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Form 990-PF

## Return of Private Foundation

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

- Do not enter Social Security numbers on this form as it may be made public. By law, the IRS cannot redact the information on the form.
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2013

Open to Public  
Inspection

For calendar year 2013, or tax year beginning 01-01-2013, and ending 12-31-2013

Name of foundation DAVID J FELDMAN AND SYDNEY E FELDMAN CHARITABLE TRUST		A Employer identification number 22-2378773
Number and street (or P O box number if mail is not delivered to street address) 47 VILLAGE AVENUE NO 207		Room/suite
City or town, state or province, country, and ZIP or foreign postal code DEDHAM, MA 02026		
<b>G</b> Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>
<b>H</b> Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>D</b> 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 810,290		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> <b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

<b>Part I</b> Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	1 Contributions, gifts, grants, etc, received (attach schedule)	42,004			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities. . . . .	13,654	13,654		
	5a Gross rents . . . . .				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	12,423			
	b Gross sales price for all assets on line 6a 187,420				
	7 Capital gain net income (from Part IV, line 2) . . .		12,423		
	8 Net short-term capital gain . . . . .				
	9 Income modifications . . . . .				
	10a Gross sales less returns and allowances				
	b Less Cost of goods sold . . . . .				
	c Gross profit or (loss) (attach schedule) . . . . .				
	11 Other income (attach schedule) . . . . .				
	<b>12 Total.</b> Add lines 1 through 11 . . . . .	68,081	26,077	0	
<b>Operating and Administrative Expenses</b>	13 Compensation of officers, directors, trustees, etc	0	0	0	0
	14 Other employee salaries and wages . . . . .				
	15 Pension plans, employee benefits . . . . .				
	16a Legal fees (attach schedule) . . . . .				
	b Accounting fees (attach schedule) . . . . .	2,500	2,500	0	0
	c Other professional fees (attach schedule) . . . . .	7,672	7,672	0	0
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see instructions)	4,416	210	0	0
	19 Depreciation (attach schedule) and depletion . . .				
	20 Occupancy . . . . .				
	21 Travel, conferences, and meetings . . . . .				
	22 Printing and publications . . . . .				
	23 Other expenses (attach schedule) . . . . .				
	<b>24 Total operating and administrative expenses.</b>				
	Add lines 13 through 23 . . . . .	14,588	10,382	0	0
	<b>25 Contributions, gifts, grants paid.</b> . . . . .	42,888			42,888
	<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	57,476	10,382	0	42,888
	<b>27 Subtract line 26 from line 12</b>				
	<b>a Excess of revenue over expenses and disbursements</b>	10,605			
	<b>b Net investment income</b> (if negative, enter -0-) . . .		15,695		
	<b>c Adjusted net income</b> (if negative, enter -0-) . . .			0	

	Part II Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions )	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing . . . . .				
	2 Savings and temporary cash investments . . . . .		57,942	65,377	65,377
	3 Accounts receivable ►				
	Less allowance for doubtful accounts ►				
	4 Pledges receivable ►				
	Less allowance for doubtful accounts ►				
	5 Grants receivable . . . . .				
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .				
	7 Other notes and loans receivable (attach schedule) ►				
	Less allowance for doubtful accounts ►				
	8 Inventories for sale or use . . . . .				
	9 Prepaid expenses and deferred charges . . . . .				
	10a Investments—U S and state government obligations (attach schedule)				
	b Investments—corporate stock (attach schedule) . . . . .		612,973	617,568	744,913
	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) . . . . .				
	14 Land, buildings, and equipment basis ►				
	Less accumulated depreciation (attach schedule) ►				
	15 Other assets (describe ►) . . . . .				
	16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)		670,915	682,945	810,290
Liabilities	17 Accounts payable and accrued expenses . . . . .				
	18 Grants payable . . . . .				
	19 Deferred revenue . . . . .				
	20 Loans from officers, directors, trustees, and other disqualified persons				
	21 Mortgages and other notes payable (attach schedule) . . . . .				
	22 Other liabilities (describe ►) . . . . .				
	23 Total liabilities (add lines 17 through 22) . . . . .		0	0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ► <input checked="" type="checkbox"/>				
	and complete lines 24 through 26 and lines 30 and 31.				
	24 Unrestricted . . . . .		670,915	682,945	
	25 Temporarily restricted . . . . .				
	26 Permanently restricted . . . . .				
	Foundations that do not follow SFAS 117, check here ► <input type="checkbox"/>				
	and complete lines 27 through 31.				
	27 Capital stock, trust principal, or current funds . . . . .				
	28 Paid-in or capital surplus, or land, bldg , and equipment fund				
	29 Retained earnings, accumulated income, endowment, or other funds				
	30 Total net assets or fund balances (see page 17 of the instructions) . . . . .		670,915	682,945	
	31 Total liabilities and net assets/fund balances (see page 17 of the instructions) . . . . .		670,915	682,945	

