 8668) 6 Backup withholding erroneously withheld. 7 20,607 Total credits and payments 4 dilines 5 afthrough 6d. 7 Total credits and payments 4 dilines 5 afthrough 6d. 7 Total credits and payments 4 dilines 5 afthrough 6d. 8 Enter any penalty for underpayment of estimated tax. Check here if from 2220 is staticed. 9 Tax due; If the total of lines 5 and 8 is more line line 7, enter amount over paid. 9 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount over paid. 10 Overpayment and the political campangar? 10 Dud it spend more than \$1,00 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)? 10 If the answer is "Yes" to 1 ao 11b, attach a detailed description of the activities and cones of any materials published or distributed by the foundation in connection with the activities. 10 Dud to foundation his Form 1120-01, for this year? 11 Enter the reminute of description of the activities and conformed cory of the changes of the activities of the foundation managers. F s 0 12 Dud the foundation his Form 1120-01, for this year? 13 Enter the reminute and description of the activities. 14 Sea the reminute of activities and political expand	1a	Exempt operating foundations described in section 4940(d)(2), check here F and enter "N/A" on line 1			
all paths district 1% of Part I, line 27b					
c Mil other domestic foundations enter 2% of the 279 Exempt fromp organizations enter 4% of Part I, line 12, cor (b) 3 Add lines 1 and 2. 4 Add lines 1 and 2. 4 Add lines 1 and 2. 5 Tax based on lines 4 miles 4 miles 4 miles 4 miles 4 miles 4 miles 5 miles 5 miles 5 miles 5 miles 5 miles 5 miles 6 miles 7 miles 6 mil	b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			5,342
2 3 3 3 3 3 3 3 3 3		· · · · · · · · · · · · · · · · · · ·			
3 Add lines 1 and 2. 4 Sinitir A (mome) to (domesia excland 997(s)(1) this sand taxable foundations only Office celer-0-) 4 0 0 5 Tax based on investment formone. Subtract line 4 from line 3 if zero or less, enter-0- 5 5 5,342 6 Cradits/Payments 2010 estimated tax payments and 2009 overpayment credited to 2010 6 20,607 b Exempt foreign organizations—tax withheld at source 6	C				
4 Subtlike A (moune) tax (domestic section 4917(a)(1) tousis and laxable foundations unity Others enter -0-) 4 0,00 5 Tax based on investment income. Subtract line 4 from line 3 Tizaro riless, enter -0 5 5,342 6 Craduts/Pyments 2 2010 estimated tax payments and 2009 overpayment credited to 2010 6a 20,607 Exempt foreign organizations—tax withheld at source . 6b 6 Tax paid with application for extension of time to file (Form 8868) 6c 6 Tax paid with application for extension of time to file (Form 8868) 6c 7 Total credits and payments. Add lines 6 at through 6d	2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0
Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0	3				5,342
Credits/Payments a 2010 estimated tax payments and 2009 overpayment credited to 2010 6a 20,607 Exempt foreign organizations—tax withheld at source	4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0
a 2010 estimated tax payments and 2009 overpayment credited to 2010 6a 20,607 b Exempt foreign organizations—tax withheld at source . 6b 6	5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0			5,342
b Exempt foreign organizations—tax withheld at source 6b 6c 7 ax paid with application for extension of time to file (Form 8868) 6c 7 ax paid with application for extension of time to file (Form 8868) 6c 7 ax due. If the total of lines 5 and 8 is more than 187 and 187 and 188	6	C redits/P ayments			
to Tax paid with application for extension of time to file (Form 8868) 6c 6d 7 7 20,607 d Backup withholding erroneously withheld 6. 6d 7 7 20,607 Enter any penalty for underpayment of estimated tax. Check here "if Form 2220 is attached 9 7 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	а	2010 estimated tax payments and 2009 overpayment credited to 2010 6a 20,607			
Backup withholding erroneously withheld. 7 Total credits and payments. Add lines 6a through 6d. 7 Total credits and payments. Add lines 6a through 6d. 8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount ower were the state of the total of lines 5 and 8 is more than line 7, enter amount ower were the state of the total of lines 5 and 8, enter the amount overpaid. 9 Total credits and payments. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid. 9 Total credits and payments. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid. 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid. 11	b	Exempt foreign organizations—tax withheld at source 6b			
7 Total credits and payments Add lines 6a through 6d. 8 Enter any penalty for underpayment of estimated tax. Check here	c	Tax paid with application for extension of time to file (Form 8868) 6c			
8 Enter any penalty for underpayment of estimated tax. Check here	d	Backup withholding erroneously withheld 6d			
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Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid. 10 15,265 1 Enter the amount of line 10 to be Credited to 2011 estimated tax 15,265 2 Refunded 11 0 0 2 STATULY A Statements Regarding Activities 2 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 3 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 4 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 5 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 6 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 6 During the tax year, did the foundation in connection with the activities and copies of any materials purposes (see page 19 of the foundation fluence) and the activities of the activities and copies of any materials purposes (see page 19 of the foundation fluence) and the activities of the foundation fluence in 1102-00 for this year? 6 Enter the reminursement (frany) paid by the foundation during the year for political expenditure tax imposed on foundation managers 7 During foundation have unrelated business gross income of \$1,000 or more during the year? 8 Enter the state fluence any enterior of the activities of incorporation, or bylaws, or other similar instruments? If "res," attach a detailed description of the activities of fluence any enterior of the activities of fluence any enterior and enterior and enterior and enterior and enterior	8	Enter any penalty for underpayment of estimated tax. Check here Tif Form 2220 is attached.			
1 Enter the amount of line 10 to be Credited to 2011 estimated tax ▶ 15,265 Refunde▶ 11 00 2017 VIII-A Statements Regarding Activities a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
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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. Did the foundation file Form 1120-PDL for this year? (1) On the foundation Form 120-PDL for this year? (1) On the foundation Form 120-PDL for this year? (1) On the foundation Form 120-PDL for this year? (2) On foundation managers Form 120-PDL for this year of political expenditure tax imposed on foundation managers Form 120-PDL for the foundation during the year for political expenditure tax imposed on foundation managers Form 120-PDL for the foundation during the year for political expenditure tax imposed on foundation managers Form 120-PDL for the foundation during the year for political expenditure tax imposed on foundation managers Form 120-PDL for this year for political expenditure tax imposed on foundation managers Form 120-PDL for this year for political expenditure tax imposed on foundation managers Form 120-PDL for this year for political expenditure tax imposed on foundation managers Form 120-PDL for this year for political expenditure tax imposed on foundation managers Form 120-PDL for this year for political expenditure tax imposed on foundation have unrelated business gross income of \$1,000 or more during instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 3 No If "Yes," attach the statement required by General Instruction T. A rether equirements of section 508(e) (relating to sections 4941 through 4945) satisfied either Form 20-PDL for 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 The section 508 (in the foundation formation furnished a copy of Form 990-PF to the Attorney General for designate) of each state as required by General Instruction of 7 If "No," attach explanation . It the foundation laiming status as a private operating foundation with	b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of			
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e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$	C	Did the foundation file Form 1120-POL for this year?	1c		No
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$	d	Enter the amount (If any) of tax on political expenditures (section 4955) imposed during the year			
on foundation managers 2		(1) On the foundation 🕨 \$ 0 (2) On foundation managers 🕨 \$ 0			
Has the foundation engaged in any activities that have not previously been reported to the IRS?	e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
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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	2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	. 2		No
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Did the foundation have unrelated business gross income of \$1,000 or more during the year?	3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			
b If "Yes," has it filed a tax return on Form 990-T for this year?		of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	. 3		No
Was there a liquidation, termination, dissolution, or substantial contraction during the year?	1a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		No
If "Yes," attach the statement required by General Instruction T. Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
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 conflict with the state law remain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV 7 Yes Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) MA b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation. 8b Yes 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 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page 27)? If "Yes," complete Part XIV 9 No	5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	. 5		No
 By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?		If "Yes," attach the statement required by General Instruction T.			
that conflict with the state law remain in the governing instrument?	6	·			
7 Put 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 page 19 of the instructions) MA b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation. 8b Yes 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 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page 27)? If "Yes," complete Part XIV		By state legislation that effectively amends the governing instrument so that no mandatory directions			
Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) ► MA b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation. 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 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page 27)? If "Yes," complete Part XIV		that conflict with the state law remain in the governing instrument?	. 6	Yes	
instructions) ►MA b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation. 8b Yes 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 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page 27)? If "Yes," complete Part XIV	7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	Yes	
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation. 8b Yes 1s the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page 27)? If "Yes," complete Part XIV	8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the			
General (or designate) of each state as required by General Instruction G? If "No," attach explanation. 1 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 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page 27)? If "Yes," complete Part XIV		ınstructions) ►MA			
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 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page 27)? If "Yes," complete Part XIV	b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney			
or 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page 27)? If "Yes," complete Part XIV		General (or designate) of each state as required by General Instruction G? If "No," attach explanation .	8b	Yes	L_
page 27)? If "Yes," complete Part XIV	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 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on			
0 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10 No			. 9		No
	.0	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		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 page 20 of the instructions)	11		No
4.7			-	
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12	ļ.,	No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ►N/A	13	Yes	<u> </u>
14	The books are in care of ►HOWARD H STEVENSON Telephone no ►(617)	864-	2742	
	Located at ►31 FAYERWEATHER STREET CAMBRIDGE MA ZIP+4 ►02138			
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			▶ ┌
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over			
	a bank, securities, or other financial account in a foreign country?	16		No
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes", enter the name of the foreign country		•	
Pai	rt VIII-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.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes V No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes Vo			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes V No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	ıf the foundatıon agreed to make a grant to or to employ the official for a period			
	after termination of government service, if terminating within 90 days) Yes 🔽 No			
ь	If any answer is "Yes" to $1a(1)-(6)$, did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the 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 2010?	1c		No
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))			
а	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d			
	and 6e, Part XIII) for tax year(s) beginning before 2010?			
	If "Yes," list the years 🕨 20 , 20 , 20 , 20			
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 all years listed, answer "No" and attach statement—see page 20 of the 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			
	▶ 20, 20, 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business			
	enterprise at any time during the year?			
b	If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation			
	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved			
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3)			
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine			
	ıf the foundation had excess business holdings in 2010.).	3ь		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
ь	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
-	charitable number that had not been removed from jeonardy before the first day of the tax year beginning in 20102	1 14		l No

