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

### **Return of Private Foundation**

or Section 4947(a)(1) Trust Treated as Private Foundation ▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990of

OMB No 1545-0052

Ford	alen	dar year 2014 or tax year beginning		, and er	nding			
Nan	ne of	foundation			-	A Employer identification	number	
		OVAN FAMILY FOUNDATION		<del></del>	S /s t -	04-3584922		
		nd street (or P O box number if mail is not delivered to street  OLD CONNECTICUT PATH	address)	,	Room/suite	B Telephone number 508-358-33	88	
City	or to	own, state or province, country, and ZIP or foreign p	ostal code			C If exemption application is p	ending, check here	J
		LAND, MA 01778	<del></del>					_
<b>G</b> C	heck	all that apply: Initial return	Initial return of a fo	rmer public c	harity	D 1. Foreign organizations	s, check here	
		Final return	Amended return  Name change			Foreign organizations me check here and attach co	eting the 85% test,	$\neg$
<u> </u>	hock	type of organization; X Section 501(c)(3) ex						
<u> </u>	_		Other taxable private founda	ition		E If private foundation sta under section 507(b)(1)		$\neg$
I Fa		arket value of all assets at end of year   J   Accounti	<del></del>	Accri	ual	` ^` /		_
		·   —	ther (specify)	,,,,,,,,		F If the foundation is in a under section 507(b)(1)	· ·	$\neg$
<b>\</b>		1,855,678. (Part I, colu		oasis)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Pa	rt 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) )	(a) Revenue and expenses per books	( <b>b</b> ) Net inv		(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)	
	1	Contributions, gifts, grants, etc., received	134,000.			N/A	(,,,	_
	2	Check If the toundation is not required to attach Sch. B				·		_
	3	Interest on savings and temporary cash investments	51.		51.		STATEMENT 1	匚
	4	Dividends and interest from securities	46,869.	4	6,869.		STATEMENT 2	2
	5a	Gross rents						
	b	Net rental income or (loss)						
<u>o</u>	6a	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 1 / / / 2 770	117,956.					
enr	b	assets on line 6a		- 11	7 056			
Revenue	7	Capital gain net income (from Part IV, line 2)			7,956.		<del></del>	
	8	Net short-term capital gain						—
	10a	Income modifications Gross sales less returns					<del></del>	
		and allowances  Less Cost of goods sold						
		Gross profit or (loss)	<del></del>					_
	11	. , ,	2,766.		2,766.		STATEMENT 3	3
	12	Total. Add lines 1 through 11	301,642.	16	7,642.			
	13	Compensation of officers, directors, trustees, etc	0.		0.			<u>) .</u>
	14	Other employee salaries and wages						
s	15	Pension plans, employee benefits	ļ. —					
sesues	l	Legal fees	2,000.		2 000		ļ	_
Ř	1	Accounting fees STMT 4	4,000.		2,000.		<del> </del>	0.
e Ü	ı	Other professional fees Interest				=======================================		_
ativ		Taxes STMT 5	103.		33.	RECEIVE	70	0.
istr	19	Depreciation and depletion						<u> </u>
aj.	20	Occupancy	<u> </u>			81 NOV 10 2		
Ā	21	Travel, conferences, and meetings				(0)	182	
Pue Pue	22	Printing and publications				OGDEN,	LIT	
ğ	23	Other expenses STMT 6	10,541.	1	0,541.	OGDLIN,	9. (	<u>0.</u>
rati	24	Total operating and administrative		_				_
Operating and Administrative Exp	_	expenses. Add lines 13 through 23	12,644.	1	<u>2,574.</u>		428,000	<u>J.</u>
•	(	Contributions, gifts, grants paid	428,000.	<del></del>			428,000	<u>J .</u>
	26 	Total expenses and disbursements.	440,644.	1	2 574		428,070	Λ
_	27	Add lines 24 and 25	440,044.		2 <u>,</u> 574.	<del> </del>	440,0/	<u>, .</u>
	l	Subtract line 26 from line 12;  1 Excess of revenue over expenses and disbursements	-139,002.					
		Net investment income (if negative, enter -0-)	200,002.	15	5,068.	<del> </del>	<del>                                     </del>	
		Adjusted net income (if negative, enter -0-)	<del></del>		-,	N/A		_
4225			<del></del>					_