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

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . .	1	670,915
2	Enter amount from Part I, line 27a . . . . .	2	10,605
3	Other increases not included in line 2 (itemize) ►	3	1,425
4	Add lines 1, 2, and 3 . . . . .	4	682,945
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	682,945

**Part IV Capital Gains and Losses for Tax on Investment Income**

<b>(a)</b> List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)	<b>(b)</b> How acquired P—Purchase D—Donation	<b>(c)</b> Date acquired (mo., day, yr.)	<b>(d)</b> Date sold (mo., day, yr.)
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<b>1a</b> See Additional Data Table			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>(e)</b> Gross sales price	<b>(f)</b> Depreciation allowed (or allowable)	<b>(g)</b> Cost or other basis plus expense of sale	<b>(h)</b> Gain or (loss) (e) plus (f) minus (g)
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<b>a</b> See Additional Data Table			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

**(l)** Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))

<b>(i)</b> FMV as of 12/31/69	<b>(j)</b> Adjusted basis as of 12/31/69	<b>(k)</b> Excess of col (i) over col (j), if any	
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<b>a</b> See Additional Data Table			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss)	<b>(If gain, also enter in Part I, line 7)</b> <b>(If (loss), enter -0- in Part I, line 7)</b>	<b>2</b>	12,423
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)			
If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8		<b>3</b>	-768

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

 Yes  No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part

1 Enter the appropriate amount in each column for each year, see page 18 of the instructions before making any entries

<b>(a)</b> Base period years Calendar year (or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	<b>(c)</b> Net value of noncharitable-use assets	<b>(d)</b> Distribution ratio (col (b) divided by col (c))
2012	36,139	629,018	0 057453
2011	34,770	627,497	0 055411
2010	35,399	451,458	0 078410
2009	53,342	312,993	0 170426
2008	44,478	415,184	0 107128

<b>2</b> <b>Total</b> of line 1, column (d).	<b>2</b>	0 468828
<b>3</b> 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	<b>3</b>	0 093766
<b>4</b> Enter the net value of noncharitable-use assets for 2013 from Part X, line 5.	<b>4</b>	758,725
<b>5</b> Multiply line 4 by line 3.	<b>5</b>	71,143
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b).	<b>6</b>	157
<b>7</b> Add lines 5 and 6.	<b>7</b>	71,300
<b>8</b> Enter qualifying distributions from Part XII, line 4.	<b>8</b>	42,888

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

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)**

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1		
	Date of ruling or determination letter _____ <b>(attach copy of letter if necessary—see instructions)</b>	1	314
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b . . . . .		
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) . . . . .	2	0
3	Add lines 1 and 2. . . . .	3	314
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) . . . . .	4	0
5	<b>Tax based on investment income.</b> Subtract line 4 from line 3 If zero or less, enter -0- . . . . .	5	314
6	Credits/Payments		
a	2013 estimated tax payments and 2012 overpayment credited to 2013	6a	2,000
b	Exempt foreign organizations—tax withheld at source . . . . .	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld . . . . .	6d	
7	Total credits and payments Add lines 6a through 6d. . . . .	7	2,000
8	Enter any <b>penalty</b> for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . .	9	
10	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . .	10	1,686
11	Enter the amount of line 10 to be <b>Credited to 2014 estimated tax</b> <input type="checkbox"/> 0 <b>Refunded</b> <input type="checkbox"/> 11		1,686

**Part VII-A Statements Regarding Activities**

1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<i>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.</i>		
1c	Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year <b>(1) On the foundation</b> <input type="checkbox"/> \$ _____ 0 <b>(2) On foundation managers</b> <input type="checkbox"/> \$ _____ 0		
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____ 0		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . <i>If "Yes," attach a detailed description of the activities.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<input type="checkbox"/> Yes	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . <i>If "Yes," attach the statement required by General Instruction T.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either ● By language in the governing instrument, or ● By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .	<input type="checkbox"/> Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	<input type="checkbox"/> Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> 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? <i>If "No," attach explanation.</i>	<input type="checkbox"/> 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 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part VII-A Statements Regarding Activities (continued)**

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions). . . . .	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions) . . . . .	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? . . . . .	13	Yes	

Website address ► N/A

14 The books are in care of ► DAVID J FELDMAN SYDNEY E FELDM Telephone no ► (781) 329-0319  
Located at ► 47 VILLAGE AVENUE UNIT 207 DEDHAM MA ZIP +4 ► 02026

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

16 At any time during calendar year 2013, 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  
See instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes", enter the name of the foreign country ►

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

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

		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	✓ No
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . .	► Yes	✓ No
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? . . . . .	► Yes	✓ No
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? . . . . .	► Yes	✓ 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)? . . . . .	► Yes	✓ No
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) . . . . .	► Yes	✓ No
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 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 2013? . . . . .	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))		
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	✓ No
	If "Yes," list the years ► 20____, 20____, 20____, 20____		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions) . . . . .	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____, 20____		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . .	► Yes	✓ No
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) . . . . .	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? . . . . .	4a	No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2013? . . . . .	4b	No

