

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

Do not enter social security numbers on this form as it may be made public ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. OMB No 1545-0052

FUI	Calen	ual year 2014 of tax year beginning		, and ending		
Na	me of	foundation			A Employer identification	number
1	RRAI	DLEY C. HIGGINS FOUNDAT	ION		04-6027026	
_		nd street (or P O box number if mail is not delivered to street		Room/suite	B Telephone number	
	370	MAIN STREET, 12TH FLOO	)R		(508) 459-	8000
_		own, state or province, country, and ZIP or foreign p		<del></del>	C If exemption application is p	
	-	CESTER, MA 01608-1779	oota oota		o il exemplion application is p	ending, check here
		all that apply: Initial return	Initial return of a fo	rmer public charity	D 1 Foreign organizations	check here
u	OHECK	Final return	Amended return	The public charty	D T Torongh organizations	s, chock field
		Address change			2 Foreign organizations me check here and attach co	eting the 85% test,
	Charl		Name change	<del></del>	1	
H_	_			t	E If private foundation sta	
بـــــ			Other taxable private foundaring method: X Cash		under section 507(b)(1)	
		rket value of all assets at end of year J Account	•	Accrual	F If the foundation is in a	
		Part II, coI (c), line 16) U. (Part I, colu	ther (specify)	2000	under section 507(b)(1)	(B), check here
_	<b>≻</b> \$		T	··		(4)
LP	art I	(The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes
	<u> </u>	necessarily equal the amounts in column (a) )	CAPCIISUS PEI DOURS	micornic	<u> </u>	(cash basis only)
		Contributions, gifts, grants, etc., received	<u> </u>		N/A	ļ
	1	Check X if the foundation is not required to attach Sch B Interest on savings and temporary		<u>-</u> -	ļ	
	3	cash investments	4.	4.		STATEMENT 1
	4	Dividends and interest from securities	90,556.	90,556.	<b></b>	STATEMENT 2
	5a	Gross rents		· · · · · · · · · · · · · · · · · · ·		
	þ	Net rental income or (loss)		<del></del>		CCMED
•	<u>ы</u>   6a	Net gain or (loss) from sale of assets not on line 10	53,792.	- <del>-</del>		-0:18-0
	<u></u>	Gross sales price for all assets on line 6a 119,859.			080	100
	7	Capital gain net income (from Part IV, fine 2)		53,792.		Y 1 4 2015 9
٠ -	8	Net short-term capital gain			m	W
;	9	Income modifications				DENIT
	10a	Gross sales less returns and allowances				ULIV. UI
מ	b	Less Cost of goods sold				
	C	Gross profit or (loss)				
	11	Other income				
	12	Total. Add lines 1 through 11	144,352.	144,352.		
	13	Compensation of officers, directors, trustees, etc	6,000.	3,000.	,	3,000.
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
	2 16a	Legal fees				
	Ë b	Accounting fees STMT 3	20,000.	10,000.		10,000.
	D2.I	Other professional fees STMT 4	1,756.	1,756.		0.
-	17	Interest				T
:	17 18 19 20 21 22	Taxes STMT 5	2,696.	0.		0.
:	19	Depreciation and depletion				
•	E 20	Occupancy				
	21	Travel, conferences, and meetings				
•	22	Printing and publications				
	g 23	Other expenses STMT 6	114.	45.		69.
	23 24	Total operating and administrative			<del>                                     </del>	† <del>-</del>
		expenses. Add lines 13 through 23	30,566.	14,801.		13,069.
(	5  <sub>25</sub>	Contributions, gifts, grants paid	103,000.			103,000.
	26	Total expenses and disbursements.	100,000.			† <u> </u>
	20	Add lines 24 and 25	133,566.	14,801		116,069.
	27	Subtract line 26 from line 12:	133,300.	T-2,001	<del>'</del>	110,009.
	1		10,786.			
		Excess of revenue over expenses and disbursements  Net investment income (if negative, enter -0-)	10,700.	129,551	<del> </del>	<del> </del>
	1	Adjusted net income (if negative, enter -0-)		127,551	N/A	<del> </del>
		And agree they theolife to negative, enter -o-)		<u> </u>	17/43	

LHA For Paperwork Reduction Act Notice, see instructions

04-6027026

Page 2

Form **990-PF** (2014)

BRADLEY C. HIGGINS FOUNDATION

Form 990-PF (2014)

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.

