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

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

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

OMB No 1545-0052

Forc	alendar year 2013 or tax year beginning		, and ending		
Nam	ne/of foundation			A Employer identification	number
	HE LASSOR AND FANNY AGOOS			04-6107955	
	ber and street (or P.O. box number if mail is not delivered to street a		Room/suite	B Telephone number	
C	O DONALD BRUCK, 48 WILDWO	OOD DRIVE		781-270-40	70
City	or town, state or province, country, and ZIP or foreign po	stal code		C If exemption application is pe	ending, check here
B	EDFORD, MA 01730				
G C	heck all that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organizations	, check here
	Final return	Amended return		0	
	Address change	Name change		Foreign organizations me check here and attach co	eting the 85% test, mputation
H C	heck type of organization: X Section 501(c)(3) exe	empt private foundation		E If private foundation stat	ius was terminated
	Section 4947(a)(1) nonexempt charitable trust (Other taxable private founda	tion	under section 507(b)(1)	
1 Fa	ir market value of all assets at end of year J Accounting		X Accrual	F If the foundation is in a 6	60-month termination
	·	ner (specify)		under section 507(b)(1)	
>			pasis.)	, , ,	. ,
	-+ 1 Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	income	for chantable purposes (cash basis only)
\neg	1 Contributions, gifts, grants, etc., received			N/A	
1	2 Check X if the foundation is not required to attach Sch B				
1	Interest on savings and temporary cash investments	14,297.	14,297.		STATEMENT 1
- 1	4 Dividends and interest from securities	34,963.	34,963.		STATEMENT 2
	5a Gross rents				
	D Net rental income or (loss)				EN/CD
	62 Net gain or (loss) from sale of assets not on line 10	78,634.		REC	EIVED
Revenue	Gross sales price for all 75/1770	,			1%
Ne l	7 Capital gain net income (from Part IV, line 2)		78,634.	N SEP	1 1 2014
8	8 Net short-term capital gain				0
	9 Income modifications				
	Grace calce loss returns			OGE	DEN, UT
	10a and allowances b Less Cost of goods sold				
	c Gross profit or (loss)				
i	11 Other income	3,587.	3,587.		STATEMENT 3
- 1	12 Total Add lines 1 through 11	131,481.	131,481.		
	13 Compensation of officers, directors, trustees, etc	0.	0.	-	0.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				 -
Se	16a Legal fees				
enses	b Accounting fees STMT 4	6,650.	6,650.	-	0.
Expe	c Other professional fees STMT 5	13,685.	13,685.	-	0.
ē E	17 Interest				
Operating and Administrative	18 Taxes STMT 6	2,905.	709.		0.
str	19 Depreciation and depletion		· - • ·	<u> </u>	i
Ë	20 Occupancy	····			
퉏	21 Travel, conferences, and meetings				
è	22 Printing and publications				
g	23 Other expenses STMT 7	813.	778.	-	35.
Ţ.	24 Total operating and administrative				330
ēra	expenses. Add lines 13 through 23	24,053.	21,822.		35.
8	25 Contributions, gifts, grants paid	130,000.			130,000.
	26 Total expenses and disbursements.				
	Add lines 24 and 25	154,053.	21,822.		130,035.
	27 Subtract line 26 from line 12:				
	Subtract line 20 from line 12. Excess of revenue over expenses and disbursements	<22,572.	>		<u> </u>
	b Net investment income (if negative, enter -0-)	,	109,659.		
i	c Adjusted net income (if negative, enter -0-)			N/A	<u> </u>
	- rajacion nei manno (a negativo) enter a j				<u> </u>

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30		
	(must agree with end-of-year figure reported on prior year's return)	1	2,144,459.
2	Enter amount from Part I, line 27a	2	<22,572.>
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4	2,121,887.
5	Decreases not included in line 2 (itemize)	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	2,121,887.
_			Form 990-PF (2013)