SCANNED DEC 0 2 2016

DONOVAN FAMILY FOUNDATION 04-3584922 Form 990-PF (2014) Page 2 Beginning of year End of year Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (b) Book Value (c) Fair Market Value (a) Book Value 188,737. 165,889. 188,737.1 Cash - non-interest-bearing 2 Savings and temporary cash investments 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 7 Other notes and loans receivable 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 b Investments - corporate stock c Investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans STMT 7 1,596,741. 1,536,422. 1,666,941. 13 Investments - other 14 Land, buildings, and equipment; basis Less accumulated depreciation 15 Other assets (describe ▶ 16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I) 1,762,630. 1,725,159. 1,855,678. 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe 0. 23 Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. Net Assets or Fund Balances 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted Foundations that do not follow SFAS 117, check here **▶** 🗓 and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds 0. 28 Paid-in or capital surplus, or land, bldg., and equipment fund 1,762,630. 1,725,15929 Retained earnings, accumulated income, endowment, or other funds 1,762,630. 1,725,159 30 Total net assets or fund balances 1,762,630. 1,725,159 31 Total liabilities and net assets/fund balances 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 1,762,630. (must agree with end-of-year figure reported on prior year's return) -139,002. 2 Enter amount from Part I, line 27a 2 3 Other increases not included in line 2 (itemize) ▶ ADJUSTMENT FOR UNSETTLED TRADES 101,531.

423511

4 Add lines 1, 2, and 3

5 Decreases not included in line 2 (itemize)

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

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725,159.

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Part IV Capital Gains and	d Losses for Tax on I	nvestmen	t Income						
(a) List and describe 2-story brick wareh	the kind(s) of property sold (e. ouse; or common stock, 200 sh	g., real estate, is. MLC Co.)		P·	low acc - Purch - Dona	iase I	(c) Date a (mo., da		(d) Date sold (mo., day, yr.)
1a									
b SEE ATTACHED S	TATEMENT			<u> </u>					
<u>c</u>				<u> </u>					
<u>d</u>				├					
	(f) Depressition allowed	(a) Co.	at ar other hasia	Ь,			(b) Co	un or (loss	<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale					un or (loss (f) minus	
<u>a</u>		+							
<u>b</u>				$\dashv$			_		
d				$\dashv$					
e 1,443,779.	<del></del>	+	1,325,82	3.					117,956
Complete only for assets showing g	ain in column (h) and owned by			<del>  </del>			Gains (Co	ol. (h) gaın	
	(j) Adjusted basis	<del></del>	cess of col. (i)				(k), but n	ot less tha	n -0-) <b>o</b> r
(i) F.M.V. as of 12/31/69	as of 12/31/69		col. (j), if any				Losses (	(from col. (	(h))
a	<del></del>	1							
b			<del></del>						
C				$\neg$		_			
d									
е									117,956
	∫ If gain, also ente	er ın Part I, line	7	1					
2 Capital gain net income or (net capita		0- ın Part İ, lıne	7	ĴĹ	2				117,956
3 Net short-term capital gain or (loss) a	is defined in sections 1222(5) a	and (6):							
If gain, also enter in Part I, line 8, coli		· /·		] [	1				
If (loss), enter -0- in Part I, line 8  Part V   Qualification Und			. <del> </del>		3			N/A	·
		• -							
(For optional use by domestic private for	muations subject to the section	1 4940(a) tax 01	i net investment ii	icome.	-)				
If section 4940(d)(2) applies, leave this $\boldsymbol{\rho}$	oart blank.								
Was the foundation liable for the section	4942 tay on the distributable a	mount of any v	ear in the hase ne	rınd?					Yes X No
If "Yes," the foundation does not qualify i			•	1100					L 103 LAE NO
1 Enter the appropriate amount in each				ntries.					
(a)	(b)			(c)				Distrib	(d) oution ratio
Base periód years Calendar year (or tax year beginning i	المانية المناهدية المانية الما	stributions	Net value of no		ıtable-ı	use assets	-   - (	col. (b) div	rided by col. (c))
2013	29	98,170.		1	,79	2,968	•		.166300
2012		49,070.				6,466			.150362
2011		98,625.				9,128			.126583
2010		44,000.				9,249			.098009
2009	50	06,295.		1,	, 33:	2,099	•		.380073
							1 1		
2 Total of line 1, column (d)							2		<u>.9</u> 2132
3 Average distribution ratio for the 5-ye	ear base period - divide the total	l on line 2 by 5,	or by the number	of yea	ars				
the foundation has been in existence	ıf less than 5 years						3		.18426
							1 1		
4 Enter the net value of noncharitable-i	ise assets for 2014 from Part X	C, line 5					4		1,761,251
5 Multiply line 4 by line 3							5		324,537
							_		1 554
6 Enter 1% of net investment income (	1% of Part I, line 27b)						6		1,551
									226 200
7 Add lines 5 and 6							7		326,088
6 Fatas qualificana distanti Assas for S	art VII. lana A						_		120 070
8 Enter qualifying distributions from Pa	•	41					8		428,070
If line 8 is equal to or greater than lin See the Part VI instructions.	e /, check the box in Part VI, lin	ne 1b, and comp	plete that part usir	ng a 1%	% tax r	ate.			
423521 11-24-14	<del></del>	<u> </u>	<del></del>	_		_			Form <b>990-PF</b> (2014