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**

<b>5a</b>	During the year did the foundation pay or incur any amount to			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions). . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? . . . . .		<b>5b</b>	
	Organizations relying on a current notice regarding disaster assistance check here. . . . . ►			
<b>c</b>	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<i>If "Yes," attach the statement required by Regulations section 53.4945–5(d).</i>			
<b>6a</b>	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		<b>6b</b>	<b>No</b>
<b>7a</b>	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b>	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? . . . . .		<b>7b</b>	

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation <b>(If not paid, enter -0-)</b>	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
DAVID J FELDMAN SYDNEY E FELDMAN 47 VILLAGE AVENUE UNIT 207 DEDHAM, MA 02026	TRUSTEES 1 00	0	0	0

**2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
<b>Total number of other employees paid over \$50,000.</b>				0

**Part VIII** **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**

**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

<b>(a) Name and address of each person paid more than \$50,000</b>	<b>(b) Type of service</b>	<b>(c) Compensation</b>
NONE		

## **Part IX-A Summary of Direct Charitable Activities**

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

**Part IX-B Summary of Program-Related Investments (see instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 _____ _____	
2 _____ _____	

All other program-related investments See page 24 of the instructions

**3** \_\_\_\_\_  
\_\_\_\_\_  
**Total.** Add lines 1 through 3

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities. . . . .	1a	710,870
b	Average of monthly cash balances. . . . .	1b	59,409
c	Fair market value of all other assets (see instructions). . . . .	1c	0
d	<b>Total</b> (add lines 1a, b, and c). . . . .	1d	770,279
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	1e	0
2	Acquisition indebtedness applicable to line 1 assets. . . . .	2	0
3	Subtract line 2 from line 1d. . . . .	3	770,279
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	4	11,554
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 Enter here and on Part V, line 4	5	758,725
6	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	6	37,936

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

1	Minimum investment return from Part X, line 6. . . . .	1	37,936
2a	Tax on investment income for 2013 from Part VI, line 5. . . . .	2a	314
b	Income tax for 2013 (This does not include the tax from Part VI ). . . . .	2b	
c	Add lines 2a and 2b. . . . .	2c	314
3	Distributable amount before adjustments Subtract line 2c from line 1. . . . .	3	37,622
4	Recoveries of amounts treated as qualifying distributions. . . . .	4	0
5	Add lines 3 and 4. . . . .	5	37,622
6	Deduction from distributable amount (see instructions). . . . .	6	0
7	<b>Distributable amount</b> as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . . .	7	37,622

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

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . .	1a	42,888
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	3a	
a	Suitability test (prior IRS approval required). . . . .	3b	
b	Cash distribution test (attach the required schedule). . . . .	4	42,888
4	<b>Qualifying distributions.</b> Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	5	0
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions). . . . .	6	42,888
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .		

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

**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
<b>1</b> Distributable amount for 2013 from Part XI, line 7				37,622
<b>2</b> Undistributed income, if any, as of the end of 2013			0	
<b>a</b> Enter amount for 2012 only. . . . .		0		
<b>b</b> Total for prior years 20____, 20____, 20____		0		
<b>3</b> Excess distributions carryover, if any, to 2013				
<b>a</b> From 2008. . . . .	23,946			
<b>b</b> From 2009. . . . .	37,841			
<b>c</b> From 2010. . . . .	13,068			
<b>d</b> From 2011. . . . .	3,785			
<b>e</b> From 2012. . . . .	6,767			
<b>f Total</b> of lines 3a through e. . . . .	85,407			
<b>4</b> Qualifying distributions for 2013 from Part XII, line 4 ► \$ _____ 42,888			0	
<b>a</b> Applied to 2012, but not more than line 2a		0		
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2013 distributable amount. . . . .			37,622	
<b>e</b> Remaining amount distributed out of corpus	5,266			
<b>5</b> Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount must be shown in column (a).)	0			0
<b>6</b> Enter the net total of each column as indicated below:	90,673			
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5				
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b. . . . .		0		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .		0		
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .		0		
<b>e</b> Undistributed income for 2012 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
<b>f</b> Undistributed income for 2013 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2014. . . . .				0
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions). . . . .	0			
<b>8</b> Excess distributions carryover from 2008 not applied on line 5 or line 7 (see instructions) . . . . .	23,946			
<b>9</b> Excess distributions carryover to 2014. Subtract lines 7 and 8 from line 6a . . . . .	66,727			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2009. . . . .	37,841			
<b>b</b> Excess from 2010. . . . .	13,068			
<b>c</b> Excess from 2011. . . . .	3,785			
<b>d</b> Excess from 2012. . . . .	6,767			
<b>e</b> Excess from 2013. . . . .	5,266			