	Danadi.	8	Which Form 4720	Man Da Danning d / co		<i>,</i> ,	Page 6	
		_		May Be Required (co	ntinuea	')	1	
5a During the year did the four				0.457 NO	l			
(1) Carry on propaganda, o		•	,	* **	s ▼ No			
(2) Influence the outcome	' '	, ,	• • • • • • • • • • • • • • • • • • • •	•				
on, directly or indirectly				•	s ▼ No			
(3) Provide a grant to an in		, , ,	· ·	·	s ▼ No			
(4) Provide a grant to an oi	-							
				nstructions) \ Ye	s No			
(5) Provide for any purpose					_			
b If any answer is "Yes" to 5a								
				e (see page 22 of the instru	ト	5b		
				re	▶			
c If the answer is "Yes" to qu					_			
					s No			
If "Yes," attach the statemer	nt required i	by Regulations section	n 53.4945–5(d).					
6a Did the foundation, during t	• •	• •						
premiums on a personal be	premiums on a personal benefit contract?							
b Did the foundation, during t	he year, pa	y premiums, directly	or indirectly, on a pers	sonal benefit contract?	[6b	No	
If "Yes" to 6b, file Form 8870	o.							
7a At any time during the tax	year, was t	he foundation a party	to a prohibited tax sh	elter transaction? TYe s	s ▼ No			
b If yes, did the foundation re	ceive any	proceeds or have an	y net income attributab	le to the transaction?		7b		
Doub VIII Information	About Of	ficers, Directors	s, Trustees, Found	lation Managers, High	ly Paid	Emplo	yees,	
Part VIIII and Contract								
1 List all officers, directors, to					tions).			
(a) Name and address	(6)	Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans		•	account,	
	d	evoted to position	-0-)	and deferred compensati	l ∩fh	other allowances		
HOWARD H STEVENSON	TRU	JSTEE	0 0		o			
31 FAYERWEATHER STREET	0 0	0		I	-			
CAMBRIDGE, MA 02138								
FREDERICKA O STEVENSON		JSTEE		0	0		0	
31 FAYERWEATHER STREET	TRU 0 0			0	0		0	
31 FAYERWEATHER STREET CAMBRIDGE, MA 02138	0 0	0					0	
31 FAYERWEATHER STREET	0 0	0					0	
31 FAYERWEATHER STREET CAMBRIDGE, MA 02138 2 Compensation of five higher If none, enter "NONE."	0 0 st-paid emp	O ployees (other than t	those included on line 1	—see page 23 of the instru	ctions).			
31 FAYERWEATHER STREET CAMBRIDGE, MA 02138 2 Compensation of five higher If none, enter "NONE." (a) Name and address of each	0 0 st-paid employee	0	those included on line 1	(d) Contributions to employee benefit	ctions).		account,	
31 FAYERWEATHER STREET CAMBRIDGE, MA 02138 2 Compensation of five higher If none, enter "NONE."	0 0 st-paid employee	oployees (other than to	those included on line 1 age (c) Compensat	(d) Contributions to employee benefit plans and deferred	ctions).	xpense er allov	account,	
31 FAYERWEATHER STREET CAMBRIDGE, MA 02138 2 Compensation of five higher If none, enter "NONE." (a) Name and address of each paid more than \$50,00	0 0 st-paid employee	oployees (other than to b) Title, and averance hours per week	those included on line 1 age (c) Compensat	(d) Contributions to employee benefit	ctions).		account,	
31 FAYERWEATHER STREET CAMBRIDGE, MA 02138 2 Compensation of five higher If none, enter "NONE." (a) Name and address of each	0 0 st-paid employee	oployees (other than to b) Title, and averance hours per week	those included on line 1 age (c) Compensat	(d) Contributions to employee benefit plans and deferred	ctions).		account,	
31 FAYERWEATHER STREET CAMBRIDGE, MA 02138 2 Compensation of five higher If none, enter "NONE." (a) Name and address of each paid more than \$50,00	0 0 st-paid employee	oployees (other than to b) Title, and averance hours per week	those included on line 1 age (c) Compensat	(d) Contributions to employee benefit plans and deferred	ctions).		account,	
31 FAYERWEATHER STREET CAMBRIDGE, MA 02138 2 Compensation of five higher If none, enter "NONE." (a) Name and address of each paid more than \$50,00	0 0 st-paid employee	oployees (other than to b) Title, and averance hours per week	those included on line 1 age (c) Compensat	(d) Contributions to employee benefit plans and deferred	ctions).		account,	
31 FAYERWEATHER STREET CAMBRIDGE, MA 02138 2 Compensation of five higher If none, enter "NONE." (a) Name and address of each paid more than \$50,00	0 0 st-paid employee	oployees (other than to b) Title, and averance hours per week	those included on line 1 age (c) Compensat	(d) Contributions to employee benefit plans and deferred	ctions).		account,	
31 FAYERWEATHER STREET CAMBRIDGE, MA 02138 2 Compensation of five higher If none, enter "NONE." (a) Name and address of each paid more than \$50,00	0 0 st-paid employee	oployees (other than to b) Title, and averance hours per week	those included on line 1 age (c) Compensat	(d) Contributions to employee benefit plans and deferred	ctions).		account,	
31 FAYERWEATHER STREET CAMBRIDGE, MA 02138 2 Compensation of five higher If none, enter "NONE." (a) Name and address of each paid more than \$50,00	0 0 st-paid employee	oployees (other than to b) Title, and averance hours per week	those included on line 1 age (c) Compensat	(d) Contributions to employee benefit plans and deferred	ctions).		account,	
31 FAYERWEATHER STREET CAMBRIDGE, MA 02138 2 Compensation of five higher If none, enter "NONE." (a) Name and address of each paid more than \$50,00	0 0 st-paid employee	oployees (other than to b) Title, and averance hours per week	those included on line 1 age (c) Compensat	(d) Contributions to employee benefit plans and deferred	ctions).		account,	
31 FAYERWEATHER STREET CAMBRIDGE, MA 02138 2 Compensation of five higher If none, enter "NONE." (a) Name and address of each paid more than \$50,00	0 0 st-paid employee	oployees (other than to b) Title, and averance hours per week	those included on line 1 age (c) Compensat	(d) Contributions to employee benefit plans and deferred	ctions).		account,	
31 FAYERWEATHER STREET CAMBRIDGE, MA 02138 2 Compensation of five higher If none, enter "NONE." (a) Name and address of each paid more than \$50,00	0 0 st-paid employee	oployees (other than to b) Title, and averance hours per week	those included on line 1 age (c) Compensat	(d) Contributions to employee benefit plans and deferred	ctions).		account,	
31 FAYERWEATHER STREET CAMBRIDGE, MA 02138 2 Compensation of five higher If none, enter "NONE." (a) Name and address of each paid more than \$50,00	employee	(b) Title, and averabours per week devoted to position	age (c) Compensat	(d) Contributions to employee benefit plans and deferred compensation	ctions).		account,	