Part IV Capital Gains	and Lo:	sses for Tax on In	vestment	Income						
2-story brick wa	arehouse; c	d(s) of property sold (e.g. or common stock, 200 shs	, real estate, . MLC Co.)		l P	- Purc - Dona	ation	(c) Date a (mo., da	ay, yr.)	(d) Date sold (mo., day, yr.)
1a ATLANTIC TRUST								VARI		12/31/13
b ATLANTIC TRUST								VARI		12/31/13
c ATLANTIC TRUST					L		P	VARI	ous	12/31/13
d CAPITAL GAINS	DIVIL	ENDS	<u> </u>							
e					<u> </u>					
(e) Gross sales price	(f) D	epreciation allowed (or allowable)		t or other basis xpense of sale					ain or (loss (f) minus	(g)
a 30,843.				28,17						2,666.
b 713,424.				647,95	9.					65,465.
c 21.										10,482.
d 10,482.	<u> </u>								 	10,402.
e			ha farradation	on 10/21/60				. 0 (0	-1 (5)	
Complete only for assets show					-				ol. (h) gaın ıot less tha	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (i) col. (j), if any				Losses	(from col. ((h))
										2,666.
<u>b</u>										65,465. 21.
C										10,482.
<u>d</u>	ļ		–							10,402.
<u>e</u>					$\overline{}$		F		<u> </u>	
2 Capital gain net income or (net ca	apıtal loss)	If gain, also enter If (loss), enter -0-			}	2				78,634.
3 Net short-term capital gain or (lo	ss) as defir	ned in sections 1222(5) an	d (6):		٦.					
If gain, also enter in Part I, line 8,	column (c				١١	_			37 / 3	
If (loss), enter -0- in Part I, line 8		ection 4940(e) for	Doducod	Toy on Not	121	3	ont Inc		N/A	
						_	ient inc	Julie_		
(For optional use by domestic privat	e foundatio	ons subject to the section 4	1940(a) tax on	net investment in	icome	e.)				
If section 4940(d)(2) applies, leave t	his part bla	ınk.								
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•									Yes X No
Was the foundation liable for the sec				-	riod?			-	-	L Yes LALINO
If "Yes," the foundation does not qual 1 Enter the appropriate amount in					ntries					
(a)	each colui		istructions be	Thaking any c						(d)
Base period years		(b) Adjusted qualifying dist	tributions	Net value of no	(c) Inchai		use assets		Distri	bution ratio vided by col. (c))
Calendar year (or tax year beginn	ing in)	· · · · · · · · · · · · · · · · · · ·	9,981.				4,055		(601. (8) 41	•048496
2012			$\frac{3,301}{7,210}$.				7,459			.047890
2011	- +		0,608.				0,323			.050038
2010			2,111.				5,433		-	.048270
2008			6,833.				4,056			.050450
2008			0,0000			,				
2 Total of line 1, column (d)								2		.245144
3 Average distribution ratio for the	5-vear has	e neriod - divide the total o	on line 2 by 5.	or by the number	of ve	ars		<u> </u>		
the foundation has been in existe			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	o. o,o	J. , J			3		.049029
the touridation has been in exist	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	anan o youro					•			· · -· · - · · · · · · · · · · · · · ·
4 Enter the net value of noncharita	hle-use ass	sets for 2013 from Part X.	line 5					4		2,720,212.
- Enter the net value of nonemarka	510 500 500	oto for Lo To Home Carry		•	•			·		``
5 Multiply line 4 by line 3								5		133,369.
o manpy mic 4 by mic o				-						
6 Enter 1% of net investment inco	me (1% of	Part I line 27h)						6		1,097.
- Litter 170 Of Het Hive Stille Ht Hice	(170 01	,			-		•	.		
7 Add lines 5 and 6								7		134,466.
, Aud inica 3 and 0								· ·		
8 Enter qualifying distributions fro								8		130,035.
If line 8 is equal to or greater tha See the Part VI instructions.	n line 7, ch	eck the box in Part VI, line	1b, and comp	lete that part usin	ng a 1	% tax	rate.			

	990-PF (2013) THE LASSOR AND FANNY AGOOS CHARITY FUND 04-6107			Page 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see i	nstru	ctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)			لـــــا
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%		2,1	<u>93.</u>
	of Part I, line 27b			
	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>0.</u>
	Add lines 1 and 2		2,1	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		<u> </u>	0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		2,1	<u>93.</u>
6	Credits/Payments:			
а	2013 estimated tax payments and 2012 overpayment credited to 2013 6a 271.			1
	Exempt foreign organizations - tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868) 6c 2,600.			
đ	Backup withholding erroneously withheld			
	Total credits and payments. Add lines 6a through 6d		2,8	$\frac{71.}{20.}$
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			38.
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			40.
	Enter the amount of line 10 to be: Credited to 2014 estimated tax ▶ 0 • Refunded ▶ 11		<u> </u>	<u>40.</u>
	rt VII-A Statements Regarding Activities		Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	4-	res	X
	any political campaign?	1a		X
Þ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?	1b		<u> </u>
	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.			X
	Did the foundation file Form 1120-POL for this year?	10		<u> </u>
a	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$\Bigsim \text{\$ 0 \cdot (2) On foundation managers.} \Bigsim \text{\$ 0 \cdot } \text{\$ 0 \cdot } \text{\$ 0 \cdot } \$ 0 \cdot \$ \cdo			
_	(1) The second s			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. > \$ 0 •			. 1
•	managers. \$ 0 . Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
2				
,	If "Yes," attach a detailed description of the activities Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			
3	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
10	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	4b		 -
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
J	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:			
Ī	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?	6	Х	
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	Х	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	MA			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)		L. ;	
	of each state as required by General Instruction G? If "No," attach explanation	8b	X	
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 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X