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

1a	If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2013, enter the date of the ruling. <input type="text"/>			
b	Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)			
2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed.			
b	85% of line 2a.			
c	Qualifying distributions from Part XII, line 4 for each year listed.			
d	Amounts included in line 2c not used directly for active conduct of exempt activities.			
e	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c.			
3	Complete 3a, b, or c for the alternative test relied upon			
a	"Assets" alternative test—enter			
(1)	Value of all assets.			
(2)	Value of assets qualifying under section 4942(j)(3)(B)(i).			
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.			
c	"Support" alternative test—enter			
(1)	Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties).			
(2)	Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III).			
(3)	Largest amount of support from an exempt organization			
(4)	Gross investment income			

**Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)****1 Information Regarding Foundation Managers:**

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

DAVID J FELDMAN SYDNEY E FELDMAN

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

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

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

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

DAVID J FELDMAN SYDNEY E FELDMAN  
47 VILLAGE AVENUE UNIT 207  
DEDHAM, MA 02026  
(781) 329-0319

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

NO SPECIFIC FORMS OR ENCLOSURES REQUIRED

c Any submission deadlines

NONE

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

NONE

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b> See Additional Data Table				
<b>Total</b> . . . . .			► 3a	42,888
<b>b Approved for future payment</b>				
<b>Total</b> . . . . .			► 3b	0

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions )
Line	Description	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1	Program service revenue					
a						
b						
c						
d						
e						
f						
g	Fees and contracts from government agencies					
2	Membership dues and assessments.					
3	Interest on savings and temporary cash investments					
4	Dividends and interest from securities.					13,654
5	Net rental income or (loss) from real estate					
a	Debt-financed property.					
b	Not debt-financed property.					
6	Net rental income or (loss) from personal property.					
7	Other investment income.					
8	Gain or (loss) from sales of assets other than inventory					12,423
9	Net income or (loss) from special events					
10	Gross profit or (loss) from sales of inventory.					
11	Other revenue a					
b						
c						
d						
e						
12	Subtotal Add columns (b), (d), and (e).		0		0	26,077
13	Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations.)				13	26,077

**Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes**

**Part XVII** **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

**a Transfers from the reporting foundation to a noncharitable exempt organization or**

## **b** Other transactions

- (1) Sales of assets to a noncharitable exempt organization. . . . .
- (2) Purchases of assets from a noncharitable exempt organization. . . . .
- (3) Rental of facilities, equipment, or other assets. . . . .
- (4) Reimbursement arrangements. . . . .
- (5) Loans or loan guarantees. . . . .
- (6) Performance of services or membership or fundraising solicitations. . . . .

**c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.**

**d** If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations?

described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? . . . . .  Yes  No

**b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge.

\* \* \* \* \*

2014-05-01

\* \* \* \* \*

May the IRS discuss this return with the preparer shown below (see instr.)?  Yes  No

---

**Signature of officer or trustee**

Date

---

**Title**

Print/Type preparer's name	Preparer's Signature	Date 2014-05-01	Check if self-employed <input checked="" type="checkbox"/>	PTIN P0120811
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CAROLYN BEATTY		2014-03-01	employed	01209112
Firm's name	►	HOWLAND CAPITAL MANAGEMENT LLC	Firm's EIN	► 46-1580977
Firm's address	►	75 FEDERAL ST BOSTON, MA 02110	Phone no	(617) 357-9110

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
100 SHARES OF AKAMAI TECHNOLOGIES INC		2012-05-17	2013-11-18
30000 SHARES OF AMERIGAS PARTNERS L P DTD 08/10/2011 6 2		2012-08-17	2013-02-19
100 SHARES OF AMPHENOL CORP NEW CL A		2012-05-17	2013-11-18
25000 SHARES OF BARCLAYS BANK PLC DTD 06/28/2012		2012-06-25	2013-06-28
150 SHARES OF CARMAX INC		2012-05-17	2013-08-09
950 SHARES OF CENTRAL FD CDA LTD CL A		2012-05-17	2013-08-28
100 SHARES OF CULLEN FROST BANKERS INC		2012-05-17	2013-11-18
50 SHARES OF FMC TECHNOLOGIES INC		2012-05-17	2013-12-11
50 SHARES OF GILEAD SCIENCES INC		2012-05-24	2013-12-10
600 SHARES OF NUANCE COMMUNICATIONS INC		2012-05-17	2013-12-04
100 SHARES OF NUANCE COMMUNICATIONS INC		2012-05-24	2013-12-04
300 SHARES OF PIMCO ETF TR		2013-08-09	2013-09-24
50 SHARES OF QUALCOMM INC		2012-05-17	2013-11-18
50 SHARES OF SOLERA HOLDINGS INC		2012-05-17	2013-12-11
50 SHARES OF 3M COMPANY		2012-05-17	2013-08-09
100 SHARES OF WELLS FARGO & CO NEW		2012-05-17	2013-12-11
1475 SHARES OF WINDSTREAM CORP		2012-05-24	2013-05-16
60 SHARES OF CORE LABORATORIES NV SHS		2012-06-28	2013-10-28
CAPITAL GAINS DIVIDENDS	P		