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) 3. Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none, enter "NONE". (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over\$50,000 for professional services. O	Form 990-PF (2010)		Page 7
(c) Compensation NONE Total number of others receiving over \$50,000 for professional services. Total number of others receiving over \$50,000 for professional services. Total number of others receiving over \$50,000 for professional services. Total number of others receiving over \$50,000 for professional services. Total number of others receiving over \$50,000 for professional services. Total number of others receiving over \$50,000 for professional services. Total number of others receiving over \$50,000 for professional services. Total number of others receiving over \$50,000 for professional services. Total number of others receiving over \$50,000 for professional services. Total number of others receiving over \$50,000 for professional services. Total number of others receiving over \$50,000 for professional services. Total number of others receiving over \$50,000 for professional services. Total number of others receiving over \$50,000 for professional services. Total number of others receiving over \$50,000 for professional services. Total number of others receiving over \$50,000 for professional services. Total number of others receiving over \$50,000 for professional services. Total number of others receiving over \$50,000 for professional services. Total number of others receiving over \$50,000 for professional services. Total number of others receiving over \$50,000 for professional services. Total number of others receiving over \$50,000 for professional services. Total number of others receiving over \$50,000 for professional services. Total number of others receiving over \$50,000 for professional services. Total number of others receiving over \$50,000 for professional services. Total number of others receiving over \$50,000 for professional services. Total number of others receiving over \$50,000 for professional services. Total number of others receiving over \$50,000 for professional services. Total number of others receiving over \$50,000 for professional services.		rustees, Foundation Managers, Highly	Paid Employees,
Total number of others receiving over \$50,000 for professional services. Description Descripti	3 Five highest-paid independent contractors for professional serv	vices (see page 23 of the instructions). If none, e	:nter "NONE".
Total number of others receiving over \$50,000 for professional services. Del the foundation's four largest direct charitable Activities List the foundation's four largest direct charitable activities during the lax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. 1 2 3 4 Part IX-B Summary of Program-Related Investments (see page 24 of the instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount 1 Amount Total. Add lines 1 through 3.	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
Dart IX-B 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 beneficianes served, conferences convened, research papers produced, etc. 1 2 3 3 4 4 Part IX-B Summary of Program-Related Investments (see page 24 of the instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 A mount 1 A mount	NONE		
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All other program-related investments See page 24 of the instructions Total. Add lines 1 through 3			A mount
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All other program-related investments See page 24 of the instructions Total. Add lines 1 through 3			•
All other program-related investments See page 24 of the instructions Total. Add lines 1 through 3			-
All other program-related investments See page 24 of the instructions Total. Add lines 1 through 3	2		
3	•		-
3			•
3	All other program-related investments. See page 24 of the instru	ctions	
Total. Add lines 1 through 3		ctions	
Total Add Illies I tillough 5	<u> </u>		1
Total Add Illies I tillough 5			1
Total Add Illies I tillough 5		_ 1	
	Iotal. Add lines 1 through 3		

Form	990-PF (2010)		Page 8
Pa	Minimum Investment Return (All domestic foundations must complete this part. For see page 24 of the instructions.)	reign	foundations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc ,		
	purposes		
а	A verage monthly fair market value of securities	1a	5,366,522
b	A verage of monthly cash balances	1b	56,097
C	Fair market value of all other assets (see page 24 of the instructions)	1 c	0
d	Total (add lines 1a, b, and c)	1d	5,422,619
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	A cquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	5,422,619
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see page 25		
	of the instructions)	4	81,339
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	5,341,280
6	Minimum investment return. Enter 5% of line 5	6	267,064
Dai	Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(
401	foundations and certain foreign organizations check here 🕨 🗀 and do not complete t	his pa	art.)
1	Minimum investment return from Part X, line 6	1	267,064
2a	Tax on investment income for 2010 from Part VI, line 5 2a 5,342		
b	Income tax for 2010 (This does not include the tax from Part VI) 2b		
c	Add lines 2a and 2b	2c	5,342
3	Distributable amount before adjustments Subtract line 2c from line 1	3	261,722
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	261,722
6	Deduction from distributable amount (see page 25 of the instructions)	6	0
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	261,722
Par	t XIII Qualifying Distributions (see page 25 of the instructions)		
1	A mounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	874,835
b	Program-related investments—total from Part IX-B	1b	0
2	A mounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc ,		
	purposes	2	
3	A mounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	874,835
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	<u> </u>	3, 1,033
٥	income Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	5,342
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	869,493
U	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whetl		· · · · · · · · · · · · · · · · · · ·
	the section 4940(e) reduction of tax in those years	iiei tiie	: Iodiluation qualifies 101

P	ondistributed income (see page	20 of the mstruct	ons)		
		(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1	Distributable amount for 2010 from Part XI, line 7	55.745	reare prior to 2005		261,722
	Undistributed income, if any, as of the end of 2010				,
	Enter amount for 2009 only			(
	Total for prior years 20		0		
	Excess distributions carryover, if any, to 2010				
	From 2005 104,224				
	From 2006	4			
	From 2007				
	From 2008				
	From 2009 415,939				
f	Total of lines 3a through e	1,069,517			
4	Qualifying distributions for 2010 from Part				
	XII, line 4 🕨 \$874,835				
а	Applied to 2009, but not more than line 2a			(
Ь	Applied to undistributed income of prior years		_		
	(Election required—see page 26 of the instructions)		0		
c	Treated as distributions out of corpus (Election				
	required—see page 26 of the instructions)				261 722
	Applied to 2010 distributable amount	(12.112			261,722
	Remaining amount distributed out of corpus	613,113			
5	Excess distributions carryover applied to 2010	0			0
	(If an amount appears in column (d), the same amount must be shown in column (a).)				
6	Enter the net total of each column as				
ŭ	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,682,630			
ь	Prior years' undistributed income Subtract				
	line 4 b from line 2 b		0		
C	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d	Subtract line 6c from line 6b Taxable				
_	amount—see page 27 of the instructions		0		
е	Undistributed income for 2009 Subtract line				
	4a from line 2a Taxable amount—see page 27			(
_	of the instructions				<u>'</u>
t	Undistributed income for 2010 Subtract lines 4d and 5 from line 1. This amount must				
	be distributed in 2011				0
7	A mounts treated as distributions out of				
	corpus to satisfy requirements imposed by				
	section 170(b)(1)(F) or 4942(g)(3) (see page 27	0			
_	of the instructions)				
8	Excess distributions carryover from 2005 not applied on line 5 or line 7 (see page 27 of the				
	instructions)	104,224			
9	Excess distributions carryover to 2011.				
	Subtract lines 7 and 8 from line 6a	1,578,406			
10	Analysis of line 9				
а	Excess from 2006 253,094				
b	Excess from 2007 183,054	4			
c	Excess from 2008 113,206	4			
	Excess from 2009 415,939	4			
е	Excess from 2010 613,113				

