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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. By law, the IRS cannot redact the information on the form.

Information about Form 990-PF and its instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

OMB No 1545-0052

2013

Open to Public Inspection

For calendar year 2013, or tax year beginning 07-01-2013 , and ending 06-30-2014

Name of foundation JANEY FUND CHARITABLE TRUST CO SAMET & COMPANY PC		<b>A Employer identification number</b>  11-2836564	
Number and street (or P O box number if mail is not delivered to street address) 1330 BOYLSTON STREET		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code CHESTNUT HILL, MA 02467		<b>B Telephone number</b> (see instructions)  (617) 731-1222	
<b>G</b> Check all that apply <div><input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change</div>		<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 1.</b> Foreign organizations, check here <input type="checkbox"/> <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) <b>\$</b> 40,003,418		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
<b>J</b> Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)		<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	

Part I 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)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	40,000,000			
	2 Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B				
	3 Interest on savings and temporary cash investments	13,656	13,656		
	4 Dividends and interest from securities. . . . .	350,250	350,250		
	5a Gross rents . . . . .				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	391			
	b Gross sales price for all assets on line 6a _____				
	7 Capital gain net income (from Part IV, line 2) . . .		391		
	8 Net short-term capital gain . . . . .				
	9 Income modifications . . . . .				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold . . . . .				
	c Gross profit or (loss) (attach schedule) . . . . .				
	11 Other income (attach schedule) . . . . .				
	12 <b>Total.</b> Add lines 1 through 11 . . . . .	40,364,297	364,297		
	13 Compensation of officers, directors, trustees, etc	0	0		0
	14 Other employee salaries and wages . . . . .	60,705	0		0
	15 Pension plans, employee benefits . . . . .				
	16a Legal fees (attach schedule) . . . . .	4,500	4,500		0
	b Accounting fees (attach schedule) . . . . .				
	c Other professional fees (attach schedule) . . . . .	20,598	18,998		0
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see instructions)	26,714	0		0
	19 Depreciation (attach schedule) and depletion . . .				
	20 Occupancy . . . . .				
	21 Travel, conferences, and meetings . . . . .				
	22 Printing and publications . . . . .				
	23 Other expenses (attach schedule) . . . . .	37,277	17,928		17,929
	24 <b>Total operating and administrative expenses.</b>				
	Add lines 13 through 23 . . . . .	149,794	41,426		17,929
	25 Contributions, gifts, grants paid . . . . .	4,882,375			4,882,375
	26 <b>Total expenses and disbursements.</b> Add lines 24 and 25	5,032,169	41,426		4,900,304
	27 Subtract line 26 from line 12				
	a <b>Excess of revenue over expenses and disbursements</b>	35,332,128			
	b <b>Net investment income</b> (if negative, enter -0-)		322,871		
	c <b>Adjusted net income</b> (if negative, enter -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 . . . . .	786,410	6,609,846	6,609,846
	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) . . . . .			
	c	Investments—corporate bonds (attach schedule). . . . .	3,339,641	32,848,333	33,393,572
	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	<b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	4,126,051	39,458,179	40,003,418
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	<b>Total liabilities</b> (add lines 17 through 22) . . . . .	0	0	
Net Assets or Fund Balances		<b>Foundations that follow SFAS 117, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>			
	24	Unrestricted . . . . .			
	25	Temporarily restricted . . . . .			
	26	Permanently restricted . . . . .			
		<b>Foundations that do not follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 27 through 31.</b>			
	27	Capital stock, trust principal, or current funds . . . . .	0	0	
	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
	29	Retained earnings, accumulated income, endowment, or other funds	4,126,051	39,458,179	
	30	<b>Total net assets or fund balances</b> (see page 17 of the instructions) . . . . .	4,126,051	39,458,179	
	31	<b>Total liabilities and net assets/fund balances</b> (see page 17 of the instructions) . . . . .	4,126,051	39,458,179	

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	4,126,051
2	Enter amount from Part I, line 27a . . . . .	2	35,332,128
3	Other increases not included in line 2 (itemize) ▶ _____	3	0
4	Add lines 1, 2, and 3 . . . . .	4	39,458,179
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	39,458,179

Part IV

Capital Gains and Losses for Tax on Investment Income

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

(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)
a 391			391
b			
c			
d			
e			

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

(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	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
a			391
b			
c			
d			
e			

2	Capital gain net income or (net capital loss)	<div><div>If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7</div></div>	2	391
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) <div>If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8</div>		3	

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2012	4,816,610	4,220,656	1 141199
2011	4,845,682	6,597,724	0 734448
2010	5,723,453	7,458,398	0 767384
2009	5,207,302	6,747,317	0 771759
2008	5,427,777	6,520,895	0 832367

2	Total of line 1, column (d).	2	4 247157
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0 849431
4	Enter the net value of noncharitable-use assets for 2013 from Part X, line 5.	4	20,362,403
5	Multiply line 4 by line 3.	5	17,296,456
6	Enter 1% of net investment income (1% of Part I, line 27b).	6	3,229
7	Add lines 5 and 6.	7	17,299,685
8	Enter qualifying distributions from Part XII, line 4.	8	4,900,304

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)