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h**

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
4,568		2,956	1,612
31,650		31,551	99
8,464		5,247	3,217
25,000		25,000	0
7,407		4,242	3,165
15,497		18,476	-2,979
7,100		5,669	1,431
2,527		2,103	424
3,635		1,259	2,376
8,326		12,979	-4,653
1,388		2,077	-689
30,408		30,439	-31
3,589		2,845	744
3,397		2,268	1,129
5,909		4,232	1,677
4,356		3,181	1,175
12,762		13,598	-836
11,376		6,875	4,501
61			61

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l**

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			1,612
			99
			3,217
			0
			3,165
			-2,979
			1,431
			424
			2,376
			-4,653
			-689
			-31
			744
			1,129
			1,677
			1,175
			-836
			4,501
			61

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
AMERICAN CANCER SOCIETY PO BOX 22718 OKLAHOMA CITY, OK 73123	NONE	PUBLIC	MEDICAL	200
AMERICAN SOCIETY FOR YAD VASHEM 500 FIFTH AVENUE 42ND FLOOR NEW YORK, NY 10110	NONE	PUBLIC	SOCIAL WELFARE	100
ANTI DEFAMATION LEAGUE 605 THIRD AVENUE NEW YORK, NY 10158	NONE	PUBLIC	SOCIAL WELFARE	100
ART BECAUSE 330 HOPPING BROOK RD HOLLISTON, MA 01746	NONE	PUBLIC	ARTS	200
AUTISM SPEAKS 1060 STATE ROAD 2ND FLOOR PRINCETON, NJ 08540	NONE	PUBLIC	MEDICAL	100
BETH ISRAEL DEACONESS HOSPITAL 330 BROOKLINE AVE BOSTON, MA 02215	NONE	PUBLIC	MEDICAL	100
B'NAI BRITH 34 WASHINGTON ST BRIGHTON, MA 02135	NONE	PUBLIC	RELIGIOUS	85
BOSTON UNIVERSITY 881 COMMONWEALTH AVENUE BOSTON, MA 02215	NONE	PUBLIC	EDUCATION	250
CAMBRIDGE SCHOOL OF WESTON 450 BROOKLINE AVE WESTON, MA 02493	NONE	PUBLIC	EDUCATION	500
CATHOLIC CHARITIES 21 SLEEPER ST BOSTON, MA 02110	NONE	PUBLIC	SOCIAL WELFARE	200
CATHOLIC CHARITIES 21 SLEEPER ST BOSTON, MA 02110	NONE	PUBLIC	EDUCATION	100
CATHOLIC MEMORIAL HIGH SCHOOL 235 BAKER ST WEST ROXBURY, MA 02132	NONE	PUBLIC	EDUCATION	50
CHARLES RIVER ASSOCIATION 190 PARK RD WESTON, MA 02493	NONE	PUBLIC	SOCIAL WELFARE	200
CHATHAM ATHLETIC ASSOCIATION 702 MAIN ST CHATHAM, MA 02633	NONE	PUBLIC	SOCIAL WELFARE	100
CHILDREN'S TUMOR FOUNDATION 120 WALL ST NEW YORK, NY 10005	NONE	PUBLIC	MEDICAL	100
<b>Total . . . . .</b>			<b>► 3a</b>	<b>42,888</b>

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
CHRISTO RAY HIGH SCHOOL BOSTON 100 SAVIN HILL AVE BOSTON, MA 02125	NONE	PUBLIC	EDUCATION	300
COLLEGE OF THE HOLY CROSS 1 COLLEGE ST WORCESTER, MA 01610	NONE	PUBLIC	EDUCATION	200
COMBINED JEWISH PHILANTHROPOIES 126 HIGH ST BOSTON, MA 02110	NONE	PUBLIC	HUMANITIES	1,500
CYSTIC FIBROSIS ASSOCIATION 220 NORTH MAIN STREET NATICK, MA 01760	NONE	PUBLIC	MEDICAL	200
DANA FARBER CANCER INSTITUTE 450 BROOKLINE AVE BOSTON, MA 02215	NONE	PUBLIC	MEDICAL	250
DRESS FOR SUCCESS 484 MAIN ST UNIT110 WORCESTER, MA 01608	NONE	PUBLIC	SOCIAL WELFARE	125
EPILEPSY FOUNDATION 8301 PROFESSIONAL PLACE SUITE 200 LANDOVER, MD 20785	NONE	PUBLIC	MEDICAL	250
FAMILY CONTINUITY ADMINISTRATION 118 LONG POND RD SUITE 102 PLYMOUTH, MA 02360	NONE	PUBLIC	SOCIAL WELFARE	150
FAMILY CONTINUITY ADMINISTRATION 118 LONG POND RD SUITE 102 PLYMOUTH, MA 02360	NONE	PUBLIC	SOCIAL WELFARE	100
GATEWAYS ACCESS TO JEWISH EDUCATION 333 NAHANTON ST NEWTON, MA 02459	NONE	PUBLIC	EDUCATION	1,150
GRANITE ACADEMY 6 COLUMBIAN ST BRAINTREE, MA 02184	NONE	PUBLIC	EDUCATION	250
GRANITE ACADEMY 6 COLUMBIAN ST BRAINTREE, MA 02184	NONE	PUBLIC	EDUCATION	300
GREAT POND PRODUCTIONS 13 HOLLY AVE CAMBRIDGE, MA 02138	NONE	PUBLIC	ARTS	250
GREAT POND PRODUCTIONS 13 HOLLY AVE CAMBRIDGE, MA 02138	NONE	PUBLIC	ARTS	250
GREATER WORCESTER FEDERATION 370 MAIN ST UNIT 650 WORCESTER, MA 01608	NONE	PUBLIC	SOCIAL WELFARE	100
<b>Total . . . . .</b>				42,888
			<b>► 3a</b>	