1a	If the foundation has received a ruling or d foundation, and the ruling is effective for 2		•	•		
b	Check box to indicate whether the organiz	ation is a private o	perating foundation	n described in secti	on 「 4942(j)(3) o	or — 4942(j)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year (a) 2010	(b) 2009	Prior 3 years (c) 2008	(d) 2007	(e) Total
	Investment return from Part X for each year listed					
	85% of line 2a					
	Qualifying distributions from Part XII, line 4 for each year listed					
	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Q ualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon					
а	"Assets" alternative test—enter					
	(1) Value of all assets(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c	"Support" alternative test—enter		1	1		
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					
Pa	rt XV Supplementary Information assets at any time during				on had \$5,000	or more in
1	Information Regarding Foundation Manage	ers:				
а	List any managers of the foundation who habefore the close of any tax year (but only i					dation
b	List any managers of the foundation who or ownership of a partnership or other entity)		•		lly large portion of t	he
2	Information Regarding Contribution, Gran	t, Gift, Loan, Scho	larship, etc., Progra	ıms:		
	Check here F if the foundation only ma unsolicited requests for funds. If the found under other conditions, complete items 2 a	atıon makes gıfts,	to preselected char grants, etc (see p	ritable organizations age 28 of the instru	s and does not acce actions) to individual	pt Is or organizations
а	The name, address, and telephone numbe	r of the person to v	whom applications s	should be addressed	d	
b	The form in which applications should be s	submitted and info	rmation and materi	als they should incl	ude	
c	Any submission deadlines					
d	Any restrictions or limitations on awards, factors	such as by geogra	aphical areas, chari	table fields, kinds o	f institutions, or oth	er

3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to status of A mount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year See Additional Data Table 863,322 **b** Approved for future payment

Form 990-	PF (2010) I-A Analysis of Income-Produc	ing Activitio				Page 12
	s amounts unless otherwise indicated		usiness income	Excluded by section	512, 513, or 514	(e)
1 Progran	n service revenue	(a) Business code	(b) A mount	(c) Exclusion code	(d) A mount	Related or exempt function income (See page 28 of the instructions)
а						the instructions)
	·					
	and contracts from government agencies					
	rship dues and assessments			14	00.000	
	on savings and temporary cash investments nds and interest from securities			14	99,896 17,525	_
	ntal income or (loss) from real estate			1	17,525	
	financed property					
	ebt-financed property					
	al income or (loss) from personal property			15	58	
	nvestment income			18	428,227	
	ome or (loss) from special events				,	
10 Gross	profit or (loss) from sales of inventory					
11 Othern	BAUPOST LIMITED revenue a PARTNERSHIP 1983 C-1			16	226,017	
	LLANEOUS					1,000
	XX REFUND					4,393
	al Add columns (b), (d), and (e).		0		771,723	5,393
	Add line 12, columns (b), (d), and (e)			1	l '	1
(See w	orksheet in line 13 instructions on page 2	28 to verify calc	ulations)			<u> </u>
Part XVI	Relationship of Activities to					
Line No.	Explain below how each activity for wh the accomplishment of the organizatio page 28 of the instructions)					
11B	MISC INCOME USED TO PROVIDE AD	DITIONAL GIF	TS TO ORGANIZ	ATIONS FOR CHA	RITABLE PURPO	SES
11C	FEDERAL TAX PAID WHICH WAS REFU FOR CHARITABLE PURPOSES	INDED BY THE	IRS USED TO PR	OVIDE ADDITION	NAL GIFTS TO OR	GANIZATIONS
	TOR CHARITABLE FORFOSES					
-						
		-				

Form 99	90-PF (XVII	Information R		Transfers To and Trai	nsac	tions and Relation	ships With		Pa	ge 13
• Did t	the organ	Noncharitable		of the following with any other o	manız	ation described in section			Yes	No
_	_			nizations) or in section 527, relatir	_				res	140
				noncharitable exempt organ	-	-				
								1a(1)		No
								1a(2)		No
		sactions						14(2)		110
			ırıtahle eyem	pt organization				16(1)		No
				e exempt organization.				- ` `		No
				ssets						No
								1b(4)		No
								<u> </u>		No
		_								No
				or fundraising solicitations.						
				other assets, or paid emplo mplete the following schedu						No
	ny trans		angement, sl	by the reporting foundation now in column (d) the value noncharitable exempt organization	of th		r services receive	ed		nts
					\perp					
					_					
					+					
					+					
					+					
ī										
					\perp					
					-					
des	crıbed ı	•	he Code (othe schedule	ed with, or related to, one of er than section 501(c)(3)) of (b) Type of organi	or in :	section 527?		.厂Y∢ onship	es F	No
	the be	est of my knowledge a	and belief, it i Which prepar	at I have examined this retu s true, correct, and complet er has any knowledge						
	- 31	T I I I I I I I I I I I I I I I I I I I	iusiee				r inte	T		
Sign Here	თ <u>.</u>	Preparer's Signature				Date	Check if self- employed ▶	PTIN		
Ω	Preparer 3 Use Only	Firm's name 🕨		ALLARD & ALLARD CPA	S		Firm's EIN ►			
				450 COTTAGE STREET						
	_	Firm's address F SPRINGFIELD, MA 01104 Phone no (413)					3) 785-	1414		

Schedule B	Schedule of Contributors		OMB No 1545-0047
Form 990, 990-EZ, or 990-PF) Department of the Treasury	► Attach to Form 990, 990-EZ, or 990-PF.		2010
nternal Revenue Service			
Name of organization STEVENSON FAMILY CHARITAB	LE TRUST	04-662959	entification number
Organization type (chec	ck 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 foun	ndation	
	527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private foundation	on	
	501(c)(3) taxable private foundation		
property) from an Special Rules	y one contributor Complete Parts I and II		
under sections 50	(c)(3) organization filing Form 990 or 990-EZ, that met the $33^1 B\%$ support test $9(a)(1)$ and $170(b)(1)(A)(vi)$, and received from any one contributor, during t 200 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-	he year, a contribut	
during the year, a	(c)(7), (8), or (10) organization filing Form 990, or 990-EZ, that received from ggregate contributions of more than \$1,000 for use <i>exclusively</i> for religious, or educational purposes, or the prevention of cruelty to children or animals.	charitable,	
during the year, c not aggregate to r the year for an ex applies to this org	(c)(7), (8), or (10) organization filing Form 990, or 990-EZ, that received from ontributions for use <i>exclusively</i> for religious, charitable, etc., purposes, but the more than \$1,000. If this box is checked, enter here the total contributions that <i>cclusively</i> religious, charitable, etc., purpose. Do not complete any of the parts anization because it received nonexclusively religious, charitable, etc., contributions	hese contributions d twere received dur s unless the Gener butions of \$5,000 or	lid ing al Rule
990-EZ, or 990-PF), but it	n that is not covered by the General Rule and/or the Special Rules does not file must answer "No" on Part IV, line 2 of its Form 990, or check the box on lin hof its Form 990-PF, to certify that it does not meet the filing requirements of So	H of its	

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93491316005011

Name of organization STEVENSON FAMILY CHARITABLE TRUST Employer identification number

04-6629590

Part I	Contributors (see Instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	HOWARD STEVENSON 31 FAYERWEATHER ST CAMBRIDGE, MA 02138	- \$ <u>765,000</u>	Person Payroll Noncash Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- \$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- - - -	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_		- \$	Person

Name of organization STEVENSON FAMILY CHARITABLE TRUST Employer identification number

04-6629590

Part II Nonca	ash Property (see Instructions)		
(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
		<u> </u>	
(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
		\$	