<b>1a</b> 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 _____ (attach copy of letter if necessary—see instructions)			
<b>b</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 . . . . .		<b>1</b>	6,457
<b>c</b> All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
<b>2</b> Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		<b>2</b>	0
<b>3</b> Add lines 1 and 2. . . . .		<b>3</b>	6,457
<b>4</b> Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		<b>4</b>	0
<b>5 Tax based on investment income.</b> Subtract line 4 from line 3 If zero or less, enter -0- . . . . .		<b>5</b>	6,457
<b>6 Credits/Payments</b>			
<b>a</b> 2013 estimated tax payments and 2012 overpayment credited to 2013	<b>6a</b>	2,083	
<b>b</b> Exempt foreign organizations—tax withheld at source . . . . .	<b>6b</b>		
<b>c</b> Tax paid with application for extension of time to file (Form 8868)	<b>6c</b>		
<b>d</b> Backup withholding erroneously withheld . . . . .	<b>6d</b>		
<b>7</b> Total credits and payments Add lines 6a through 6d. . . . .		<b>7</b>	2,083
<b>8</b> Enter any <b>penalty</b> for underpayment of estimated tax Check here <input checked="" type="checkbox"/> if Form 2220 is attached		<b>8</b>	
<b>9 Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . . <input type="checkbox"/>		<b>9</b>	4,374
<b>10 Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . <input type="checkbox"/>		<b>10</b>	
<b>11</b> Enter the amount of line 10 to be <b>Credited to 2014 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>		<b>11</b>	

Part VII-A

Statements Regarding Activities

<b>1a</b> 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? . . . . .		<b>Yes</b>	<b>No</b>
	<b>1a</b>		<b>No</b>
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)? . . . . .			<b>No</b>
	<b>1b</b>		<b>No</b>
<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>			
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year?. . . . .	<b>1c</b>		<b>No</b>
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year <b>(1)</b> On the foundation <input type="checkbox"/> \$ _____ 0 <b>(2)</b> On foundation managers <input type="checkbox"/> \$ _____ 0			
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____ 0			
<b>2</b> 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>	<b>2</b>		<b>No</b>
<b>3</b> 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> . . . . .	<b>3</b>		<b>No</b>
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year?. . . . .	<b>4a</b>		<b>No</b>
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?. . . . .	<b>4b</b>		
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . <i>If "Yes," attach the statement required by General Instruction T.</i>	<b>5</b>		<b>No</b>
<b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either ● By language in the governing instrument, or ● By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .	<b>6</b>	<b>Yes</b>	
<b>7</b> 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>	<b>7</b>	<b>Yes</b>	
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> MA _____			
<b>b</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>	<b>8b</b>	<b>Yes</b>	
<b>9</b> 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> . . . . .	<b>9</b>		<b>No</b>
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>	<b>10</b>	<b>Yes</b>	

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 ▶SAMET & COMPANY PC Telephone no ▶(617) 731-1222 Located at ▶1330 BOYLSTON STREET CHESTNUT HILL MA ZIP +4 ▶02467			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . ▶	15		
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	Yes	No
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?. . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)?. . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> 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 ). . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> 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)?. . . Organizations relying on a current notice regarding disaster assistance check here. . . . . ▶ <input type="checkbox"/>	1b		
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?. . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement—see instructions ). . . . .	2b		
c	If the provisions of section 4942(a)(2) are being applied to <b>any</b> 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?. . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? ( <i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2013.</i> ). . . . .	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)

5a	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	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)?		5b	
	Organizations relying on a current notice regarding disaster assistance check here.	<input checked="" type="checkbox"/>		
c	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		
	If "Yes," attach the statement required by Regulations section 53.4945–5(d).			
6a	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	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		6b	No
	If "Yes" to 6b, file Form 8870.			
7a	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	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?		7b	

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 (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SUSAN ROTHENBERG	TRUSTEE	0	0	0
173 OTIS STREET NEWTON,MA 02458	1 00			
EDWARD ROTHENBERG	MANAGER	0	0	0
365 BRIDGE STREET 21A BROOKLYN,NY 11201	1 00			
WILLIAM J BUCKLEY	TRUSTEE	0	0	0
717 FIFTH AVENUE 19TH FLOOR NEW YORK,NY 10168	1 00			
ANN ROTHENBERG	TRUSTEE	0	0	0
27 AUSTERLITZ RD WEST STOCKBRIDGE,MA 01266	1 00			
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
DEBORAH DENHART	ADMINISTRATOR	60,705	0	0
595 COLES MEADOW RD NORTHAMPTON,MA 01060	30 00			
Total number of other employees paid over \$50,000.				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".		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services. . . . .		0

Part IX-A

Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 NONE	0
2	
3	
4	

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 NONE	0
2	
All other program-related investments. See page 24 of the instructions.	
3	
Total. Add lines 1 through 3. . . . .	0



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	19,227,917
b	Average of monthly cash balances. . . . .	1b	1,444,573
c	Fair market value of all other assets (see instructions). . . . .	1c	0
d	Total (add lines 1a, b, and c). . . . .	1d	20,672,490
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	20,672,490
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	4	310,087
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	20,362,403
6	Minimum investment return. Enter 5% of line 5. . . . .	6	1,018,120

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	1,018,120
2a	Tax on investment income for 2013 from Part VI, line 5. . . . .	2a	6,457
b	Income tax for 2013 (This does not include the tax from Part VI ). . . . .	2b	
c	Add lines 2a and 2b. . . . .	2c	6,457
3	Distributable amount before adjustments Subtract line 2c from line 1. . . . .	3	1,011,663
4	Recoveries of amounts treated as qualifying distributions. . . . .	4	0
5	Add lines 3 and 4. . . . .	5	1,011,663
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	1,011,663