	N FAMILY FOUNDATION on Investment Income (Section 494)		04-3584 948 - see i			Page 4
<del></del>	ed in section 4940(d)(2), check here and er		1			<u>,</u>
Date of ruling or determination letter:	(attach copy of letter if nec	1 1				
<b>b</b> Domestic foundations that meet the sec	ction 4940(e) requirements in Part V, check here		1		1,5	51.
of Part I, line 27b						
c All other domestic foundations enter 29	% of line 27b. Exempt foreign organizations enter 4%	o of Part I, line 12, col. (b).				
2 Tax under section 511 (domestic section	on 4947(a)(1) trusts and taxable foundations only. Ot	thers enter -0-)	2			0.
3 Add lines 1 and 2		Ι	3		1,5	51.
4 Subtitle A (income) tax (domestic secti	on 4947(a)(1) trusts and taxable foundations only. Of	thers enter -0-)	4			0.
5 Tax based on investment income. Sul	btract line 4 from line 3. If zero or less, enter -0-		5		1,5	51.
6 Credits/Payments:						
a 2014 estimated tax payments and 2013	3 overpayment credited to 2014	6a 963.				
<b>b</b> Exempt foreign organizations - tax with	held at source	6b				
c Tax paid with application for extension	of time to file (Form 8868)	6c				
d Backup withholding erroneously withho	eld	6d				
7 Total credits and payments. Add lines 6			7		<u> </u>	<u>63.</u>
	f estimated tax. Check here 🔛 if Form 2220 is attac	ched	8			
9 Tax due. If the total of lines 5 and 8 is		▶ }	9		<u> </u>	88.
• •	e total of lines 5 and 8, enter the amount overpaid	, ▶	_10			
11 Enter the amount of line 10 to be: Cred		Refunded▶	11			
Part VII-A Statements Rega					\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	attempt to influence any national, state, or local legisl	lation or did it participate or intervene	n		Yes	
any political campaign?			_	1a		X
-	e year (either directly or indirectly) for political purpos	,		1b		X
	attach a detailed description of the activities and	d copies of any materials publishe	d or			
distributed by the foundation in co						- <b>-</b> -
c Did the foundation file Form 1120-POL	-			10		X
, .,	tical expenditures (section 4955) imposed during the	-				
	0 . (2) On foundation managers.	· · · · · · · · · · · · · · · · · · ·				
managers. > \$	by the foundation during the year for political expendit $oldsymbol{0}$ .	nure tax imposed on foundation			.	
	ivities that have not previously been reported to the IF	262		2		х
If "Yes," attach a detailed descripti		10'		-	$\dashv$	
,	, not previously reported to the IRS, in its governing in	netrument articles of incorporation of				
	If "Yes," attach a conformed copy of the change			3		х
	ness gross income of \$1,000 or more during the year			4a		X
b If "Yes," has it filed a tax return on Forn	3	•	N/A	4b		
·	ssolution, or substantial contraction during the year?	1	<b>-</b>	5	$\neg \neg$	X
If "Yes," attach the statement requ						
•	(relating to sections 4941 through 4945) satisfied en	ther:			į	
<ul> <li>By language in the governing instrum</li> </ul>	•					
<ul> <li>By state legislation that effectively an</li> </ul>	nends the governing instrument so that no mandatory	y directions that conflict with the state	law			i
remain in the governing instrument?				6		X
7 Did the foundation have at least \$5,000	In assets at any time during the year? If "Yes," con	mplete Part II, col (c), and Part XV		7	х	
8a Enter the states to which the foundatio	n reports or with which it is registered (see instruction	ns) <b>&gt;</b>				
MA						
<b>b</b> If the answer is "Yes" to line 7, has the	foundation furnished a copy of Form 990-PF to the At	ttorney General (or designate)				
· · · ·	nstruction G? If "No," attach explanation			8b	Х	
	private operating foundation within the meaning of sec		ıdar		Ţ	_
<del></del>	g in 2014 (see instructions for Part XIV)? If "Yes," c		_	9		X
10 Did any persons become substantial co	ontributors during the tax year? if "Yes," attach a schedu	le listing their names and addresses		10		X
			For	m <b>990</b>	-PF (	2014)