STEVENSON FAMILY CHARITABLE TRUST

Name of organization

Employer identification number

04-6629590

Part III	Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (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) > \$				
(a) No. from Part I	(b) Purpose of gift		(c) Use of gift	(d) Description of how gift is held	
	Transferee's name, address, ar		(e) ransfer of gift Relation	nship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	-	(c) Use of gift	(d) Description of how gift is held	
	Transferee's name, address, ar		(e) ransfer of gift Relatior	nship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift		(c) Use of gift	(d) Description of how gift is held	
	Transferee's name, address, ar		(e) ransfer of gift Relatior	nship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	ı	(c) Use of gift	(d) Description of how gift is held	
			(e) ransfer of gift		
	Transferee's name, address, ar			nship of transferor to transferee	

Software ID: Software Version:

EIN: 04-6629590

Name: STEVENSON FAMILY CHARITABLE TRUST

Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	A mount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
ACCESS 31 ST JAMES AVE SUITE 520 BOSTON,MA 02116	NONE	PUBLIC	CHARITABLE	500
BANK OF AMERICA CHARITABLE GIFT FUND HESTIA FUND 75 STATE STREET STE 2500 BOSTON, MA 02109	NONE	PUBLIC	CHARITABLE	600
BOSTON LANDMARK'S ORCHESTRA 168 BRATTLE ST CAMBRIDGE, MA 02138	NONE	PUBLIC	CHARITABLE	5,000
BOSTON SYMPHONY ORCHESTRA 168 BRATTLE ST CAMBRIDGE, MA 02138	NONE	PUBLIC	CHARITABLE	500
BREAKTHROUGH CAMBRIDGE PO BOX 381486 CAMBRIDGE,MA 022381786	NONE	PUBLIC	CHARITABLE	150
ACCESS 31 ST JAMES AVE SUITE 520 BOSTON, MA 02116	NONE	PUBLIC	CHARITABLE	500
ADOLESCENT CONSULTATION SERVICES INC LIA POORVU 40 THORNDIKE STREET CAMBRIDGE,MA 02141	NONE	PUBLIC	CHARITABLE	1,000
BETHEL HISTORICAL SOCIETY 10-14 BROAD ST BETHEL, ME 042170012	NONE	PUBLIC	CHARITABLE	250
BOSTON BALLET 19 CLARENDON ST BOSTON, MA 02116	NONE	PUBLIC	CHARITABLE	25,000
BOSTON LANDMARK'S ORCHESTRA 168 BRATTLE ST CAMBRIDGE, MA 02138	NONE	PUBLIC	CHARITABLE	500
BYKIDS 330 WEST END AVE NEW YORK, NY 10023	NONE	PUBLIC	CHARITABLE	250
CAMBRIDGE CENTER FOR ADULTS EDUCATION 42 BRATTLE ST PO BOX 9113 CAMBRIDGE,MA 02238	NONE	PUBLIC	CHARITABLE	5,000
CAMBRIDGE COMMUNITY FOUNDATION 99 BISHOP ALLEN DR CAMBRIDGE, MA 02139	NONE	PUBLIC	CHARITABLE	500
CAMBRIDGE HISTORICAL SOCIETY 159 BRATTLE ST CAMBRIDGE,MA 02138	NONE	PUBLIC	CHARITABLE	150
CAREER COLLABORATIVE INC 77 SUMMER STREET 11TH FLOOR BOSTON,MA 02110	NONE	PUBLIC	CHARITABLE	500
Total				863,322

Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	A mount
Name and address (home or business)	or substantial contributor			
a Paid during the year				
CHARLES RIVER CONSERVANCY FOUR BRATTLE ST CAMBRIDGE,MA 02138	NONE	PUBLIC	CHARITABLE	1,000
CHILTON HOUSE CELEBRATION 65 CHILTON STREET CAMBRIDGE,MA 02138	NONE	PUBLIC	CHARITABLE	250
CITIZENS SCHOOL MUSEUM WHARF 308 CONGRESS ST BOSTON,MA 02210	NONE	PUBLIC	CHARITABLE	500
CONSERVATORY LAB CHARTER SCHOOL 25 ARLINGTON ST BRIGHTON,MA 02135	NONE	PUBLIC	CHARITABLE	500
COVENANT HOUSE PO BOX 731 NEW YORK,NY 101080731	NONE	PUBLIC	CULTURAL	100
DANA FARBER CANCER INSTITUTE 10 BROOKLINE PLACE WEST 6TH FLOOR BROOKLINE, MA 02445	NONE	PUBLIC	CHARITABLE	10,000
DISCOVERING JUSTICE PO BOX 51359 BOSTON,MA 02205	NONE	PUBLIC	CHARITABLE	1,500
FACING HISTORY AND OURSELVES 16 HURD ROAD BROOKLINE,MA 02445	NONE	PUBLIC	CHARITABLE	1,000
FAMILIES FIRST 99 BISHOP RICHARD ALLEN DR CAMBRIDGE,MA 02139	NONE	PUBLIC	CHARITABLE	250
FROM THE TOP 295 HUNTINGTON AVE SUITE 201 BOSTON,MA 02115	NONE	PUBLIC	CHARITABLE	5,000
FRUITLANDS MUSEUM 102 PROSPECT HILL HARVARD, MA 01451	NONE	PUBLIC	EDUCATIONAL	1,000
HARVARD BUSINESS SCHOOL (DEAN'S FUND) 125 HARVARD BUSINESS SCHOOL BOSTON,MA 02163	NONE	PUBLIC	CHARITABLE	50,000
HARVARD MAGAZINE PO BOX 414946 BOSTON,MA 022414946	NONE	PUBLIC	CHARITABLE	50
HARVARD SCHOOL OF PUBLIC HEALTH 401 PARK DR 3RD FLOOR BOSTON,MA 02215	NONE	PUBLIC	CHARITABLE	20,000
HARVARD UNIVERSITY WOMENS INITIATIVES 79 JFK ST BOX 123 CAMBRIDGE, MA 02138	NONE	PUBLIC	CHARITABLE	10,000
Total				863,322