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	4,900,304
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		
a	Suitability test (prior IRS approval required). . . . .	3a	
b	Cash distribution test (attach the required schedule). . . . .	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	4,900,304
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions). . . . .	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4. . . . .	6	4,900,304
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
1 Distributable amount for 2013 from Part XI, line 7				1,011,663
2 Undistributed income, if any, as of the end of 2013				
a Enter amount for 2012 only. . . . .			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2013				
a From 2008. . . . .	5,107,716			
b From 2009. . . . .	4,875,572			
c From 2010. . . . .	5,355,363			
d From 2011. . . . .	4,519,961			
e From 2012. . . . .	4,609,811			
f Total of lines 3a through e. . . . .	24,468,423			
4 Qualifying distributions for 2013 from Part XII, line 4 ▶ \$ 4,900,304				
a Applied to 2012, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
c Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
d Applied to 2013 distributable amount. . . . .				1,011,663
e Remaining amount distributed out of corpus	3,888,641			
5 Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount must be shown in column (a).)	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	28,357,064			
b Prior years' undistributed income Subtract line 4b from line 2b. . . . .		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .		0		
d Subtract line 6c from line 6b Taxable amount—see instructions . . . . .		0		
e Undistributed income for 2012 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
f Undistributed income for 2013 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2014 . . . . .				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions). . . . .	0			
8 Excess distributions carryover from 2008 not applied on line 5 or line 7 (see instructions). . . .	5,107,716			
9 Excess distributions carryover to 2014. Subtract lines 7 and 8 from line 6a . . . . .	23,249,348			
10 Analysis of line 9				
a Excess from 2009. . . .	4,875,572			
b Excess from 2010. . . .	5,355,363			
c Excess from 2011. . . .	4,519,961			
d Excess from 2012. . . .	4,609,811			
e Excess from 2013. . . .	3,888,641			

Part XIVPrivate 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.

b

Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

☐ 4942(j)(3) or ☐ 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.	Tax year	Prior 3 years			(e) Total
		(a) 2013	(b) 2012	(c) 2011	(d) 2010	
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 XVSupplementary 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) )

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 of the person to whom applications should be addressed

b

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

c

Any submission deadlines

d

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

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)				
a Paid during the year See Additional Data Table				
Total . . . . .			3a	4,882,375
b Approved for future payment				
Total . . . . .			3b	0

Enter gross amounts unless otherwise indicated

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

Form **990-PF** (2013)

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 of

1

Cash.

1a(1)

No

2

Other assets.

1a(2)

No

b

Other transactions

1

Sales of assets to a noncharitable exempt organization.

1b(1)

No

2

Purchases of assets from a noncharitable exempt organization.

1b(2)

No

3

Rental of facilities, equipment, or other assets.

1b(3)

No

4

Reimbursement arrangements.

1b(4)

No

5

Loans or loan guarantees.

1b(5)

No

6

Performance of services or membership or fundraising solicitations.

1b(6)

No

c

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

1c

No

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.

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

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

Sign Here

\*\*\*\*\*

Signature of officer or trustee

2014-11-11

Date

\*\*\*\*\*

Title

May the IRS discuss this return with the preparer shown below (see instr.)?

☒

Yes

☐

No

Paid Preparer Use Only

Print/Type preparer's name  
THEODORE S SAMET  
CPA

Preparer's Signature

Date

Check if self-employed ☐

PTIN  
P01330378

Firm's name

SAMET & COMPANY PC

Firm's EIN

04-3027605


Firm's address

1330 BOYLSTON STREET CHESTNUT HILL, MA  
024672111


Phone no

(617) 731-1222

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


Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
ACTOR'S SHAKESPEARE COMPANY 191 HIGHLAND AVENUE SUITE 2B SOMERVILLE,MA 02143	NONE	EXEMPT	UNRESTRICTED	15,000
ADOLESCENT CONSULTATION SERVICES 40 THORNDIKE STREET CAMBRIDGE,MA 02141	NONE	EXEMPT	UNRESTRICTED	15,000
ALBERT EINSTEIN COLLEGE OF MEDICINE 1300 MORRIS PARK AVENUE BRONX,NY 10461	NONE	EXEMPT	UNRESTRICTED	50,000
ALL DORCHESTER SPORTS LEAGUE PO BOX 220643 DORCHESTER,MA 02122	NONE	EXEMPT	UNRESTRICTED	10,000
ALL NEWTON MUSIC SCHOOL 321 CHESTNUT STREET WEST NEWTON,MA 02465	NONE	EXEMPT	UNRESTRICTED	5,000
AMERICAN FRIEND OF NANCY CAROLINE HOSPICE PO BOX 603048 PROVIDENCE,RI 02906	NONE	EXEMPT	UNRESTRICTED	1,000
AMERICAN FRIENDS ISRAEL PHILHARMONIC ORCHESTRA 500 FIFTY AVENUE SUITE 2540 NEWYORK,NY 10110	NONE	EXEMPT	UNRESTRICTED	2,500
AMERICAN JEWISH COMMITTEE 126 HIGH STREET BOSTON,MA 02110	NONE	EXEMPT	UNRESTRICTED	50,000
AMERICAN JEWISH HISTORICAL SOCIETY 160 HERRICK ROAD NEWTON CENTER,MA 02459	NONE	EXEMPT	UNRESTRICTED	1,000
AMERICAN SOCIETY FOR TECHNION-ISRAEL INSTITUTE ONE GATEWAY CENTER NEWTON,MA 02458	NONE	EXEMPT	UNRESTRICTED	50,000
AMERICAN SOCIETYPROTECT NATURE IN ISRAEL 5550 MEADOWBROOK INDSTRL 120 ROLLING MEADOWS,IL 60008	NONE	EXEMPT	UNRESTRICTED	1,000
ANTI-DEFAMATION LEAGUE OF NEW ENGLAND 126 HIGH STREET BOSTON,MA 02110	NONE	EXEMPT	UNRESTRICTED	25,000
ARTISTIC NOISE 315 FLATBUSH AVENUE 507 BROOKLYN,NY 11217	NONE	EXEMPT	UNRESTRICTED	15,000
ARTISTS FOR HUMANITY 100 WEST SECOND STREET BOSTON,MA 02127	NONE	EXEMPT	UNRESTRICTED	20,000
BAY COVE - SMALL WONDERS 105 VICTORY ROAD DORCHESTER,MA 02122	NONE	EXEMPT	UNRESTRICTED	12,000
<b>Total . . . . .</b>  <b>3a</b>				4,882,375