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
HOSPICE OF THE WESTERN RESERVE 17876 ST CLAIR AVENUE CLEVELAND, OH 44110	NONE	PUBLIC	MEDICAL	50
IVY ST SCHOOL MA ASSOCIATION FOR THE BLIND 200 IVY ST BROOKLINE, MA 02446	NONE	PUBLIC	EDUCATION	1,000
JAMES F FARK ACADEMY 71 PEARL ST CAMBRIDGE, MA 02139	NONE	PUBLIC	EDUCATION	500
JEWISH CONGREGATION OF MARCO ISLAND FL 991 WINTERBERRY DR MARCO ISLAND, FL 24145	NONE	PUBLIC	RELIGIOUS	180
JIMMY FUND 44 BINNEY ST BOSTON, MA 02110	NONE	PUBLIC	MEDICAL	100
JIMMY FUND 44 BINNEY ST BOSTON, MA 02110	NONE	PUBLIC	MEDICAL	200
JIMMY FUND 44 BINNEY ST BOSTON, MA 02110	NONE	PUBLIC	MEDICAL	100
JOHN ANDREW MAZIE MEMORIAL FOUNDATION 1502 WISTERIA WAY WAYLAND, MA 01778	NONE	PUBLIC	SOCIAL WELFARE	100
JOHN F KENNEDY FAMILY CENTER SUPPORTING FOUNDATION 178 TREMONT ST BOSTON, MA 02110	NONE	PUBLIC	SOCIAL WELFARE	250
JOHN P BURTIE MEMORIAL FOUNDATION ONE BUTTON HOLE DRIVE SUITE 2 PROVIDENCE, RI 02909	NONE	PUBLIC	SOCIAL WELFARE	100
LEARN TO COPE PO BOX 60 RAYNHAM, MA 02767	NONE	PUBLIC	SOCIAL WELFARE	200
MA ASSOCIATION FOR THE BLIND 200 IVY ST BROOKLINE, MA 02446	NONE	PUBLIC	MEDICAL	500
MA ASSOCIATION FOR THE BLIND 200 IVY ST BROOKLINE, MA 02446	NONE	PUBLIC	MEDICAL	100
MA ASSOCIATION FOR THE BLIND 200 IVY ST BROOKLINE, MA 02446	NONE	PUBLIC	MEDICAL	500
MA MELANOMA SOCIETY 111 OLD ROAD CONCORD, MA 01742	NONE	PUBLIC	MEDICAL	100
<b>Total . . . . .</b>			<b>► 3a</b>	<b>42,888</b>