Recipient if recipient is an individual, show any relationship to recipient or contribution or status of recipient and address (thome or business) and my feundation meanager or substantial contribution or recipient or recipient or contribution or status of recipient and address (thome or business) and makes and address (thome or business) and address (thome ore					
Page during they year HIGGINSON IS CLIETY OF DISO 301 MASSACHUSETTS AVE BOSTON, MA 02115 NONE NONE PUBLIC CHARITABLE CHARITABLE 1.500	Recipient	show any relationship to	status of		A mount
HIGGINSON SOCIETY OP BSO 301 MASSACHUSETTS AVE 800 STORM, AM OZI15 NONE NONE PUBLIC CHARITABLE ROSTON, MA OZI162702 NONE PUBLIC CHARITABLE ROSTON, MA OZI162702 ROSTON, MA OZI162 ROSTON, MA OZI1	Name and address (home or business)		recipient		
## STORIC NEW ENGLAND LAND CALLS TO MONE ## STORIC NEW ENGLAND CALLS TEWART GARDNER MUSIC ## STORIC NEW ENGLAND CALLS THE CALLS THE CALLS TEWART GARDNER MUSIC ## STORIC NEW ENGLAND CAL	a Paid during the year				
181 CAMBRIDGE ST ISABELLA STEWART GARDNER BOSTON, MA O2115 NONE BETHEL, MA O42170012 MASS AUDUBON SOCIETY 208 SOUTH GREAT ROAD LINCOLM, MA O21730 MAY WARBUG COURAGE CURRICULUM 235 HONTINGTON AVE BOX 52 MONE BOSTON, MA O2115 MAY WARBUG COURAGE CURRICULUM 235 HONTINGTON AVE BOX 52 MONE BOSTON, MA O2115 NONE PUBLIC CHARITABLE CHARITABLE 250 CHARITABLE CHARITABLE 250 CHARITABLE 250 CHARITABLE 3,000 CHARITABLE 4,0,000 CHARITABLE 50 PUBLIC CHARITABLE 50	301 MASSACHUSETTS AVE	NONE	PUBLIC	CHARITABLE	3,000
MUSIC 280 THE FENNAY BOSTON, MA 02115 NONE PUBLIC CHARITABLE 250 MASS AUDUBON SOCIETY 208 SOUTH GREAT ROAD LINCOLN, MA 01773 NONE PUBLIC CHARITABLE 250 LINCOLN, MA 0115 NONE PUBLIC CHARITABLE 250 LINCOLN, MA 0115 NONE PUBLIC CHARITABLE 250 LINCOLN, MA 02118 MAY WARBUS COURAGE CURRICULUM 2550 DOSTON, MA 02118 NONE PUBLIC CHARITABLE 3,000 MOUNT AUBURN STREET CAMBRIDGE, MA 02118 NONE PUBLIC CHARITABLE 200 LINCOLN, MA 02115 NONE PUBLIC CHARITABLE 250 LINCOLN, MA 02118 NONE PUBLIC CHARITABLE 250 LINCOLN, MA 02118 NONE PUBLIC CHARITABLE 250 LINCOLN, MA 02118 NONE PUBLIC CHARITABLE 2500 LINCOLD AVE CARBRIDGE, MA 02138 NONE PUBLIC CHARITABLE 25,000 LINCOLD AND A 01460 LINCOLN, MA 02115 NONE PUBLIC CHARITABLE 25,000 LINCOLN, MA 02161 NONE PUBLIC CHARITABLE 25,000 LINCOLN, MA 02161 NONE PUBLIC CHARITABLE 25,000 LINCOLN, MA 02161 LINCOLN, MA 02161 NONE PUBLIC CHARITABLE 25,000 LINCOLN, MA 02161 LINCOLN, MA 02161 NONE PUBLIC CHARITABLE 25,000 LINCOLN, MA 02164 LINCOLN, MA 0	141 CAMBRIDGE ST	NONE	PUBLIC	CHARITABLE	80
PO BOX 981 BETHEL, MA 042170012 MASS AUDUBON SOCIETY 208 SOUTH GREAT ROAD LINCOLM, MA 01773 MAX WARBUG COURAGE CURAGE CURRICULUM 328 HUNTINGTON AVE BOX 52 BOSTON, MA 02115 MAY WARBUG COURAGE CURRICULUM 328 HUNTINGTON AVE BOX 52 BOSTON, MA 02115 MOUNT AUBURN AUXILIARY TREE LIGHTING 300 WAS BOSTON, MA 02115 MOUNT AUBURN AUXILIARY TREE LIGHTING 330 MOUNT AUBURN STREET CAMBRIDGE, MA 02138 MAT AUBURN HOSPITAL 330 MOUNT AUBURN STREET CAMBRIDGE, MA 02138 NATIONAL TRUST FOR HISTORIC PRESERVATION PO BOX 5043 HAGERSTOWN, MO 127419823 NATIONAL TRUST FOR HISTORIC PRESERVATION PO BOX 5043 HAGERSTOWN, MO 127419823 NEWLILE COMMUNITIES INC NONE PUBLIC CHARITABLE 50 WAS BOSTON, MA 02138 NEWLILE COMMUNITIES INC NONE PUBLIC CHARITABLE 50 CONCORD AVE CAMBRIDGE, MA 02138 NEWLILE COMMUNITIES INC NONE PUBLIC CHARITABLE 2500 CONCORD AVE CAMBRIDGE, MA 02138 NEWLILE COMMUNITIES INC NONE PUBLIC CHARITABLE 2500 CONCORD AVE CAMBRIDGE, MA 02138 NEWLILE COMMUNITIES INC NONE PUBLIC CHARITABLE 2500 CONCORD AVE CAMBRIDGE, MA 02138 NEW ENGLAND A 02150 NONE PUBLIC CHARITABLE 25000 CONCORD AVE CAMBRIDGE, MA 02138 NONE PUBLIC CHARITABLE 25,000 CONCORD AVE CAMBRIDGE, MA 02138 NONE PUBLIC CHARITABLE 25,000 CONCORD AVE CAMBRIDGE, MA 02138 NONE PUBLIC CHARITABLE 25,000 CONCORD AVE CAMBRIDGE, MA 02138 NONE PUBLIC CHARITABLE 25,000 CONCORD AVE CAMBRIDGE, MA 02138 NONE PUBLIC CHARITABLE 25,000 CONCORD AVE CAMBRIDGE, MA 02138 NONE PUBLIC CHARITABLE 25,000 CONCORD AVE CAMBRIDGE, MA 02138	MUSIC 280 THE FENWAY	NONE	PUBLIC	CHARITABLE	1,500
20 S OUTH GREAT ROAD LINCOLN, MA 01773 NONE PUBLIC EDUCATIONAL 250 MAX WARBUG COURAGE CURRICULUM 325 HUNTINGTON AVE BOX 52 BOSTON, MA 02115 NONE PUBLIC CHARITABLE 3,000 MFA PATRON MEM 465 HUNTINGTON AVE BOSTON, MA 02115 NONE PUBLIC CHARITABLE 3,000 MOUNT A UBURN A UXILIARY TREE LIGHTING 330 MOUNT AUBURN STREET CAMBRIDGE, MA 02138 NONE PUBLIC CHARITABLE 40,000 MT AUBURN HOSPITAL 3330 MOUNT AUBURN STREET CAMBRIDGE, MA 02138 NONE PUBLIC CHARITABLE 750 MT AUBURN HOSPITAL 3330 MOUNT AUBURN STREET CAMBRIDGE, MA 02138 NONE PUBLIC CHARITABLE 50 NATIONAL TRUST FOR HISTORIC PRESERVATION PO BOX 5043 HAGERSTOWN, MD 217419823 NONE PUBLIC CHARITABLE 250 NEVILLE PLACE ASSISTED LIVING 650 CONCORD AVE CAMBRIDGE, MA 02138 NONE PUBLIC CHARITABLE 250 NEW ENGLAND AQUARIUM 239 HUNTINGTON AVE 805TON, MA 02115 NONE PUBLIC CHARITABLE 25,000 NPRF FOUNDATION PO BOX 1346 32 FOSTER ST LITITLETON, MA 01460 NONE PUBLIC CHARITABLE 25,000 OLYMPUS HIGH SCHOOL GRANITE SCHOOL DISTRICT 2500 SOUTH HAGE STATE ST CHARITABLE CHARITABLE 2,500 <td>PO BOX 981</td> <td>NONE</td> <td>PUBLIC</td> <td>CHARITABLE</td> <td>250</td>	PO BOX 981	NONE	PUBLIC	CHARITABLE	250
CURRICULUM MFA PATRON MEM 465 HUNTINGTON AVE BOSTON, MA 02115 MOUNT AUBURN AUXILIARY TREE IGHTING 330 MOUNT AUBURN STREET CAMBRIDGE, MA 02138 MT AUBURN HOSPITAL 330 MOUNT AUBURN STREET CAMBRIDGE, MA 02138 MT AUBURN HOSPITAL 330 MOUNT AUBURN STREET CAMBRIDGE, MA 02138 MT AUBURN HOSPITAL 330 MOUNT AUBURN STREET CAMBRIDGE, MA 02138 NONE PUBLIC CHARITABLE 750 CHARITABLE 75	208 SOUTH GREAT ROAD	NONE	PUBLIC	CHARITABLE	250
MOUNT AUBURN AUXILIARY TREE LICHTING SOSTON, MA O2115 MOUNT AUBURN AUXILIARY TREE LICHTING SAO MOUNT AUBURN STREET CAMBRIDGE, MA 02138 MT AUBURN HOSPITAL 330 MOUNT AUBURN STREET CAMBRIDGE, MA 02138 MT AUBURN HOSPITAL 330 MOUNT AUBURN STREET CAMBRIDGE, MA 02138 MT AUBURN HOSPITAL 330 MOUNT AUBURN STREET CAMBRIDGE, MA 02138 NONE PUBLIC CHARITABLE T50 T50 T50 T50 T50 T50 T50 T5	CURRICULUM 325 HUNTINGTON AVE BOX 52	NONE	PUBLIC	EDUCATIONAL	250
LIGHTING 330 MOUNT AUBURN STREET CAMBRIDGE, MA 02138 MT AUBURN HOSPITAL 330 MOUNT AUBURN STREET CAMBRIDGE, MA 02138 MT AUBURN HOSPITAL 330 MOUNT AUBURN STREET CAMBRIDGE, MA 02138 MT AUBURN HOSPITAL 330 MOUNT AUBURN STREET CAMBRIDGE, MA 02138 NONE PUBLIC CHARITABLE 750 CH	465 HUNTINGTON AVE	NONE	PUBLIC	CHARITABLE	3,000
330 MOUNT AUBURN STREET CAMBRIDGE, MA 02138 MT AUBURN HOSPITAL 330 MOUNT AUBURN STREET CAMBRIDGE, MA 02138 NONE PUBLIC CHARITABLE T50 NATIONAL TRUST FOR HISTORIC PRESERVATION PO BOX 5043 HAGERSTOWN, MD 217419823 NONE NEVILLE COMMUNITIES INC NEVILLE PLACE ASSISTED LIVING 650 CONCORD AVE CAMBRIDGE, MA 02138 NONE PUBLIC CHARITABLE CHARITABLE CHARITABLE S00 CONCORD AVE CAMBRIDGE, MA 02138 NONE PUBLIC EDUCATIONAL S00 CHARITABLE 250 CHARITABLE 250 CHARITABLE CHAR	LIGHTING 330 MOUNT AUBURN STREET	NONE	PUBLIC	CHARITABLE	100
330 MOUNT AUBURN STREET CAMBRIDGE, MA 02138 NATIONAL TRUST FOR HISTORIC PRESERVATION PO BOX 5043 HAGERSTOWN, MD 217419823 NEVILLE COMMUNITIES INC NONE PUBLIC CHARITABLE 250 NEVILLE PLACE ASSISTED LIVING 650 CONCORD AVE CAMBRIDGE, MA 02138 NONE PUBLIC EDUCATIONAL 500 290 HUNTINGTON AVE BOSTON, MA 02115 NONE PUBLIC CHARITABLE 25,000 NONE PUBLIC CHARITABLE 25,000 NONE PUBLIC CHARITABLE 25,000 OLYMPUS HIGH SCHOOL GRANITE SCHOOL DISTRICT 2500 SOUTH STATE ST SALT LAKE CITY, UT 841153110	330 MOUNT AUBURN STREET	NONE	PUBLIC	CHARITABLE	40,000
PRESERVATION PO BOX 5043 HAGERSTOWN, MD 217419823 NEVILLE COMMUNITIES INC NEVILLE PLACE ASSISTED LIVING 650 CONCORD AVE CAMBRIDGE, MA 02138 NONE PUBLIC PUBLIC CHARITABLE 250 SOUTH STATE ST SALT LAKE CITY, UT 841153110 NONE PUBLIC CHARITABLE CHARITABLE 250 CHARITABLE CHARITABLE 250 CHARITABLE CHARITABLE 250 CH	330 MOUNT AUBURN STREET	NONE	PUBLIC	CHARITABLE	750
NEVILLE PLACE ASSISTED LIVING 650 CONCORD AVE CAMBRIDGE, MA 02138 NEW ENGLAND AQUARIUM 290 HUNTINGTON AVE BOSTON, MA 02115 NPR FOUNDATION PO BOX 1346 32 FOSTER ST LITTLETON, MA 01460 OLYMPUS HIGH SCHOOL GRANITE SCHOOL DISTRICT 2500 SOUTH STATE ST SALT LAKE CITY, UT 841153110	PRESERVATION PO BOX 5043	NONE	PUBLIC	CHARITABLE	50
290 HUNTINGTON AVE BOSTON, MA 02115 NPR FOUNDATION PO BOX 1346 32 FOSTER ST LITTLETON, MA 01460 OLYMPUS HIGH SCHOOL GRANITE SCHOOL DISTRICT 2500 SOUTH STATE ST SALT LAKE CITY, UT 841153110 PUBLIC CHARITABLE 25,000 CHARITABLE 2,500	NEVILLE PLACE ASSISTED LIVING 650 CONCORD AVE	NONE	PUBLIC	CHARITABLE	250
PO BOX 1346 32 FOSTER ST LITTLETON, MA 01460 OLYMPUS HIGH SCHOOL GRANITE SCHOOL DISTRICT 2500 SOUTH STATE ST SALT LAKE CITY, UT 841153110 PUBLIC CHARITABLE 2,500	290 HUNTINGTON AVE	NONE	PUBLIC	EDUCATIONAL	500
GRANITE SCHOOL DISTRICT 2500 SOUTH STATE ST SALT LAKE CITY, UT 841153110	PO BOX 1346 32 FOSTER ST	NONE	PUBLIC	CHARITABLE	25,000
Total	GRANITE SCHOOL DISTRICT 2500 SOUTH STATE ST	NONE	PUBLIC	CHARITABLE	2,500
	Total				863,322