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


Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BERKLEE CITY MUSIC PROGRAM 1140 BOYLSTON STREET BOSTON,MA 02215	NONE	EXEMPT	UNRESTRICTED	100,000
BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVE BOSTON,MA 02215	NONE	EXEMPT	UNRESTRICTED	100,000
BIG APPLE CIRCUS 19622 UNION TURNPIKE FRESH MEADOWS,NY 11366	NONE	EXEMPT	UNRESTRICTED	12,000
BIG SISTER ASSOCIATION OF GREATER BOSTON 161 MASSACHUSETTS AVENUE BOSTON,MA 02115	NONE	EXEMPT	UNRESTRICTED	15,000
BIRD STREET COMMUNITY CENTER 500 COLUMBIA ROAD BOSTON,MA 02125	NONE	EXEMPT	UNRESTRICTED	15,000
BLUE RIDER STABLES 16 FARM LANE GREAT BARRINGTON,MA 01230	NONE	EXEMPT	UNRESTRICTED	15,000
BOSTON AREA RAPE CRISIS CENTER 321 COLUMBUS AVE BOSTON,MA 02116	NONE	EXEMPT	UNRESTRICTED	15,000
BOSTON ARTS ACADEMY 174 IPSWICH STREET BOSTON,MA 02125	NONE	EXEMPT	UNRESTRICTED	35,000
BOSTON CITY SINGERS 17 WALDECK ST DORCHESTER,MA 02124	NONE	EXEMPT	UNRESTRICTED	15,000
BOSTON HEALTH CARE FOR THE HOMELESS 729 MASSACHUSETTS AVE BOSTON,MA 02118	NONE	EXEMPT	UNRESTRICTED	50,000
BOSTON JEWISH FILM FESTIVAL 1001 WATERTOWN STREET BOSTON,MA 02465	NONE	EXEMPT	UNRESTRICTED	2,500
BOSTON MEDICAL CENTER (PEDIATRICS DEPT) 818 HARRISON AVE BROOKLINE,MA 02118	NONE	EXEMPT	UNRESTRICTED	100,000
BOSTON RONALD MCDONALD HOUSE 229 KENT ST BROOKLINE,MA 02118	NONE	EXEMPT	UNRESTRICTED	5,000
BOSTON SYMPHONY ORCHESTRA 301 MASSACHUSETTS AVE BOSTON,MA 02115	NONE	EXEMPT	UNRESTRICTED	100,000
BOYS AND GIRLS CLUB OF BOSTON 50 CONGRESS STREET BOSTON,MA 02109	NONE	EXEMPT	UNRESTRICTED,LISTTOTAL 35000	25,000
<b>Total . . . . .</b>  <b>3a</b>				4,882,375




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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BOYS AND GIRLS CLUB OF NEWTON 675 WATERTOWN ST NEWTON,MA 02460	NONE	EXEMPT	UNRESTRICTED	10,000
BRANDEIS UNIVERSITY 415 SOUTH ST WALTHAM,MA 02254	NONE	EXEMPT	UNRESTRICTED,LISTTOTAL 206000	256,000
BRIGHAM AND WOMEN'S HOSPITAL 116 HUNTINTON AVE BOSTON,MA 02116	NONE	EXEMPT	UNRESTRICTED	10,000
BROOKLINE COMMUNITY MENTAL HEALTH CENTER 43 GARRISON ROAD BROOKLINE,MA 02445	NONE	EXEMPT	UNRESTRICTED	15,000
BROOKLINE GREENSPACE ALLIANCE 370 WASHINGTON ST 1 BROOKLINE,MA 02445	NONE	EXEMPT	UNRESTRICTED	2,500
BROOKLYN WORKFORCE INNOVATIONS 621 DEGRAW STREET BROOKLYN,NY 11217	NONE	EXEMPT	UNRESTRICTED	40,000
CAMERA PO BOX 35040 BOSTON,MA 02135	NONE	EXEMPT	UNRESTRICTED	25,000
CARROLL CENTER FOR THE BLIND 770 CENTRE STREET NEWTON,MA 02458	NONE	EXEMPT	UNRESTRICTED	10,000
CASA NUEVA VIDA 53 GLEN ROAD JAMAICA PLAIN,MA 02130	NONE	EXEMPT	UNRESTRICTED	10,000
CENTER FOR FAMILY LIFE IN SUNSET PARK SUNSET PARK RD HAMPSTEAD,NH 03841	NONE	EXEMPT	UNRESTRICTED	35,000
CHILDREN'S AID SOCIETY 105 EAST 22ND STREET NEW YORK,NY 10010	NONE	EXEMPT	UNRESTRICTED	40,000
CHILDREN'S CHARTER 77 RUMFORD AVE WALTHM,MA 02453	NONE	EXEMPT	UNRESTRICTED	5,000
CHILDREN'S MUSEUM 300 CONGRESS STREET BOSTON,MA 02210	NONE	EXEMPT	UNRESTRICTED	5,000
CHILDREN'S ROOM OF ARLINGTON 1210 MASSACHUSETTS AVE ARLINGTON,MA 02467	NONE	EXEMPT	UNRESTRICTED	2,500
CODMAN ACADEMY CHARTER SCHOOL 637 WASHINGTON ST DORCHESTER,MA 02124	NONE	EXEMPT	UNRESTRICTED	20,000
<b>Total . . . . .</b>  <b>3a</b>				4,882,375