orm	1990-PF (2013) THE LASSOR AND FANNY AGOOS CHARITY FUND 04-6107	955	Page 5
	art VII-A Statements Regarding Activities (continued)		
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of		T
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11	Х
12	Qid 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	X
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 ▶ DONALD BRUCK Telephone no. ▶ 781-27	0-4070)
	Located at ▶48 WILDWOOD DRIVE, BEDFORD, MA ZIP+4 ▶01	730	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	. 1	
	and enter the amount of tax-exempt interest received or accrued during the year	N/A	
16	At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority over a bank,	Yes	No
	securities, or other financial account in a foreign country?	16	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign		
	country	<u> </u>	
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	Yes	No
18	a 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?		1
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	i i	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1	
	(5) Transfer any income or assets to a disqualified person (or make any of either available	1	
	for the benefit or use of a disqualified person)?	}	
	(6) Agree to pay money or property to a government official? (Exception. Check "No"		1
	if the foundation agreed to make a grant to or to employ the official for a period after		1 1
	termination of government service, if terminating within 90 days.)		
ı	b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b	+
	Organizations relying on a current notice regarding disaster assistance check here	1	
(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		X
	before the first day of the tax year beginning in 2013?	1c	 ^- -
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation		1
	defined in section 4942(j)(3) or 4942(j)(5)):		1
	a At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2013? Yes X No	j	1
		1 1	
	If "Yes," list the years >		1
	valuation of assets) to the year's undistributed income? (If applying the provisions of section 4942(a)(2) to all years listed, answer "No" and attach		
	37 / 3	2b	
	statement - see instructions.) c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	20	+ -
•	th the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		
2	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		1
3	during the year?		
,	b If "Yes," did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation or disqualified persons after		
,	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose		
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,		
	Form 4720, to determine if the foundation had excess business holdings in 2013.) N/A	3b	_
4	a 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 charitable purpose that		
,	had not been removed from leopardy before the first day of the tax year beginning in 2013?	4b	X

Form 990-PF (2013) THE LASSOR AND FANNY AGO Part VII-B Statements Regarding Activities for Which F			04-61079	55 Page 6
<u></u>	-01111 4120 Way be I	nequireu (contin	uea)	
5a During the year did the foundation pay or incur any amount to:(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4045/6\\2		es X No	
(2) Influence the outcome of any specific public election (see section 4955); o		• •	ES LAL NO	
any voter registration drive?	i to carry on, unecuy or mone		es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	 ?		es X No	
(4) Provide a grant to an organization other than a charitable, etc., organization		, ·,		
509(a)(1), (2), or (3), or section 4940(d)(2)?	i described iii section		es X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,		•	25 [25] 140	
the prevention of cruelty to children or animals?	or educational purposes, or i		es X No	6
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unc	der the excentions described i		30 [22] 110	
section 53.4945 or in a current notice regarding disaster assistance (see instru		Trogulations	N/A	5b
Organizations relying on a current notice regarding disaster assistance check h		•		"-
c if the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ned .		
expenditure responsibility for the grant?			es 🔲 No	
If "Yes," attach the statement required by Regulations section 53 4945	•	•/		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to j	• •			
a personal benefit contract?	pay premiums on		es X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p				6b X
If "Yes" to 6b, file Form 8870	ersonar benefit contract;		⊢	
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?		es X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu		· · · · · · · · · · · · · · · · · · ·		7b
Part VIII Information About Officers, Directors, Trusto		nagers Highly		70 1
Paid Employees, and Contractors			<u> </u>	
1 List all officers, directors, trustees, foundation managers and their		La Managara	C 7-10	т
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	(e) Expense account, other
(a) Name and address	to position	`enter -0-)	and deferred compensation	allowances
				ł
SEE STATEMENT 11		0.	0.	0.
		1		
				<u> </u>
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."		T
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
	devoted to position	(c) compensation	and deferred compensation	allowances
NONE				
	<u></u>			<u> </u>
		<u> </u>		<u> </u>
Total number of other employees paid over \$50,000			>	0