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
MASICORP 32 MONUMENT AVENUE CHARLESTOWN, MA 02129	NONE	PUBLIC	SOCIAL WELFARE	200
MAYIM HAYIM 1838 WASHINGTON ST AUBURNDALE, MA 02466	NONE	PUBLIC	RELIGIOUS	250
MELANOMA SOCIETY 111 OLD ROAD CONCORD, MA 01742	NONE	PUBLIC	MEDICAL	250
MDRT FOUNDATION 325 WEST TOUHY AVENUE PARK RIDGE, IL 60068	NONE	PUBLIC	HUMANITIES	500
MUSEUM OF SCIENCE 1 SCIENCE PARK BOSTON, MA 02114	NONE	PUBLIC	EDUCATION	250
NAPLES UNITY CHURCH OF CHRIST 2000 UNITY WAY NAPLES, FL 34112	NONE	PUBLIC	RELIGIOUS	7,000
NATIONAL BRAILLE PRESS 88 ST STEPHEN ST BOSTON, MA 02115	NONE	PUBLIC	SOCIAL WELFARE	500
NE SENIOR GOLF ASSOCIATION CHARITABLE GIFT FUND 300 ARNOLD PALMER BOULEVARD NORTON, MA 02766	NONE	PUBLIC	SOCIAL WELFARE	100
NEEDHAM GOLF CLUB CHARITIES 49 GREEN STREET NEEDHAM, MA 02492	NONE	PUBLIC	SOCIAL WELFARE	200
NEIGHBORHOOD HEALTH CLINIC 10 GROVE ST EAST BOSTON, MA 02110	NONE	PUBLIC	MEDICAL	500
NEW ENGLAND COLLEGE OF OPTOMETRY 424 BEACON ST BOSTON, MA 02115	NONE	PUBLIC	EDUCATION	100
NEW ENGLAND COLLEGE OF OPTOMETRY 424 BEACON ST BOSTON, MA 02115	NONE	PUBLIC	EDUCATION	100
PAN MASS CHALLENGE 77 FOURTH AVENUE NEEDHAM, MA 02494	NONE	PUBLIC	MEDICAL	200
PAN MASS CHALLENGE 77 FOURTH AVENUE NEEDHAM, MA 02494	NONE	PUBLIC	MEDICAL	500
PAN MASS CHALLENGE 77 FOURTH AVENUE NEEDHAM, MA 02494	NONE	PUBLIC	MEDICAL	100
<b>Total . . . . .</b>				42,888
► 3a				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
PAN MASS CHALLENGE 77 FOURTH AVENUE NEEDHAM, MA 02494	NONE	PUBLIC	MEDICAL	200
PAN MASS CHALLENGE 77 FOURTH AVENUE NEEDHAM, MA 02494	NONE	PUBLIC	MEDICAL	200
PAN MASS CHALLENGE 77 FOURTH AVENUE NEEDHAM, MA 02494	NONE	PUBLIC	MEDICAL	200
PAN MASS CHALLENGE 77 FOURTH AVENUE NEEDHAM, MA 02494	NONE	PUBLIC	MEDICAL	300
PARKINSONS UNITY WALK PO BOX 275 KINGSTON, NJ 08528	NONE	PUBLIC	MEDICAL	100
PRESENTATION SCHOOL FOUNDATION 640 WASHINGTON ST BRIGHTON, MA 02135	NONE	PUBLIC	EDUCATION	200
PRESENTATION SCHOOL FOUNDATION 640 WASHINGTON ST BRIGHTON, MA 02135	NONE	PUBLIC	EDUCATION	200
REACH 1027 FARMINGTON AVE FARMINGTON, CT 06032	NONE	PUBLIC	SOCIAL WELFARE	250
REACH 1027 FARMINGTON AVE FARMINGTON, CT 06032	NONE	PUBLIC	SOCIAL WELFARE	250
REACH 1027 FARMINGTON AVE FARMINGTON, CT 06032	NONE	PUBLIC	SOCIAL WELFARE	1,000
RODMAN RIDE FOR KIDS 10 LINCOLN RD FOXBORO, MA 02035	NONE	PUBLIC	SOCIAL WELFARE	100
SALVATION ARMY 1500 WASHINGTON ST BOSTON, MA 02110	NONE	PUBLIC	SOCIAL WELFARE	100
SAMARITANS INC 41 WEST ST BOSTON, MA 02111	NONE	PUBLIC	SOCIAL WELFARE	100
SPECIAL OLYMPICS OF MA 512 FOREST STREET MARLBOROUGH, MA 01752	NONE	PUBLIC	SOCIAL WELFARE	50
ST FRANCIS HUOSE 39 BOYLSTON ST BOSTON, MA 02111	NONE	PUBLIC	SOCIAL WELFARE	100
<b>Total . . . . .</b>			<b>► 3a</b>	<b>42,888</b>