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
CODMAN SQUARE HEALTH CENTER 637 WASHINGTON STREET DORCHESTER,MA 02124	NONE	EXEMPT	UNRESTRICTED	50,000
COLONEL DANIEL MART BOYSGIRLS CLUB 1135 DORCHESTER AVE DORCHESTER,MA 02125	NONE	EXEMPT	UNRESTRICTED	25,000
COMBINED JEWISH PHILANTHROPIES 126 HIGH STREET BOSTON,MA 02110	NONE	EXEMPT	UNRESTRICTED	100,000
COMMUNITY PREPARTORY SCHOOL 126 SOMERSET STREET PROVIDENCE,RI 02907	NONE	EXEMPT	UNRESTRICTED	25,000
COMMUNITY RESOURCES FOR JUSTICE 355 BOYLSTON STREET BOSTON,MA 02116	NONE	EXEMPT	UNRESTRICTED	10,000
COMMUNITY SERVINGS 18 MARBURY TERRACE JAMAICA PLAIN,MA 02130	NONE	EXEMPT	UNRESTRICTED	25,000
COOPERATIVE ARTISTS INSTITUTE 311 FOREST HILLS STREET JAMAICA PLAIN,MA 02130	NONE	EXEMPT	UNRESTRICTED	15,000
CRISPUS ATTUCKS CHILDREN'S CENTER 105 CRAWFORD STREET DORCHESTER,MA 02121	NONE	EXEMPT	UNRESTRICTED	15,000
CRISTO REY SCHOOL 1852 W 22ND PL CHICAGO,IL 60608	NONE	EXEMPT	UNRESTRICTED	10,000
CRITTENTON WOMEN'S UNION 10 PERTSHIRE ROAD BOSTON,MA 02135	NONE	EXEMPT	UNRESTRICTED	10,000
DAVID PROJECT PO BOX 52390 BOSTON,MA 02205	NONE	EXEMPT	UNRESTRICTED	25,000
DCF KIDS FUND 38 MAIN STREET HANOVER,NH 03755	NONE	EXEMPT	UNRESTRICTED	10,000
DIMOCK COMMUNITY HEALTH CENTER 55 DIMOCK STREET ROXBURY,MA 02119	NONE	EXEMPT	UNRESTRICTED	25,000
EAST BOSTON ADULT EDUCATION CENTER PO BOX 544 EAST BOSTON,MA 02128	NONE	EXEMPT	UNRESTRICTED	12,500
EXALT YOUTH 175 REMSEN STREET SUITE 1000 BROOKLYN,NY 11201	NONE	EXEMPT	UNRESTRICTED	25,000
<b>Total . . . . .</b>  <b>3a</b>				4,882,375


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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
FACING HISTORY & OURSELVES 16 HURD ROAD BROOKLINE,MA 02445	NONE	EXEMPT	UNRESTRICTED	100,000
FAMILIES FIRST 99 BISHOP ALLEN DRIVE CAMBRIDGE,MA 02139	NONE	EXEMPT	UNRESTRICTED	15,000
FAMILY NURTURING CENTER 200 BOWDOIN STREET DORCHESTER,MA 02122	NONE	EXEMPT	UNRESTRICTED	15,000
FAMILY SERVICE OF GREATER BOSTON 31 HEATH STREET BOSTON,MA 02130	NONE	EXEMPT	UNRESTRICTED	15,000
FAMILY TO FAMILY 14 BEACON STREET BOSTON,MA 02108	NONE	EXEMPT	UNRESTRICTED	10,000
FENWAY HIGH SCHOOL 174 IPSWICH STRET BOSTON,MA 02215	NONE	EXEMPT	UNRESTRICTED	15,000
FOOD PROJECT 10 LEWIS STREET LINCOLN,MA 01773	NONE	EXEMPT	UNRESTRICTED	10,000
FRIENDS OF YEMIN ORDE 4501 CONNECTICUT AVE WASHINGTON,DC 20008	NONE	EXEMPT	UNRESTRICTED	125,000
FRIENDSHIP CIRCLE SAN DIEGO 16934 CHABAD WAY POWAY,CA 92064	NONE	EXEMPT	UNRESTRICTED	5,000
FROM THE TOP 295 HUNTINGTON AVE BOSTON,MA 02115	NONE	EXEMPT	UNRESTRICTED	50,000
FROSINA FOUNDATION 295 HUNTINGTON AVE BOSTON,MA 02115	NONE	EXEMPT	UNRESTRICTED	2,500
GEORGE WILEY CENTER 32 EAST AVE PAWTUCKET,RI 02860	NONE	EXEMPT	UNRESTRICTED	10,000
GIVAT HAVIVA EDUCATION FOUNDATION 114 WEST 26TH STREET NEWYORK,NY 10001	NONE	EXEMPT	UNRESTRICTED	10,000
GOOD SHEPHERD SERVICES 305 SEVENTH AVE NEWYORK,NY 10001	NONE	EXEMPT	UNRESTRICTED	85,000
GREATER BOSTON FOOD BANK 99 ATKINSON ST BOSTON,MA 02118	NONE	EXEMPT	UNRESTRICTED	50,000
<b>Total . . . . .</b>  <b>3a</b>				4,882,375