Form 990-PF (2013) THE LASSOR AND FANNY AGOOS CHARIT		<u>-6107955</u>	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	ion Managers, Highly		<u> </u>
3 Five highest-paid independent contractors for professional services. If none, enter	"NONE."		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Com	pensation
NONE			
]		
	_		
	1		
	4		
	<u> </u>	-	0
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities			
	al information such as the		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic number of organizations and other beneficiaries served, conferences convened, research papers produ-	ced, etc.	Expenses	S
1 N/A		 	
		1	
		1	
2			
]	
		<u> </u>	
3			
		_	
4		4	
		4	
Port IV B Common of Decrees Balance Investments		<u> </u>	
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lir	nes 1 and 2	Amount	
1 N/A		+	
I M/M		╡	
		1	
2		 	
		7	
		7	
All other program-related investments. See instructions.			
3		_	
	·········		
Total Add lines 1 through 3	•	I	0.

	Minimum investment Return (All domestic foundations must complete this part. Foreign four	idations,	see instructions.)
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	2,679,603. 82,034.
b	Average of monthly cash balances	1b	82,034.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	2,761,637.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	2,761,637.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	41,425.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,720,212.
6	Minimum investment return. Enter 5% of line 5	6	136,011.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an	d certain	
	foreign organizations check here and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	136,011.
2a	Tax on investment income for 2013 from Part VI, line 5		
b	Income tax for 2013. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	2,193.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	133,818.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	133,818.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	133,818.
P	Qualifying Distributions (see instructions)		
_			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		120 025
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	130,035.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а		3a	
b	Cash distribution test (attach the required schedule)	3b	120 025
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	130,035.
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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	130,035.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies fo	or the section
	4940(e) reduction of tax in those years.		

Form **990-PF** (2013)

Page 9

Undistributed Income (see instructions) (b) (c) (d) (a) 2012 2013 Corpus Years prior to 2012 1 Distributable amount for 2013 from Part XI, 133,818. line 7 2 Undistributed income, if any, as of the end of 2013 Ō. a Enter amount for 2012 only h Total for prior years: 0. 3 Excess distributions carryover, if any, to 2013: a From 2008 2,069. 3,356. **b** From 2009 1,429 c From 2010 dFrom 2011 6,854 e From 2012 13,708 f Total of lines 3a through e 4 Qualifying distributions for 2013 from 130.035. Part XII, line 4: ►\$ O. a Applied to 2012, but not more than line 2a b Applied to undistributed income of prior 0 . years (Election required - see instructions) c Treated as distributions out of corpus 0 . (Election required - see instructions) 130,035. d Applied to 2013 distributable amount O. e Remaining amount distributed out of corpus 3,783. 3,783. Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below: 9,925 a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income. Subtract 0 line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously 0 assessed d Subtract line 6c from line 6b. Taxable 0 amount - see instructions e Undistributed income for 2012. Subtract line 0 4a from line 2a. Taxable amount - see instr. f Undistributed income for 2013. Subtract lines 4d and 5 from line 1. This amount must 0. be distributed in 2014 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by 0. section 170(b)(1)(F) or 4942(g)(3) 8 Excess distributions carryover from 2008 0. not applied on line 5 or line 7 Excess distributions carryover to 2014. 9,925 Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: 1,642 a Excess from 2009 1,429 b Excess from 2010 c Excess from 2011 6.854 dExcess from 2012

e Excess from 2013

3 Grants and Contributions Paid During	the Year or Approved for Future	Payment		· - · · · · · · · · · · · · · · · · · ·
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
a Paid during the year				
ETH ISRAEL DEACONESS HOSPITAL	NONE	501(C)(3)	CHARITY	
330 BROOKLINE AVENUE				
BROOKLINE, MA 02215		<u> </u>		15,00
BOSTON BALLET COMPANY	NONE	501(C)(3)	CHARITY	
9 CLARENDON STREET				
BOSTON, MA 02116				1,000
BOSTON MUSEUM OF FINE ARTS	NONE	501(C)(3)	CHARITY	
465 HUNTINGTON AVENUE				
BOSTON, MA 02115				1,000
BOSTON MUSEUM OF SCIENCE	NONE	501(C)(3)	CHARITY	
SCIENCE PARK	1			
BOSTON, MA 02114				1,000
BOSTON SYMPHONY ORCHESTRA	NONE	501(C)(3)	CHARITY	
301 MASSACHUSETTS AVENUE				
BOSTON, MA 02115				1,000
	CONTINUATION SHE	ET(S)	▶ 3a	130,00
b Approved for future payment				
NONE				
2.22.2				
Total			▶ 3b	(