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
ST JUDE'S HOSPITAL 313 WASHINGTON ST NEWTON, MA 02458	NONE	PUBLIC	MEDICAL	500
ST MARY'S WOMENS & CHILDRENS CENTER 90 CUSHING AVENUE DORCHESTER, MA 02125	NONE	PUBLIC	SOCIAL WELFARE	700
TEMPLE BETH SHALOM 670 HIGHLAND AVE NEEDHAM, MA 02494	NONE	PUBLIC	RELIGIOUS	1,000
TEMPLE BETH SHALOM 670 HIGHLAND AVE NEEDHAM, MA 02494	NONE	PUBLIC	RELIGIOUS	2,000
TEMPLE BETH SHALOM 670 HIGHLAND AVE NEEDHAM, MA 02494	NONE	PUBLIC	RELIGIOUS	100
TEMPLE BETH SHALOM 670 HIGHLAND AVE NEEDHAM, MA 02494	NONE	PUBLIC	RELIGIOUS	125
TEMPLE BETH SHALOM 670 HIGHLAND AVE NEEDHAM, MA 02494	NONE	PUBLIC	RELIGIOUS	500
TEMPLE BETH SHALOM 670 HIGHLAND AVE NEEDHAM, MA 02494	NONE	PUBLIC	RELIGIOUS	2,250
TEMPLE BETH SHALOM 670 HIGHLAND AVE NEEDHAM, MA 02494	NONE	PUBLIC	RELIGIOUS	200
TEMPLE BETH SHALOM 670 HIGHLAND AVE NEEDHAM, MA 02494	NONE	PUBLIC	RELIGIOUS	250
TEMPLE BETH SHALOM 670 HIGHLAND AVE NEEDHAM, MA 02494	NONE	PUBLIC	RELIGIOUS	250
TEMPLE ISRAEL OF ALBANY NY 670 HIGHLAND AVE ALBANY, NY 12208	NONE	PUBLIC	RELIGIOUS	500
TEMPLE SHALOM OF NEWTON 175 TEMPLE ST NEWTON, MA 02458	NONE	PUBLIC	RELIGIOUS	880
TEMPLE SHALOM OF NEWTON 175 TEMPLE ST NEWTON, MA 02458	NONE	PUBLIC	RELIGIOUS	1,837
TEMPLE SHALOM OF NEWTON 175 TEMPLE ST NEWTON, MA 02458	NONE	PUBLIC	RELIGIOUS	1,418
<b>Total . . . . .</b>			<b>► 3a</b>	<b>42,888</b>

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
THE RIVERS SCHOOL 333 WINTER STREET WESTON, MA 02493	NONE	PUBLIC	EDUCATION	250
THE RIVERS SCHOOL 333 WINTER STREET WESTON, MA 02493	NONE	PUBLIC	EDUCATION	250
US HOLOCAUST MUSUEM 100 RAOUL WALLENBERG PL SW WASHINGTON, DC 20024	NONE	PUBLIC	SOCIAL WELFARE	100
UNITED JEWISH APPEAL OF NJ 1391 MARTINE AVENUE SCOTCH PLAINS, NJ 07076	NONE	PUBLIC	SOCIAL WELFARE	118
UNITED WAY OF MA BAY 51 SLEEPER ST BOSTON, MA 02210	NONE	PUBLIC	SOCIAL WELFARE	2,500
WALK 4 HEARING 7910 WOODMONT AVE BETHESDA, MD 20814	NONE	PUBLIC	MEDICAL	200
WBUR 890 COMMONWEALTH AVENUE BOSTON, MA 02215	NONE	PUBLIC	SOCIAL WELFARE	120
WELLSPRING HOUSE 302 ESSEX AVE GLOUCESTER, MA 01930	NONE	PUBLIC	SOCIAL WELFARE	100
WOUNDED WARRIOR PROJECT PO BOX 758517 TOPEKA, KS 66675	NONE	PUBLIC	SOCIAL WELFARE	100
WOUNDED WARRIOR PROJECT PO BOX 758517 TOPEKA, KS 66675	NONE	PUBLIC	SOCIAL WELFARE	200
THE MA PROSTATE CANCER COALITION 200 LINCOLN ST BOSTON, MA 02111	NONE	PUBLIC	MEDICAL	200
TUFTS UNIVERSITY SCHOOL OF MEDICINE 145 HARRISON AVE BOSTON, MA 02111	NONE	PUBLIC	MEDICAL	100
YMCA CAPE COD 2245 IYANNOUGH RD WEST BARNSTABLE, MA 02115	NONE	PUBLIC	SOCIAL WELFARE	300
<b>Total . . . . .</b>			<b>► 3a</b>	<b>42,888</b>

## TY 2013 Accounting Fees Schedule

**Name:** DAVID J FELDMAN AND SYDNEY E FELDMAN  
CHARITABLE TRUST  
**EIN:** 22-2378773

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TAX PREPARATION	2,500	2,500	0	0

## TY 2013 Investments Corporate Stock Schedule

**Name:** DAVID J FELDMAN AND SYDNEY E FELDMAN  
CHARITABLE TRUST  
**EIN:** 22-2378773

Name of Stock	End of Year Book Value	End of Year Fair Market Value
NATCO ACCOUNT	617,568	744,913

## TY 2013 Other Increases Schedule

**Name:** DAVID J FELDMAN AND SYDNEY E FELDMAN  
CHARITABLE TRUST  
**EIN:** 22-2378773

Description	Amount
ADJUSTMENT FOR UNCASHED CHECKS	1,425

## TY 2013 Other Professional Fees Schedule

**Name:** DAVID J FELDMAN AND SYDNEY E FELDMAN  
CHARITABLE TRUST  
**EIN:** 22-2378773

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MANAGEMENT FEES	7,672	7,672	0	0

## TY 2013 Taxes Schedule

**Name:** DAVID J FELDMAN AND SYDNEY E FELDMAN  
CHARITABLE TRUST  
**EIN:** 22-2378773

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FORM PC FILING FEE	35	35	0	0
FOREIGN TAXES	175	175	0	0
FEDERAL TAXES	4,206	0	0	0