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)				
a Paid during the year				
GREATER BOSTON LEGAL SERVICES 197 FRIEND STREET BOSTON,MA 02114	NONE	EXEMPT	UNRESTRICTED	50,000
HALE RESERVATION 80 CARBY STREET WESTWOOD,MA 02090	NONE	EXEMPT	UNRESTRICTED	5,000
HEALTH CARE FOR ALL 30 WINTER STREET BOSTON,MA 02108	NONE	EXEMPT	UNRESTRICTED	5,000
HEBREW SENIOR LIFE CENTER 1200 CENTRE STREET BOSTON,MA 02131	NONE	EXEMPT	UNRESTRICTED	50,000
HOLOCAUST MUSEUM 100 RAOUL WALLENBERG PLACE WASHINGTON,DC 20024	NONE	EXEMPT	UNRESTRICTED	50,000
HORIZONS FOR HOMELESS CHILDREN 1705 COLUMBUS AVE ROXBURY,MA 02119	NONE	EXEMPT	UNRESTRICTED	50,000
HOSPICE OF GOOD SHEPHERD 2042 BEACON STREET NEWTON,MA 02468	NONE	EXEMPT	UNRESTRICTED	1,000
HOOR CHILDREN 13-07 37TH AVE NEWYORK,NY 11101	NONE	EXEMPT	UNRESTRICTED	15,000
HULL LIFE SAVING MUSEUM 1117 NANTASKET AVENUE HULL,MA 02045	NONE	EXEMPT	UNRESTRICTED	15,000
HYDE SQUARE TASK FORCE PO BOX 301871 JAMAICA PLAIN,MA 02130	NONE	EXEMPT	UNRESTRICTED	25,000
INQUILINOS BORICUAS EN ACCION 405 SHAWMUT AVE BOSTON,MA 02108	NONE	EXEMPT	UNRESTRICTED	15,000
INTERNATIONAL SCHOLARSHIP & TUITION SERV 1321 MURFREESBORO ROAD SUITE 100 NASHVILLE,TN 37217	NONE	EXEMPT	UNRESTRICTED	25,000
JAMIE-ROSE YOUNG WOMEN EMPOWERED 16315 NE 87TH SUITE B-9 REDMOND,WA 98052	NONE	EXEMPT	UNRESTRICTED	5,000
JEWISH COMMUNITY CENTERS OF GREATER BOSTON 333 NAHANTON STREET NEWTON,MA 02459	NONE	EXEMPT	UNRESTRICTED	110,000
JEWISH COMMUNITY HOUSING FOR ELDERLY 30 WALLINGFORD ROAD BRIGHTON,MA 02135	NONE	EXEMPT	UNRESTRICTED	25,000
Total . . . . . 3a				4,882,375

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
JEWISH FAMILY AND CHILDREN'S SERVICE 1430 MAINE STREET WALTHAM,MA 02451	NONE	EXEMPT	UNRESTRICTED	20,000
JEWISH GUILD FOR THE BLIND 15 WEST 65 STREET NEW YORK,NY 10023	NONE	EXEMPT	UNRESTRICTED	1,000
JULIE'S FAMILY LEARNING PROGRAM 133 DORCHESTER STREET SOUTH BOSTON,MA 02127	NONE	EXEMPT	UNRESTRICTED	40,000
KEY STEPS PO BOX 300766 BOSTON,MA 02130	NONE	EXEMPT	UNRESTRICTED	15,000
KISHORIT VILLAGE 37 KENTISH TOWN ROAD LONDON UK	NONE	EXEMPT	UNRESTRICTED	25,000
LEARNING ALLY 20 ROSZEL RD PRINCETON,NJ 08540	NONE	EXEMPT	UNRESTRICTED	1,000
MASS ALLIANCE ON TEEN PREGNANCY 8 BEACON STREET BOSTON,MA 02108	NONE	EXEMPT	UNRESTRICTED	15,000
MASS COLLEGE OF ART 621 HUNTINGTON AVE BOSTON,MA 02115	NONE	EXEMPT	UNRESTRICTED	50,000
MASSACHUSETTS GENERAL HOSPITAL 165 CAMBRIDGE STREET BOSTON,MA 02114	NONE	EXEMPT	UNRESTRICTED	31,000
METROPOLITAN WIND SYMPHONY 62 MOSSDALE ROAD JAMAICA PLAIN,MA 02130	NONE	EXEMPT	UNRESTRICTED	2,000
MISSION GRAMMAR SCHOOL 94 SAINT ALPHONSUS ST ROXBURY,MA 02120	NONE	EXEMPT	UNRESTRICTED	5,000
MOTHER CAROLINE ACADEMY 515 BLUE HILL AVE DORCHESTER,MA 02121	NONE	EXEMPT	UNRESTRICTED	35,000
MUSICAL TRADITIONSPAUL DRESCHER ENSEMBLE 333 VALENCIA STREET SAN FRANCISCO,CA 94103	NONE	EXEMPT	UNRESTRICTED	5,000
NATIONAL BRAILLE PRESS 88 ST STEPHEN STREET BOSTON,MA 02115	NONE	EXEMPT	UNRESTRICTED	10,000
NATIONAL MULTIPLE SCLEROSIS SOCIETY 101A FIRST AVE WALTHAM,MA 02451	NONE	EXEMPT	UNRESTRICTED	2,500
<b>Total . . . . .</b>  <b>3a</b>				4,882,375

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
NEIGHBORHOOD HOUSE CHARTER SCHOOL 21 QUEEN STREET DORCHESTER,MA 02122	NONE	EXEMPT	UNRESTRICTED	10,000
NEWART CENTER 61 WASHINGTON PARK NEWTONVILL,MA 02460	NONE	EXEMPT	UNRESTRICTED	30,000
NEW ENGLAND AQUARIUM CENTRAL WHARF BOSTON,MA 02110	NONE	EXEMPT	UNRESTRICTED	10,000
NEW ENGLAND CONSERVATORY 290 HUNTINGTON AVE BOSTON,MA 02115	NONE	EXEMPT	UNRESTRICTED	35,000
NEW REPERTORY THEATRE 200 DEXTER AVE WATERTOWN,MA 02472	NONE	EXEMPT	UNRESTRICTED	2,500
NEWTON COMMUNITY SERVICE CENTERS 492 WALTHAM STREET WEST NEWTON,MA 02465	NONE	EXEMPT	UNRESTRICTED	35,000
NEWTON FREE LIBRARY 330 HOMER STREET NEWTON CENTER,MA 02459	NONE	EXEMPT	UNRESTRICTED	2,500
NEWTON WELLESLEY HOSPITAL 2014 WASHINGTON STREET NEWTON,MA 02462	NONE	EXEMPT	UNRESTRICTED	10,000
NORTH AMERICAN FRIENDS OF ISRAEL OLR PO BOX 699 NEW YORK,NY 11702	NONE	EXEMPT	UNRESTRICTED	25,000
NOTRE DAME EDUCATION CENTER 200 OLD COLONY AVENUE BOSTON,MA 02127	NONE	EXEMPT	UNRESTRICTED	15,000
PINE STREET INN 444 HARRISON AVE BOSTON,MA 02118	NONE	EXEMPT	UNRESTRICTED	100,000
PROJECT HOPE 550 DUDLEY STREET ROXBURY,MA 02119	NONE	EXEMPT	UNRESTRICTED	50,000
PROJECT STEP 301 MASSACHUSETTS AVE BOSTON,MA 02115	NONE	EXEMPT	UNRESTRICTED	30,000
REEL WORKS 357 NINTH STREET BROOKLYN,NY 11215	NONE	EXEMPT	UNRESTRICTED	30,000
RIVERSIDE COMMUNITY HEALTH CENTER 450 WASHINGTON STREET WALTHAM,MA 02452	NONE	EXEMPT	UNRESTRICTED	10,000
<b>Total . . . . .</b>  <b>3a</b>				4,882,375