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Part VII-B Statements Regarding Activities for Which F	Form 4720 May Be F	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Y6	es X No	
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire		\	1 1
any voter registration drive?			es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	7	Ye	es X No	1 1
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			
4945(d)(4)(A)? (see instructions)		Ye	es X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f			
the prevention of cruelty to children or animals?		Ye	es X No	1 1
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described i	ın Regulatıons		
section 53.4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A	5b
Organizations relying on a current notice regarding disaster assistance check h	ere			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	om the tax because it mainta	ined		
expenditure responsibility for the grant?	N	I/A 🔲 Ye	es 🔲 No	
If "Yes," attach the statement required by Regulations section 53 4945	5-5(d)			'
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		ì	1 1
a personal benefit contract?		Ye	es X No	
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b X
If "Yes" to 6b, file Form 8870				
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye	es X No	1 1
b If "Yes," did the foundation receive any proceeds or have any net income attribu	table to the transaction?		N/A	7b
Part VIII Information About Officers, Directors, Trust		nagers, Highly	y	
Paid Employees, and Contractors				
1 List all officers, directors, trustees, foundation managers and their	compensation.			
4 N Norman and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address	to position	enter -0-)	and deferred compensation	allowances
				1
SEE STATEMENT 8		0.	0.	0.
2 Compensation of five highest-paid employees (other than those inc		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	(e) Expense account, other
	devoted to position	(c) compensation	and deferred compensation	allowances
NONE				
		<u> </u>		
	<u></u>			
			L.	
Total number of other employees paid over \$50,000			<b></b>	0
			Form	<b>990-PF</b> (2014)

0.