Page 12

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income	Exclu	ded by section 512, 513, or 514	(e)
•	(a) Business	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue:	code	· · · · · · · · · · · · · · · · · · ·	COGE		
a	<u> </u>				
D	<u> </u>				
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	14,297.	
4 Dividends and interest from securities			14	14,297. 34,963.	
5 Net rental income or (loss) from real estate:	}			*	
a Debt-financed property					<u> </u>
			_		
b Not debt-financed property	<u> </u>				
6 Net rental income or (loss) from personal					
property	ļ	ļ <u> </u>	1 10		
7 Other investment income .			18	3,587.	<u> </u>
8 Gain or (loss) from sales of assets other					
than inventory			18	78,634.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
C					
ď					
е					
12 Subtotal. Add columns (b), (d), and (e)		0.		131,481.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	131,481.
(See worksheet in line 13 instructions to verify calculations.)				· ''—	131/1011
			-		
Part XVI-B Relationship of Activities to	the Acc	omplishment of Ex	cemp	t Purposes	
Line No. Explain below how each activity for which incom	ne is reported	ın column (e) of Part XVI-A	contrib	outed importantly to the accom	plishment of
▼ the foundation's exempt purposes (other than be	y providing fu	ınds for such purposes).			
N/A				· · · · · · · · · · · · · · · · · · ·	
				 	
		-		·····	
					
				·- · · · · · · · · · · · · · · · · · ·	
		· -			
					
					
				· · · · · · · · · · · · · · · · · · ·	
323621 10-10-13					Form 990-PF (2013)

Page 13 Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did th	e organization directly or indirectly engage in any of the follo	owing with any other organization	described in section 501(c) of	Yes No
the C	ode (other than section 501(c)(3) organizations) or in sectio	n 527, relating to political organiza	ations?	
a Trans	fers from the reporting foundation to a noncharitable exemp	t organization of:		
(1) (Cash			1a(1) X
(2)	Other assets			1a(2) X
b Other	transactions:			
(1) S	Sales of assets to a noncharitable exempt organization	_		1b(1) X
(2) F	rurchases of assets from a noncharitable exempt organizatio	n		1b(2) X
(3) F	Rental of facilities, equipment, or other assets	- •		1b(3) X
(4) F	leimbursement arrangements			1b(4) X
(5) L	oans or loan guarantees			1b(5) X
(6) F	Performance of services or membership or fundraising solici	tations _	-	1b(6) X
c Sharı	ng of facilities, equipment, mailing lists, other assets, or paid	l employees	•	1c X
d If the	answer to any of the above is "Yes," complete the following s	schedule. Column (b) should alwa	ys show the fair market value of the goods, o	ther assets,
or se	vices given by the reporting foundation. If the foundation re	ceived less than fair market value	in any transaction or sharing arrangement, sl	now in
	nn (d) the value of the goods, other assets, or services receiv			
(a)Line no		table exempt organization	(d) Description of transfers, transactions, and s	haring arrangements
	N/	A		
				
			<u> </u>	<u> </u>
			·	
		·		
		·		
		·····		
2a Is the	foundation directly or indirectly affiliated with, or related to,	one or more tax-exempt organiza	tions described	-
	ction 501(c) of the Code (other than section 501(c)(3)) or in	section 527?	Ĺ.	Yes X No
b If Ye	s," complete the following schedule.			
	(a) Name of organization	(b) Type of organization	(c) Description of relationsh	nip
	N/A			
<u> </u>		 		
	Inder penalties of perjury, I deblaie that I have examined this return, inc and belief, it is true, correct, and complete. Declaration of preparer (othe		May	the IHS discuss this
Sign *	An / Ant	aliluk	sho	wn below (see instr)?
LIGIE	Month Mish	-11114		Yes No
	Signature of officer or trustee	Date	Title /	
		's signature	Date Check if PTIN	
Deid	LAWRENCE S. NANNIS,	most of	S/zu/1) self-employed	061155
Paid		ENCE S. NANNI	/ · · POO	0061155
Prepar	· · · · · · · · · · · · · · · · · · ·	OLOMON, P.C.	Firm's EIN ► 04 - 28	20/711
Use O	· · · · · · · · · · · · · · · · · · ·	m dirme ofo		
	Firm's address ▶ 800 SOUTH STREE	-	701 4	2 0700
	WALTHAM, MA 024	53-1480	Phone no. 781-45	3-8/00