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


Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
ROCA 101 PARK STREET CHELSEA,MA 02150	NONE	EXEMPT	UNRESTRICTED	20,000
ROGERSON COMMUNITIES ONE FLORENCE STREET BOSTON,MA 02131	NONE	EXEMPT	UNRESTRICTED	50,000
ROSIE'S PLACE 889 HARRISON AVE BOSTON,MA 02118	NONE	EXEMPT	UNRESTRICTED	100,000
ROULETTE INTERMEDIUM INC 228 WEST BROADWAY NEWYORK,NY 10013	NONE	EXEMPT	UNRESTRICTED	20,000
SAMARITANS OF BOSTON 141 TREMONT ST BOSTON,MA 02111	NONE	EXEMPT	UNRESTRICTED	10,000
SCHWARTZ CENTER 226 S STATE STREET DOVER,DE 19901	NONE	EXEMPT	UNRESTRICTED	10,000
SCIENCE CLUBS FOR GIRLS 136 MAGAZINE STREET CAMBRIDGE,MA 02139	NONE	EXEMPT	UNRESTRICTED	15,000
SECOND STEP PO BOX 600213 NEWTONVILLE,MA 02460	NONE	EXEMPT	UNRESTRICTED	15,000
SENIOR CITIZENS FUND OF NEWTON INC 345 WALNUT STREET NEWTONVILLE,MA 02460	NONE	EXEMPT	UNRESTRICTED	2,000
SERVE RHODE ISLAND 655 BROAD ST SUITE 202 PROVIDENCE,RI 02909	NONE	EXEMPT	UNRESTRICTED	25,000
SHAKE-A-LEG MIAMI 2620 SOUTH BAYSHORE DRIVE MIAMI,FL 33133	NONE	EXEMPT	UNRESTRICTED	30,000
SHAKESPEARE & COMPANY 70 KEMBLE STREET LENOX,MA 01240	NONE	EXEMPT	UNRESTRICTED	20,000
SHARED INTEREST 121 WEST 27 TH STREET NEWYORK,NY 10001	NONE	EXEMPT	UNRESTRICTED	1,000
SOCIEDAD LATINA 1530 TREMONT ST ROXBURY,MA 02120	NONE	EXEMPT	UNRESTRICTED	10,000
SOJOURNER HOUSE 85 ROCKLAND STREET ROXBURY,MA 02119	NONE	EXEMPT	UNRESTRICTED	20,000
<b>Total . . . . . ▶ 3a</b>				4,882,375

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SOPHIA ACADEMY 979 BRANCH AVE PROVIDENCE,RI 02904	NONE	EXEMPT	UNRESTRICTED	25,000
SPAULDING REHABILITATION HOSPITAL 125 NASHUA STREET BOSTON,MA 02114	NONE	EXEMPT	UNRESTRICTED	5,000
SR MARY HART'S CHILDREN'S PROGRAM 175 RUGGLE STREET ROXBURY,MA 02120	NONE	EXEMPT	UNRESTRICTED	10,000
ST FRANCIS HOUSE PO BOX 120499 BOSTON,MA 02112	NONE	EXEMPT	UNRESTRICTED	20,000
ST MARY'S WOMEN & CHILDREN'S CENTER 90 CUSHING AVE DORCHESTER,MA 02125	NONE	EXEMPT	UNRESTRICTED	15,000
ST PETER (TEEN CENTER) 278 BOWDOIN STREET DORCHESTER,MA 02125	NONE	EXEMPT	UNRESTRICTED	15,000
STEPS TO SUCCESS 1415 SE 122ND AVE PORTLAND,OR 97218	NONE	EXEMPT	UNRESTRICTED	15,000
SUMMER FUND 55 COURT STREET BOSTON,MA 02108	NONE	EXEMPT	UNRESTRICTED	10,000
SUMMER SEARCH 555 AMORY STREET JAMAICA PLAIN,MA 02130	NONE	EXEMPT	UNRESTRICTED	20,000
SUMMER SEARCH NEWYORK CITY 261 5TH AVE 8 NEWYORK,NY 10016	NONE	EXEMPT	UNRESTRICTED	30,000
TENACITY 367 WESTERN AVENUE BRIGHTON,MA 02135	NONE	EXEMPT	UNRESTRICTED	20,000
THE BOTTOM LINE 500 AMORY STREET SUITE 3 JAMAICA PLAIN,MA 02130	NONE	EXEMPT	UNRESTRICTED	122,500
THE FAMILY CENTER (SOMERVILLE) 366 SOMERVILLE AVE SOMERVILLE,MA 02143	NONE	EXEMPT	UNRESTRICTED	10,000
THE FAMILY VAN 1542 TREMONT STREET ROXBURY,MA 02120	NONE	EXEMPT	UNRESTRICTED	10,000
THE FLEA THEATER 41 WHITE STREET NEWYORK,NY 10013	NONE	EXEMPT	UNRESTRICTED,LISTTOTAL 50000	10,000
<b>Total . . . . . ▶ 3a</b>				4,882,375