Total. Add lines 1 through 3

Part X Minimum Investment Return (All domesti	ic foundations must complete this	part Foreign four	ndations, s	see instructions )
1 Fair market value of assets not used (or held for use) directly in carr			<del>-</del> 1	
a Average monthly fair market value of securities	, , ,		1a	1,665,302.
b Average of monthly cash balances		Ì	1b	1,665,302. 122,770.
c Fair market value of all other assets			1c	<del></del>
d Total (add lines 1a, b, and c)		1	1d	1,788,072.
e Reduction claimed for blockage or other factors reported on lines 1s	a 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	1,788,072.
4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for	or greater amount, see instructions)		4	26,821.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3.	•		5	1,761,251.
6 Minimum investment return. Enter 5% of line 5	,		6	88,063.
Part XI Distributable Amount (see instructions) (Sec	ction 4942(i)(3) and (i)(5) private opera	ating foundations an	d certain	
	omplete this part.)	ing roundations an		
1 Minimum investment return from Part X, line 6			1	88,063.
2a Tax on investment income for 2014 from Part VI, line 5	2a	1,551.		<u> </u>
b Income tax for 2014. (This does not include the tax from Part VI.)	2b		ļ	
c Add lines 2a and 2b			2c	1,551.
3 Distributable amount before adjustments. Subtract line 2c from line	1		3	1,551. 86,512.
4 Recoveries of amounts treated as qualifying distributions		ļ	4	0.
5 Add lines 3 and 4			5	86,512.
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	j	7	86,512.
Part XII Qualifying Distributions (see instructions)		· · · · · · · ·	_ <u></u>	
1 Amounts paid (including administrative expenses) to accomplish ch	naritable, etc., purposes:		T	
a Expenses, contributions, gifts, etc total from Part I, column (d), lir			1a	428,070.
b Program-related investments - total from Part IX-B		Ì	1b	0.
2 Amounts paid to acquire assets used (or held for use) directly in cal	rrying out charitable, etc., purposes	İ	2	<del></del>
3 Amounts set aside for specific charitable projects that satisfy the:		İ		<del> </del>
a Suitability test (prior IRS approval required)			3a	
<b>b</b> Cash distribution test (attach the required schedule)			3b	
4 Qualifying distributions. Add lines 1a through 3b. Enter here and o	on Part V, line 8, and Part XIII. line 4		4	428,070.
5 Foundations that qualify under section 4940(e) for the reduced rate		ļ		
income. Enter 1% of Part I, line 27b			5	1.551.
6 Adjusted qualifying distributions. Subtract line 5 from line 4			6	1,551. 426,519.
Note. The amount on line 6 will be used in Part V, column (b), in su	ubsequent years when calculating whet	her the foundation q	ualifies for	

# Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI,				
line 7				86,512.
2 Undistributed income, if any, as of the end of 2014		<del></del> -		<del></del>
a Enter amount for 2013 only			0.	
<b>b</b> Total for prior years:				
, ,		0.		
3 Excess distributions carryover, if any, to 2014:				
a From 2009 440, 100.				
b From 2010 71,584.				
cFrom 2011 120,833.				
dFrom 2012 167,705.				
eFrom 2013 211,065.				
f Total of lines 3a through e	1,011,287.			
4 Qualifying distributions for 2014 from				
Part XII, line 4; ►\$ 428,070.				
a Applied to 2013, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus		· <del></del>		
(Election required - see instructions)	0.			
d Applied to 2014 distributable amount				86,512.
e Remaining amount distributed out of corpus	341,558.			
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount	0.			0.
must be shown in column (a) )  6 Enter the net total of each column as indicated below:		ï		
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,352,845.			
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 2013. Subtract line				<del></del>
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2014. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2015				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2009				
not applied on line 5 or line 7	440,100.			
9 Excess distributions carryover to 2015.				
Subtract lines 7 and 8 from line 6a	912,745.			
10 Analysis of line 9:				
a Excess from 2010 71,584.				
b Excess from 2011 120,833.				
c Excess from 2012 167, 705.				
d Excess from 2013 211,065.				
e Excess from 2014 341,558.		<u>-</u>	<u> </u>	Form <b>990-PF</b> (2014)
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DONOVAN FAMILY FOUNDATION

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3 Grants and Contributions Paid During the		Payment		
Recipient	If recipient is an individual,	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	
a Paid during the year				
ALZHEIMERS ASSOCATION MA NII CHAPTER 480 PLEASANT STREET	NONE	501(C)(3)	UNRESTRICTED	
WATERTOWN, MA 02472		1		25,00
CHILDREN FOUNDATION	NONE	501(C)(3)	UNRESTRICTED	
1220 SW MORRISON STREET, SUITE 500 PORTLAND, OR 97205		-		5,50
INDIANA YOUTH SERVICE ASSOCIATION 445 N PENNSYLVANIA ST., #945	NONE	501(C)(3)	UNRESTRICTED	
INDIANAPOLIS, IN 46204		<del> </del>		25,00
INNER CITY SCHOLARSHIP FUND	NONE	501(C)(3)	UNRESTRICTED	
1011 FIRST AVENUE, SUITE 1400 NEW YORK, NY 10022-4112				3,00
MALDEN CATHOLIC HIGH SCHOOL 99 CRYSTAL STREET	NONE	501(C)(3)	UNRESTRICTED	
MALDEN, MA 02148	NITTATIA MITONI GUIDI	] 	<del></del>	217,50
total SEE CO  b Approved for future payment	ONTINUATION SHE	<u> </u>	<u>▶</u> 3a	428,00
NONE				
Total			<b>▶</b> 3b	