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	A mount
, ,	or substantial contributor			
a Paid during the year				
POSSE FOUNDATION 45 FRANKLIN ST 3RD FLOOR BOSTON,MA 02210	NONE	PUBLIC	CHARITABLE	1,000
PROJECT BREAD 145 BORDER ST EAST BOSTON, MA 021281903	NONE	PUBLIC	CHARITABLE	50
RALPH LOWELL SOCIETY WGBH 1 GUEST STREET BOSTON,MA 02135	NONE	PUBLIC	CHARITABLE	3,000
SALVATION ARMY PO BOX 390647 CAMBRIDGE,MA 02139	NONE	PUBLIC	CHARITABLE	100
SMITHSONIAN CONTRIBUTING MEMBERSHIP PO BOX 37012 MRC 712 WASHINGTON,DC 02139	NONE	PUBLIC	CHARITABLE	200
SMITHSONIAN CONTRIBUTING MEMBERSHIP PO BOX 420311 PALM COAST,FL 321420311	NONE	PUBLIC	CHARITABLE	300
STANFORD UNIVERSITY 326 GALVEZ ST STANFORD, CA 94305	NONE	PUBLIC	CHARITABLE	5,000
SUDBURY VALLEY TRUSTEES 18 WOLBACH RD SUDBURY,MA 017762429	NONE	PUBLIC	CHARITABLE	10,000
SUMMER SEARCH FOUNDATION 500 AMORY STREET JAMAICA PLAIN,MA 02130	NONE	PUBLIC	CHARITABLE	2,500
SUMMER SEARCH FOUNDATION 500 AMORY ST JAMAICA PLAIN,MA 02130	NONE	PUBLIC	CHARITABLE	200,000
THE ART CONNECTION 539 TREMONT ST BOSTON,MA 02116	NONE	PUBLIC	CHARITABLE	250
THE CARROLL SCHOOL 25 BAKER BRIDGE ROAD LINCOLN, MA 01773	NONE	PUBLIC	CHARITABLE	1,000
THE NATURE CONSERVANCY 205 PORTLAND ST SUITE 400 BOSTON,MA 021141708	NONE	PUBLIC	CHARITABLE	10,000
THE TRUSTEES OF RESERVATIONS LONG HILL 572 ESSEX ST BEVERLY,MA 019151530	NONE	PUBLIC	CHARITABLE	2,500
UNITED WAY OF MASSACHUSETTS BAY 124 MT AUBURN STREET ROOM 420 SOUTH CAMBRIDGE,MA 02138	NONE	PUBLIC	CHARITABLE	100
Total				863,322