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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THE GIFFORD SCHOOL 177 BOSTON POST ROAD WESTON,MA 02493	NONE	EXEMPT	UNRESTRICTED	25,000
THE NUTRITION CENTER PO BOX 1082 GREAT BARRINGTON,MA 01230	NONE	EXEMPT	UNRESTRICTED	20,000
THE PHILANTHROPIC INITIATIVE INC 12230 WILKINS AVENUE ROCKVILLE,MD 20852	NONE	EXEMPT	UNRESTRICTED	573,875
TREEHOUSE FOUNDATION ONE TREEHOUSE CIRCLE EASTHAMPTON,MA 01027	NONE	EXEMPT	UNRESTRICTED	15,000
URBAN IMPROV 8 ST JOHN STREET JAMAICA PLAIN,MA 02130	NONE	EXEMPT	UNRESTRICTED	5,000
URBAN SCHOLARS 100 MORRISSEY BOULEVARD BOSTON,MA 02215	NONE	EXEMPT	UNRESTRICTED	20,000
VICTORY PROGRAMS 965 MASSACHUSETTS AVE BOSTON,MA 02118	NONE	EXEMPT	UNRESTRICTED	90,000
VNA CARE HOSPICE 199 ROSEWOOD DRIVE SUIRE 180 DANVERS,MA 01923	NONE	EXEMPT	UNRESTRICTED,LISTTOTAL 536433	1,000
WALKER HOME AND SCHOOL 1968 CENTRAL AVE NEEDHAM,MA 02492	NONE	EXEMPT	UNRESTRICTED	25,000
WBUR 890 COMMONWEALTH AVE BOSTON,MA 02215	NONE	EXEMPT	UNRESTRICTED	7,500
WELCOME PROJECT 530 MYSTIC AVE 111 SOMERVILLE,MA 02145	NONE	EXEMPT	UNRESTRICTED	10,000
WGBH 125 WESTERN AVE BOSTON,MA 02134	NONE	EXEMPT	UNRESTRICTED	7,500
YEAR UP 93 SUMMER STREET BOSTON,MA 02110	NONE	EXEMPT	UNRESTRICTED	25,000
ZUMIX 260 SUMNER ST EAST BOSTON,MA 02128	NONE	EXEMPT	UNRESTRICTED	12,500
GILSON JCC EARLY LEARNING CENTER - VOID CHECK 50 SUTHERLAND ROAD BOSTON,MA 02215	NONE	EXEMPT	UNRESTRICTED	-2,000
<b>Total . . . . .</b>  <b>3a</b>				4,882,375

Schedule B

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

Department of the Treasury  
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Name of the organization JANEY FUND CHARITABLE TRUST CO SAMET & COMPANY PC	Employer identification number 11-2836564
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Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)( ) (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.  
**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year. . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer “No” on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Employer identification number

11-2836564

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DANIEL E ROTHENBERG 173 OTIS STREET NEWTON, MA 02460	\$ 40,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contributions )

<b>Name of organization</b> JANEY FUND CHARITABLE TRUST CO SAMET & COMPANY PC	<b>Employer identification number</b> 11-2836564
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Part II	Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____

<b>Name of organization</b> JANEY FUND CHARITABLE TRUST CO SAMET & COMPANY PC	<b>Employer identification number</b> 11-2836564
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Part III

**Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year.** Complete columns (a) through (e) and the following line entry

For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc , contributions of **\$1,000 or less** for the year (Enter this information once See instructions ) ▶ \$

Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
<div></div> <div></div>		<div></div> <div></div> <div></div>	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
<div></div> <div></div>		<div></div> <div></div> <div></div>	

**TY 2013 Investments Corporate  
Bonds Schedule**

**Name:** JANEY FUND CHARITABLE TRUST CO SAMET & COMPANY PC  
**EIN:** 11-2836564

Name of Bond	End of Year Book Value	End of Year Fair Market Value
CORPORATE BONDS	32,848,333	33,393,572

## TY 2013 Legal Fees Schedule

**Name:** JANEY FUND CHARITABLE TRUST CO SAMET & COMPANY PC

**EIN:** 11-2836564

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING	4,500	4,500		0

**TY 2013 Other Expenses Schedule****Name:** JANEY FUND CHARITABLE TRUST CO SAMET & COMPANY PC**EIN:** 11-2836564

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INSURANCE	35,857	17,928		17,929
BANK CHARGES	46	0		0
OFFICE	1,374	0		0



**TY 2013 Other Professional Fees Schedule****Name:** JANEY FUND CHARITABLE TRUST CO SAMET & COMPANY PC**EIN:** 11-2836564

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT FEES	18,998	18,998		0
CONSULTING FEE	1,600	0		0

**TY 2013 Substantial Contributors Schedule**

**Name:** JANEY FUND CHARITABLE TRUST CO SAMET & COMPANY PC

**EIN:** 11-2836564

Name	Address
DANIEL E ROTHENBERG	173 OTIS STREET NEWTON,MA 02460

TY 2013 Taxes Schedule

**Name:** JANEY FUND CHARITABLE TRUST CO SAMET & COMPANY PC

**EIN:** 11-2836564

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PAYROLL	26,714	0		0

**TY 2013 IRS Payment****Name:** JANEY FUND CHARITABLE TRUST CO SAMET & COMPANY PC**EIN:** 11-2836564**Routing Transit Number:** 011301390**Bank Account Number:** 05752884**Type of Account:** Checking**Payment Amount in Dollars and Cents:** 4,374**Requested Payment Date:** 2014-11-11**Taxpayer's Daytime Phone Number:** (617) 731-1222