nter gross amounts unless otherwise indicated.	Unrelated b	usiness income		section 512, 513, or 514	(e)
·	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
Program service revenue:	code	711100111	code	Amount	
a	_				
b	-				
c	_				
d	_				
e	-				
f	_				
g Fees and contracts from government agencies					_ <del></del>
Membership dues and assessments					
Interest on savings and temporary cash investments			14	51.	
Dividends and interest from securities			14	46,869.	
Net rental income or (loss) from real estate:				-	
a Debt-financed property					
b Not debt-financed property	-				
Net rental income or (loss) from personal property					
Other investment income			14	2,766.	
Gain or (loss) from sales of assets other than inventory			18	117,956.	
Net income or (loss) from special events	-				
Gross profit or (loss) from sales of inventory			1 1		<del></del>
Other revenue:					
a					
b					
c					
d	_				
e					
Subtotal, Add columns (b), (d), and (e)			0.	167,642.	
Total. Add line 12, columns (b), (d), and (e)				13	167,64
ee worksheet in line 13 instructions to verify calculations.					
Part XVI-B Relationship of Activities	to the Accom	nlichment of	Everent D	Irnoege	

	for which income is reported es (other than by providing fi	A contributed importantly	y to the accomplishment of
 <del> </del>			

# 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	ng with any other organization	described in section 501(c) of	Yes	No
	the Code (other than section 501(c)(3) organizations) or in section 5.	27, relating to political organiz	ations?		
a	Transfers from the reporting foundation to a noncharitable exempt or	rganization of:			
	(1) Cash			1a(1)	X
	(2) Other assets			1a(2)	X
b	Other transactions:				
	(1) Sales of assets to a noncharitable exempt organization			1b(1)	X
	(2) Purchases of assets from a noncharitable exempt organization			1b(2)	X
	(3) Rental of facilities, equipment, or other assets			1b(3)	X
	(4) Reimbursement arrangements			1b(4)	X
	(5) Loans or loan guarantees			1b(5)	X
	(6) Performance of services or membership or fundraising solicitation	ons		1b(6)	X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid en	nployees		1c	X
d	If the answer to any of the above is "Yes," complete the following scho	edule. Column (b) should alwa	ays show the fair market value of the goods,	, other assets,	
	or services given by the reporting foundation. If the foundation received	ved 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	<u> </u>			
(a)∟ı	ine no (b) Amount involved (c) Name of noncharitable	le exempt organization	(d) Description of transfers, transactions, and	d sharing arrangen	nents
	N/A				
		·			
			<u> </u>		
2a	Is the foundation directly or indirectly affiliated with, or related to, one		ations described		.=-1
	In section 501(c) of the Code (other than section $501(c)(3)$ ) or in sec	ction 527?	l	Yes 🚨	<b>X</b> No
b	If "Yes," complete the following schedule.	T (6) T T	(1)		
	(a) Name of organization	(b) Type of organization	(c) Description of relation	snip	
	N/A	-			
		<del>                                     </del>			
		<del>                                     </del>			
-	Under penalties of periury, I declare that I have examined this return, including	ing accompanying schedules and a	tatements, and to the heet of my knowledge		
Sig	and balled it is true government and complete Declaration of property (other th	. , ,	Waa afb b accase - b	lay the IRS discuss	s this arer
	ere \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	۱ 🕳	11/4/20/6	hown below (see in	nstr )?
	Signature of officer or trustee		Title	X Yes	No
	Print/Type preparer's name	signature)	Date Check If PTIN		
	Time type preparer s name	Significant of the state of the	self- employed		
Pa	aid STEPHEN P. RAY		1 ' ' 1	0030291	n
	eparer Firm's name CBIZ TOFFAS	<b>√</b> /	Firm's EIN ► 26-3		<u> </u>
	se Only		FIIII SEIN P 20-3	,,JJ134	

Form **990-PF** (2014)