Supplementary Information Part XV 3 Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or contribution show any relationship to status of recipient Amount any foundation manager Name and address (home or business) or substantial contributor NONE 501(C)(3) CHARITY CAROL CENTER FOR THE BLIND 770 CENTRE STREET 1,000. NEWTON CENTRE, MA 02458 501(C)(3) CHARITY CENTRE HOUSE NONE 66 CANAL STREET BOSTON, MA 02114 1,000. 501(C)(3) CHARITY NONE COMBINED JEWISH PHILANTHROPIES 126 HIGH STREET 10,000. BOSTON, MA 02110 501(C)(3) CHARITY DECORDOVA MUSEUM NONE 51 SANDY POND ROAD LINCOLN, MA 01773 1,000. NONE 501(C)(3) CHARITY FENWAY COMMUNITY HEALTH CENTER 1340 BOYLSTON ST. 10TH FLOOR 10,000. BOSTON, MA 02215 NONE 501(C)(3) CHARITY GREATER BOSTON FOOD BANK 70 SOUTH BAY AVE 7,500. BOSTON, MA 02118 HARVARD MUSEUM OF NATURAL HISTORY NONE 501(C)(3) CHARITY 26 OXFORD STREET 1,000. CAMBRIDGE, MA 02138 NONE 501(C)(3) CHARITY HEBREW COLLEGE 160 HERRICK ROAD NEWTON CENTRE, MA 02459 1,000. NONE 501(C)(3) CHARITY HEBREW SENIOR LIFE 1200 CENTRE STREET ROSLINDALE, MA 02131 1,000. 501(C)(3) CHARITY HOME FOR LITTLE WANDERERS NONE 271 HUNTINGTON AVENUE 1,500. BOSTON, MA 02115 111,000. Total from continuation sheets

3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual,	T _		
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
JEWISH COMMUNITY HOUSING FOR THE	none	501(C)(3)	CHARITY	
ELDERLY				
30 WALLINGFORD ROAD			:	
BRIGHTON, MA 02135-4753				4,000.
	7077	E01/01/31	CHARITY	
JEWISH FAMILY & CHILDREN'S SERVICES 1430 MAIN STREET	NONE	501(C)(3)	CHARITI	
WALTHAM, MA 02451				9,500.
mainai, iai 0231				· · · · · · · · · · · ·
LAWYERS FOR CHILDREN	NONE	501(C)(3)	CHARITY	
110 LAFAYETTE STREET		1		
NEW YORK, NY 10003				1,000.
MARTHA'S VINEYARD HEBREW	NONE	501(C)(3)	CHARITY	
P.O. BOX 692	NOME	501(6/(3/	CHARTI	
VINYARD HAVEN, MA 02568		•		2,500.
MASS. SOC. PREVENTION CRUELTY	NONE	501(C)(3)	CHARITY	
CHILDREN				
99 SUMMER STREET				
BOSTON, MA 02110		_		2,000.
MASSACHUSETTS NARAL FOUNDATION	NONE	501(C)(3)	CHARITY	
15 COURT SQUARE				
BOSTON, MA 02108-2524				1,000.
NATIONAL YIDDISH BOOK CENTER	NONE	501(C)(3)	CHARITY	
1021 WEST STREET				1 000
AMHERST, MA 01002		-		1,000.
NEW ENGLAND HOLOCAUST MEMORIAL	NONE	501(C)(3)	CHARITY	
126 HIGH STREET	•			
BOSTON, MA 02110				1,000.
	L	E01(G)(3)	OUADIMY	
PARENTS HELPING PARENTS	NONE	501(C)(3)	CHARITY	
108 WATER STREET WATERTOWN, MA 02472				1,000.
THE WALL OF THE VALUE OF THE VA		1		1
PINE STREET INN	NONE	501(C)(3)	CHARITY	
444 HARRISON AVENUE				
BOSTON, MA 02118				12,000.
Total from continuation sheets	<u> </u>			L