			<u> </u>	1
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
VNA CARE HOSPICECAMBRIDGE 65 CHILTON STREET CAMBRIDGE,MA 02138	NONE	PUBLIC	CHARITABLE	500
WBUR 890 COMMONWEALTH AVE BOSTON UNIVERSITY BOSTON,MA 02215	NONE	PUBLIC	CHARITABLE	3,850
WBUR 890 COMMONWEALTH AVE 3RD BOSTON,MA 02215	NONE	PUBLIC	CHARITABLE	10,000
BRIGHAM AND WOMEN'S HOSPITAL 75 FRANCIS ST BOSTON,MA 02115	NONE	PUBLIC	CHARITABLE	20,000
BRIGHAM AND WOMEN'S HOSPITAL 75 FRANCIS ST BOSTON,MA 02115	NONE	PUBLIC	CHARITABLE	20,000
CAMBRIDGE AT HOME INC 1780 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02140	NONE	PUBLIC	CHARITABLE	1,200
CAMBRIDGE HISTORICAL SOCIETY 159 BRATTLE ST CAMBRIDGE, MA 02138	NONE	PUBLIC	CHARITABLE	150
COASTAL MAINE BOTANICAL GARDENS PO BOX 234 BOOTHBAY,ME 04537	NONE	PUBLIC	CHARITABLE	125
CONSERVATION LAW FOUNDATION 62 SUMMER ST BOSTON, MA 021101016	NONE	PUBLIC	CHARITABLE	10,000
CONSERVATION LAW FOUNDATION 62 SUMMER ST BOSTON,MA 021101016	NONE	PUBLIC	CHARITABLE	15,000
DANA FARBER CANCER INSTITUTE 10 BROOKLINE PLACE WEST 6TH FLOOR BROOKLINE, MA 024457226	NONE	PUBLIC	CHARITABLE	40,000
COVENANT HOUSE PO BOX 731 TIME SQUARE STATION NEW YORK, NY 101080731	NONE	PUBLIC	CHARITABLE	500
DANA FARBER CANCER INSTITUTE 10 BROOKLINE PLACE WEST 6TH FLOOR BROOKLINE, MA 024457226	NONE	PUBLIC	CHARITABLE	100
DANA FARBER CANCER INSTITUTE 10 BROOKLINE PLACE WEST 6TH FLOOR BROOKLINE, MA 024457226	NONE	PUBLIC	CHARITABLE	1,000
DANA FARBER CANCER INSTITUTE 10 BROOKLINE PLACE WEST 6TH FLOOR BROOKLINE, MA 024457226	NONE	PUBLIC	CHARITABLE	10,000
Total	<u> </u>	1		863,322
13tai				003,322

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
FACE HISTORY AND OURSELVES 16 HURD ROAD BROOKLINE, MA 02146	NONE	PUBLIC	CHARITABLE	1,000
FIRST PARISH CHURCH IN LINCOLN PO BOX 6218 16 BEDFORD ROAD LINCOLN,MA 01773	NONE	PUBLIC	CHARITABLE	2,500
FRIENDS OF HEC 1301 AVENUE OF THE AMERICAS NEW YORK, NY 10019	NONE	PUBLIC	CHARITABLE	5,000
FRIENDS OF MOUNT AUBURN 580 MOUNT AUBURN ST CAMBRIDGE,MA 02138	NONE	PUBLIC	CHARITABLE	500
HABITAT FOR HUMANITY INT PO BOX 1167 AMERICUS, GA 317099951	NONE	PUBLIC	CHARITABLE	50
HARVARD ART MUSEUM MEMBERSHIP 32 QUINCY ST CAMBRIDGE, MA 02138	NONE	PUBLIC	CHARITABLE	5,000
HORIZONS FOR HOMELESS CHILDREN 1705 COLUMBUS AVE ROXBURY, MA 02119	NONE	PUBLIC	CHARITABLE	250
MAINE MARITIME MUSEUM 243 WASHINGTON STREET BATH, ME 04530	NONE	PUBLIC	CHARITABLE	125
MASSACHUSETTS GENERAL HOSPITAL 165 CAMBRIDGE ST SUITE 600 BOSTON,MA 021142792	NONE	PUBLIC	CHARITABLE	5,000
MAUD MORGAN VISUAL ARTS CENTER 20 SACRAMENTO STREET CAMBRIDGE, MA 02138	NONE	PUBLIC	CHARITABLE	100
MAX WARBUG COURAGE CURRICULUM 325 HUNTINGTON AVE BOX 52 BOSTON,MA 02115	NONE	PUBLIC	CHARITABLE	500
MCKAY-DEE HOSPITAL FOUNDATION 4401 HARRISON BLVD OGDEN,UT 84403	NONE	PUBLIC	CHARITABLE	25,000
NEW ENGLAND FORESTRY FOUNDATION PO BOX 1346 FOSTER ST LITTLETON, MA 014604346	NONE	PUBLIC	CHARITABLE	100
NEW ENGLAND FORESTRY FOUNDATION PO BOX 1346 32 FOSTER ST LITTLETON, MA 014604346	NONE	PUBLIC	CHARITABLE	500
NPR FOUNDATION PO BOX 1346 FOSTER ST LITTLETON, MA 014604346	NONE	PUBLIC	CHARITABLE	200,000
Total				863,322

			ne rear or Approved for i	utare ruyment
Recipient	If recipient is an individual, show any relationship to	status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
PATAGONIA SUR FOUNDATION PO BOX 1268 EDGARTOWN,MA 02539	NONE	PUBLIC	CHARITABLE	16,667
PGLA FOUNDATION BRAIN TUMOR CURE FOUNDATION 98 RANDOM FARMS DRIVE CHAPAQUE,NY 10514	NONE	PUBLIC	CHARITABLE	1,000
PLANNED PARENTHOOD LEAGUE OF MASS 1055 COMMONWEALTH AVE BOSTON,MA 021151001	NONE	PUBLIC	CHARITABLE	2,500
RURAL LAND FOUNDATION PO BOX 6328 LINCOLN,MA 01773	NONE	PUBLIC	CHARITABLE	1,000
SOUTHERN UTAH WILDERNESS ALLIANCE 136 EAST 57TH ST STE 1205 NEW YORK,NY 10022	NONE	PUBLIC	CHARITABLE	500
THE FRIENDS OF HARVARD ROWING 125 HARVARD BUSINESS SCHOOL BOSTON, MA 02163	NONE	PUBLIC	CHARITABLE	1,000
USC ANNENBERG CTR ON COMMUNICATION ADM 160 MC 4017 LOS ANGELES, CA 900894017	NONE	PUBLIC	CHARITABLE	1,000
VNA CARE HOSPICECAMBRIDGE 65 CHILTON STREET CAMBRIDGE,MA 02138	NONE	PUBLIC	CHARITABLE	250
WESTPORT RIVER WATERSHRED ALLIANCE PO BOX 3427 WESTPORT, MA 027900703	NONE	PUBLIC	CHARITABLE	250
WESTPORT RIVER WATERSHED ALLIANCE PO BOX 3427 WESTPORT, MA 027900703	NONE	PUBLIC	CHARITABLE	5,600
WESTPORT RIVER WATERSHED ALLIANCE PO BOX 3427 WESTPORT, MA 027900703	NONE	PUBLIC	CHARITABLE	150
MUSEUM OF SCIENCE 1 SCIENCE PARK BOSTON, MA 02114	NONE	PUBLIC	CHARITABLE	300
NATIONAL PARKS CONSERVATION ASSOCIATION 1300 19TH ST NW WASHINGTON,DC 20001	NONE	PUBLIC	CHARITABLE	25
Total			🕨 3a	863,322

TY 2010 Accounting Fees Schedule

Name: STEVENSON FAMILY CHARITABLE TRUST

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	3,000	3,000		3,000

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TY 2010 Investments - Other Schedule

Name: STEVENSON FAMILY CHARITABLE TRUST

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
BAUPOST LTD PRT - 1983 C-1	AT COST	5,541,210	5,541,210

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TY 2010 Other Expenses Schedule

Name: STEVENSON FAMILY CHARITABLE TRUST

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MISCELLANEOUS	731	731		731

TY 2010 Other Income Schedule

Name: STEVENSON FAMILY CHARITABLE TRUST

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
ROYALTIES	58	58	58
BAUPOST LIMITED PARTNERSHIP 1983 C-1	226,017		226,017
MISCELLANEOUS	1,000		1,000
FED TAX REFUND	4,393		4,393

TY 2010 Taxes Schedule

Name: STEVENSON FAMILY CHARITABLE TRUST

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MASSACHUSETTS FORM PC	125	125		125
2382	2,382	2,382		2,382
FOREIGN TAXES PAID	5,275	5,275		5,275