Phone no. 617-761-0600

Firm's address ▶ 500 BOYLSTON STREET

BOSTON, MA 02116

# Schedule B

or 990-PF)
Department of the Treasury

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

2014

Name of the organization

**Employer identification number** 

DONOVAN FAMILY FOUNDATION 04-3584922 Organization type (check one) Filers of: Section: 501(c)( Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

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 990-PF, Part I, line 2, to

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization

Employer identification number

DOMOA.	AN FAMILY FOUNDATION		4-3584944
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DONOVAN CHARITABLE LEAD TRUST  86 OLD CONNECTICUT PATH  WAYLAND, MA 01778	\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) <u>N</u> o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
423452 11-0		Schedule B (Forn	1 990, 990-EZ, or 990-PF) (2014)

Employer identification number

# DONOVAN FAMILY FOUNDATION

04-3584922

	A TIBILLI TOURDILLION		3304322
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	FMV (or estimate) (see instructions)	(d) Date received
402452 11 05		-   -   -   \$	000, 900,E7, or 900,DE) (2014)

	(Form 990, 990-EZ, or 990-PF) (2014)		Page 4					
Name of org	anization		Employer identification number					
	AN FAMILY FOUNDATION		04-3584922					
Part III	Exclusively religious, charitable, etc., contine year from any one contributor. Complete completing Part III, enter the total of exclusively religious.  Use duplicate copies of Part III if addition	is, charitable, etc., contributions of \$1,000 or le	n section 501(c)(7), (8), or (10) that total more than \$1,000 for ng line entry. For organizations ses for the year (Enterthis info once)					
(a) No.			T					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
			_					
			_					
	(e) Transfer of gift							
_	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							
(a) No.								
from Part I	(b) Purpose of gift (c) Use of gi		(d) Description of how gift is held					
			_					
ļ								
		(e) Transfer of gift						
	Transferee's name, address, a	Relationship of transferor to transferee						
Ī			Tiolation and a damage of the transfer of					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I	(1,7)		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
-	(e) Transfer of gift							
ľ	(a) manage 4. gar-							
-	Transferee's name, address, a	Relationship of transferor to transferee						
(a) No.			<del></del>					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
			_					
	(e) Transfer of gift							
	Transferee's name, address, a	Relationship of transferor to transferee						
ſ								

423591 05-01-14

If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8

Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):

N/A

Recipient	If recipient is an individual,	T		
	show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	CONTRIBUTION	
				l
ASS GENERAL HOSPITAL	NONE	501(C)(3)	UNRESTRICTED	
5 FRUIT STREET		Ì		1
OSTON, MA 02114	<del></del>	<del> </del>	<del></del>	30,00
PROJECT HOPE	NONE	501(C)(3)	UNRESTRICTED	
OVERED WA 02119			i	25.00
OXBURY, MA 02119	<del></del>			25,00
T. JOHNS PREP	NONE	501(C)(3)	UNRESTRICTED	
2 SPRING STRET	None	501(0)(3)	DAKEDIKICIED	
DANVERS, MA 01923				15,00
T. TIMOTHY PARISH	NONE	501(C)(3)	UNRESTRICTED	
50 NICHOLS STREET				
ORWOOD, MA 02062		<u> </u>	<del></del>	10,00
THE JOEY FUND CO THE CYSTIC FIBROSIS	NONE	501(C)(3)	UNRESTRICTED	
220 N MAIN ST., #104 MATICK, MA 01760				20,00
	<del>                                     </del>		<del>                                     </del>	
AVIERIAN BROTHERS HIGH SCHOOL	NONE	501(C)(3)	UNRESTRICTED	
00 CLAPBOARDTREE STREET	10112		DARESTRICIES	
ESTWOOD, MA 02090				52,00
	<del></del>	<del> </del>	<del> </del>	
		1		
	<del></del>	<del> </del>	<del> </del>	
		<u> </u>		•
Total from continuation sheets		ــــــــــــــــــــــــــــــــــــــ		152,00