Supplementary Informati 3 Grants and Contributions Paid During the				T
Recipient	If recipient is an individual,		T	
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
PLANNED PARENTHOOD LEAGUE OF MASS.	NONE	501(C)(3)	CHARITY	
1055 COMMONWEALTH AVENUE	NONE			
BOSTON, MA 02215				3,000
ROSIE'S PLACE	NONE	501(C)(3)	CHARITY	
889 HARRISON AVENUE				
BOSTON, MA 02118		-		12,000
SATURDAY'S & SUNDAY'S BREAD	NONE	501(C)(3)	CHARITY	
52 ACKERS AVENUE	1			
BROOKLINE, MA 02445		-	- 	5,000
U.S. CLIMATE ACTION LEAGUE	NONE	501(C)(3)	CHARITY	
1810 16TH STREET N.W.		İ		3 500
WASHINGTON DC, DC 20009				3,500
		501/01/21	<u></u>	
UNITED NEGRO COLLEGE FUND 8260 WILLOW OAKS CORPORATE DRIVE	NONE	501(C)(3)	CHARITY	
FAIRFAX, VA 22031-4511				1,000
UNITED SOUTH END SETTLEMENTS	NONE	501(C)(3)	CHARITY	
566 COLUMBUS AVENUE				
BOSTON, MA 02118				1,000
UNITED WAY OF MASSACHUSETTS	NONE	501(C)(3)	CHARITY	
P.O. BOX 51281				
BOSTON, MA 02205		 		2,000
VILNA CENTER FOR JEWISH HERITAGE	NONE	501(C)(3)	CHARITY	
18 PHILLIPS STREET				5,000
BOSTON, MA 02114		- 		3,000
	L	F01/63/43		
W.G.B.H. P.O. BOX 55875	NONE	501(C)(3)	CHARITY	
BOSTON, MA 02205-5875	1		,	1,000
				, , ,
YOUNG AUDIENCES OF MASSACHUSETTS	NONE	501(C)(3)	CHARITY	
89 SOUTH STREET, SUITE 601	101112	[]		
BOSTON, MA 02111				7,500
Total from continuation sheets				

FORM 990-PF INTERE	ST ON SAVII	NGS AND TEN	MPORARY CASH	INVESTMENTS	STATEMENT 1	
SOURCE		(<i>1</i> REVI PER I		(B) INVESTMENT INCOME	(C) T ADJUSTED NET INCOME	
ATLANTIC TRUST - US]	L1,850.	11,850.		
OBLIGATIONS			2,447.	2,447.		
TOTAL TO PART I, LI	NE 3	1	14,297.	14,297.		
FORM 990-PF	DIVIDEND	S AND INTER	REST FROM SE	CURITIES	STATEMENT 2	
SOURCE	GROSS AMOUNT	CAPITAI GAINS DIVIDENI	REVENU			
ATLANTIC TRUST	45,445	. 10,48	34,9	63. 34,96	3.	
TO PART I, LINE 4	45,445	. 10,48	34,9	63. 34,96	3.	
FORM 990-PF		OTHER I	INCOME		STATEMENT 3	
DESCRIPTION			(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME		
OTHER INCOME			3,587	. 3,587	•	
TOTAL TO FORM 990-P	F, PART I,	LINE 11	3,587	3,587	•	
FORM 990-PF		ACCOUNT	ING FEES	-	STATEMENT 4	
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST MENT INCOM			
ACCOUNTING FEES	_	6,650	6,65	0.	0.	
TO FORM 990-PF, PG	 1, LN 16B	6,650	6,65	0.	0.	
	=					

FORM 990-PF	OTHER PROFES	SIONAL FEES	L FEES ST		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
FIDUCIARY FEES	13,685.	13,685.		0.	
TO FORM 990-PF, PG 1, LN 16C	13,685.	13,685.		0.	
FORM 990-PF	TAX	ES	S	TATEMENT 6	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES	
FOREIGN TAX FEDERAL TAX	709. 2,196.	709.		0.	
TO FORM 990-PF, PG 1, LN 18	2,905.	709.		0.	
FORM 990-PF	OTHER E	XPENSES	S'	PATEMENT 7	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
SAFEKEEPING CHARGES STATE FILING FEES	778. 35.	778.		0. 35.	
TO FORM 990-PF, PG 1, LN 23	813.	778.		35.	

FORM 990-PF U.S. AND STATE/CITY GOVERNMENT	r OBLIGATIONS	STATEMENT 8
DESCRIPTION U.S. OTHER GOV'T GOV'T	BOOK VALUE	FAIR MARKET VALUE
U.S. GOVERNMENT OBLIGATIONS X	164,788.	169,148.
TOTAL U.S. GOVERNMENT OBLIGATIONS	164,788.	169,148.
TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS		
TOTAL TO FORM 990-PF, PART II, LINE 10A	164,788.	169,148.
FORM 990-PF CORPORATE STOCK		STATEMENT 9
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
CORPORATE STOCK	1,672,517.	2,454,364.
TOTAL TO FORM 990-PF, PART II, LINE 10B	1,672,517.	2,454,364.
FORM 990-PF CORPORATE BONDS		STATEMENT 10
		FAIR MARKET
DESCRIPTION	BOOK VALUE	VALUE
DESCRIPTION CORPORATE BONDS	BOOK VALUE 203,434.	200,359.

FORM 990-PF			OF OFFICERS, FOUNDATION MAN	STATEMENT 11		
NAME AND ADDRESS			TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	
HARRIET FINCK 15 DAY STREET AUBURNDALE, MA 024	146		CO-PRESIDENT 0.00	0.	0.	0.
DONALD BRUCK 48 WILDWOOD DRIVE BEDFORD, MA 01730			ASSISTANT TRE	ASURER 0.	0.	0.
ROBERTA SINGAL 48 PAYSON ROAD BROOKLINE, MA 0246	57		SECRETARY 0.00	0.	0.	0.
JON SIMON 329 HARTMAN ROAD NEWTON, MA 02459			TREASURER 0.00	0.	0.	0.
MICHAEL B. BRUCK 112 PICKNEY STREET BOSTON, MA 02114	г арт. 35		CO-PRESIDENT/	ASST. TREASU 0.	R 0.	0.
TOTALS INCLUDED OF	N 990-PF, PA	GE 6,	PART VIII	0.	0.	0.

Form 886	68 (Rev 1-2014)					Page 2
• If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, e	complete only Part II and check the	s box		X
	nly complete Part II if you have already been granted an a				8868.	
	are filing for an Automatic 3-Month Extension, comple					
Part II	·			al (no co	ppies needed).	
					ng number, see is	
Type or	Name of exempt organization or other filer, see instru	otione	Enter mer 3		r identification nui	
Type or	Name of exempt organization or other filer, see instru	Litipioyei	identification nui	inder (EIIV) or		
print	THE LASSOR AND FANNY AGOOS		04-61079	155		
File by the due date for						
filing your return See	Number, street, and room or surte no. If a P.O. box, s C/O DONALD BRUCK, 48 WILDWOO		Social se	cunty number (SS	5N)	
instructions	City, town or post office, state, and ZIP code. For a for BEDFORD, MA 01730	oreign add	dress, see instructions.			
Enter the	Return code for the return that this application is for (file	e a separa	ite application for each return)			0 4
Applicat	ion	Return	Application			Return
	ion		* *			Code
Is For	2 5 000 57	Code	Is For		·	Code
	0 or Form 990-EZ	01	 	····		
Form 990		02	Form 1041-A			08
	20 (ındıvıdual)	03	Form 4720 (other than individual)			09
Form 990		04	Form 5227			10
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	0-T (trust other than above) to not complete Part II if you were not already granted	06	Form 8870			12
Telepi If the If this box 4 I re 5 For 6 If t	DONALD BRUCK ooks are in the care of ▶ 48 WILDWOOD DR. hone No. ▶ 781-270-4070 organization does not have an office or place of business is for a Group Return, enter the organization's four digit is for a Group Return, enter the organization's four digit organization does not have an office or place of business is for a Group Return, enter the organization's four digit organization does not have an office or place of business is for a Group Return, enter the organization's four digit organization does not have an office or place of business is for a Group Return, enter the organization's four digit organization does not have an office or place of business is for a Group Return, enter the organization's four digit organization does not have an office or place of business is for a Group Return, enter the organization's four digit organization does not have an office or place of business is for a Group Return, enter the organization's four digit organization does not have an office or place of business is for a Group Return, enter the organization's four digit organization does not have an office or place of business is for a Group Return, enter the organization's four digit organization does not have an office or place of business is for a Group Return, enter the organization's four digit organization does not have an office or place of business is for a Group Return, enter the organization's four digit organization does not have an office or place of business is for a Group Return, enter the organization's four digit organization does not have an office or place of business organization does not have an office or place of business organization does not have an office or place of business organization does not have an office or place of business organization does not have an office or place of business organization does not have an office or place of business organization does not have an office or place of business organization does not have an office or place of business organization do	s in the Ur Group Exe and atta NOVEM	Fax No. ▶ Inited States, check this box emption Number (GEN) ach a list with the names and EINs o BER 15, 2014 , and ending con: Initial return	g Final r	ers the extension	is for.
<u>no</u> b Ift	his application is for Forms 990-BL, 990-PF, 990-T, 4720 nrefundable credits. See instructions. his application is for Forms 990-PF, 990-T, 4720, or 6069 payments made. Include any pnor year overpayment al	, enter an	y refundable credits and estimated	8a	\$	2,193.
_pr	reviously with Form 8868.		<u> </u>	8b	\$	2,600.
	ilance due. Subtract line 8b from line 8a. Include your pa TPS (Electronic Federal Tax Payment System). See instr	-	th this form, if required, by using	8c	\$	0.
			st be completed for Part II		<u> </u>	`
Under per	nalties of perjury, I declare that I have examined this form, include correct, and complete, and that I am authorized to prepare this form.	ling accomp			of my knowledge and	belief,
Signature	► Title ►	CPA		Date	•	