FORM 990-PF INTERE	ST ON SAVIN	GS AND TEM	IPORARY	CASH I	INVESTMENTS	STATEMENT	1	
SOURCE	REVE			(B) INVESTMENT INCOME	(C) ADJUSTED NET INCOME			
MERRILL LYNCH				51.				
TOTAL TO PART I, LI				51.				
FORM 990-PF	DIVIDENDS	AND INTER	EST FRO	M SECU	JRITIES	STATEMENT	2	
SOURCE	GROSS AMOUNT	CAPITAI GAINS DIVIDENI	RE	(A) VENUE BOOKS	(B) NET INVES MENT INCO		ADJUSTED	
MERRILL LYNCH MERRILL LYNCH -	46,869.			46,869	·			
TO PART I, LINE 4 17,146.		· <del></del>			). 	0.		
FORM 990-PF		OTHER I	NCOME		<del></del>	STATEMENT	<del></del> 3	
		OTHER 1	NCOME (A) REVENU PER BOO		(B) NET INVEST- MENT INCOME	(C) ADJUSTE	D.	
DESCRIPTION	MENT	OTHER I	(A) REVENU PER BOO		NET INVEST-	(C) ADJUSTE NET INCO	D.	
DESCRIPTION  CLASS ACTION SETTLE			(A) REVENU PER BOO	KS	MENT INCOME	(C) ADJUSTE NET INCO		
DESCRIPTION  CLASS ACTION SETTLE  TOTAL TO FORM 990-P			(A) REVENU PER BOO 2	7,766.	MENT INVEST- MENT INCOME 2,766	(C) ADJUSTE NET INCO	ED OME	
DESCRIPTION  CLASS ACTION SETTLE  TOTAL TO FORM 990-P		LINE 11 =	(A) REVENU PER BOO 2	766.	MENT INVEST- MENT INCOME 2,766	(C) ADJUSTE NET INCO  STATEMENT  (D) CHARITA	ED OME 4	
DESCRIPTION  CLASS ACTION SETTLE		LINE 11 = ACCOUNTI  (A) EXPENSES	(A) REVENU PER BOO  2  ING FEES  (B NET IN MENT I	766.	NET INVEST- MENT INCOME  2,766  2,766  (C) ADJUSTED NET INCOM	(C) ADJUSTE NET INCO  STATEMENT  (D) CHARITA	ED OME	

FORM 990-PF	TAX	ES		STATEMENT 5			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST MENT INCOM					
COMMONWEALTH OF MASSACHUSETTS FOREIGN TAX	70. 33.		0.	70.			
TO FORM 990-PF, PG 1, LN 18	103.	3	3.	70.			
FORM 990-PF	OTHER E	XPENSES	<del></del>	STATEMENT 6			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST MENT INCOM					
INVESTMENT FEES	10,541.	10,54	1.	0.			
TO FORM 990-PF, PG 1, LN 23	10,541.		1.	0.			
FORM 990-PF	OTHER INV	ESTMENTS		STATEMENT 7			
DESCRIPTION		LUATION ETHOD	BOOK VALUE	FAIR MARKET VALUE			
INVESTMENTS	COST		1,536,422.	1,666,941.			
TOTAL TO FORM 990-PF, PART I	I, LINE 13	<del></del>	1,536,422.	1,666,941.			

	IST OF OFFICERS, D		STAT	EMENT 8
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	
JAMES R. DONOVAN 86 OLD CONNECTICUT PATH WAYLAND, MA 01778	TRUSTEE 5.00	0.	0.	0.
BEVERLY A. DONOVAN 86 OLD CONNECTICUT PATH WAYLAND, MA 01778	TRUSTEE 5.00	0.	0.	0.
JAMES P. DONOVAN 18 PHEASANT HOLLOW ROAD NATICK, MA 01760	TRUSTEE 5.00	0.	0.	0.
THIDIE DELAINE DONOVAN 18 PHEASANT HOLLOW ROAD NATICK, MA 01760	TRUSTEE 5.00	0.	0.	0.
MICHAEL R. DONOVAN 20 GANAWATTE FARM DRIVE WALPOLE, MA 02081	TRUSTEE 5.00	0.	0.	0.
KAREN M. DONOVAN 20 GANAWATTE FARM DRIVE WALPOLE, MA 02081	TRUSTEE 5.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE	6, PART VIII	0.	0.	0.
	RT XV - LINE 1A FOUNDATION MANAGE	ers	STAT	EMENT 9

NAME OF MANAGER

JAMES R. DONOVAN BEVERLY A. DONOVAN