	990-PF (2014) BRADLEY C. HIGGINS FOUNDATION 04- rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948	-6027 - see ir		ction	Page 4
	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.	1			
14	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)	1			
h	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%			1,2	96.
	of Part I, line 27b	<del> </del>	•		<del></del>
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).				
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				0.
3	Add lines 1 and 2	<del>                                     </del>		1,2	96.
1	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<del> </del>	•	<u> </u>	0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	+	-	1,2	
6	Credits/Payments:	+	<del></del>	<u>- ,                                   </u>	<u> </u>
•	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 920.				
	Exempt foreign organizations - tax withheld at source				
	Tax paid with application for extension of time to file (Form 8868)  6c				
	Backup withholding erroneously withheld  6d				
	Total credits and payments. Add lines 6a through 6d			a	20.
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached	<del>                                     </del>			<u> </u>
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	<del> </del>		3	76.
•	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  10	<del></del>			<del>/ 0 •</del>
10	Enter the amount of line 10 to be: Credited to 2015 estimated tax	<del> </del>			
	irt VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in			Yes	No
	any political campaign?		1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?		1b		X
	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.				ı
С	Did the foundation file Form 1120-POL for this year?		1c		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				
	(1) On the foundation. ▶ \$ 0. (2) On foundation managers. ▶ \$ 0.				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				1
	managers. > \$0 .				ľ
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		Х
	If "Yes," attach a detailed description of the activities.				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or				
_	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		<sub>3</sub>		Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
		A\N	4b		Ī
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	•	5		Х
-	If "Yes," attach the statement required by General Instruction T.				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				1
-	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law				
	remain in the governing instrument?		6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV		7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			 	1
	MA				
b	of the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				İ
	of each state as required by General Instruction G? If "No," attach explanation		8b	<u>X</u>	<del> </del>
9			<u>'</u>		l <u>.</u> _
	year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV		9		<u> X</u>
10_	Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule listing their names and addresses		10		X

	990-PF (2014) BRADLEY C. HIGGINS FOUNDATION 04-6027	<u>U26</u>		age 5
Pa	rt VII-A Statements Regarding Activities (continued)	<del>,</del> -		
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		<u>X</u>
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		<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	_13	X	
	Website address > N/A			
14	The books are in care of ► FLETCHER TILTON PC  Telephone no. ► (508) 4		<u>800</u>	0
	Located at ► 370 MAIN STREET, 12TH FLOOR, WORCESTER, MA ZIP+4 ►01	608		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		. •	
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank,	,	Yes	No
	securities, or other financial account in a foreign country?	16		<u>X</u>
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If "Yes," enter the name of the			
	foreign country	<u> </u>		
Pa	rt 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?	) ]		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  X Yes No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	ıf 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.)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		X
	Organizations relying on a current notice regarding disaster assistance check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			_
	before the first day of the tax year beginning in 2014?	1c		X
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)):			
8	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2014?			
	If "Yes," list the years $\blacktriangleright$			
t	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			1
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.)  N/A	2b	<b>_</b>	<u> </u>
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.	1		]
_	<u></u>			1
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			~ -
t	of f"Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			-
	Form 4720, to determine if the foundation had excess business holdings in 2014)  N/A	3b	-	
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	├	X
t	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 2014?	1 Ah	I	ΙX

Dort VII B Statements Pogarding Activities for Which E			<u>04-602/0</u>	26 Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4/20 May Be H	equirea (continu	Jed)	
5a During the year did the foundation pay or incur any amount to:	10.454.330		<b>₩</b>	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	, ,,		s 🗶 No	
(2) Influence the outcome of any specific public election (see section 4955); or	r to carry on, directly or indire		[ <del></del> ]	
any voter registration drive?	_		s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section	——————————————————————————————————————		
4945(d)(4)(A)? (see instructions)			s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or fe			1 1
the prevention of cruelty to children or animals?			s X No	
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unc	der the exceptions described i	n Regulations		}
section 53.4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A 5	ib
Organizations relying on a current notice regarding disaster assistance check h				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr				
expenditure responsibility for the grant?	N	[/ <b>A</b>	s   No	
If "Yes," attach the statement required by Regulations section 53.4945	5-5(d).		1	1 1
${\bf 6a}$ Did the foundation, during the year, receive any funds, directly or indirectly, to [	pay premiums on			
a personal benefit contract?		Ye	s X No	
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		_ 6	Sb 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 🗶 No 📙	
b If "Yes," did the foundation receive any proceeds or have any net income attribu	itable to the transaction?		N/A7	'b
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	nagers, Highly	/	
Paid Employees, and Contractors				
List all officers, directors, trustees, foundation managers and their		1	(4) 0	
(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
SUMNER B. TILTON, JR.	TRUSTEE/CHAIR	MAN		
370 MAIN STREET, 12 FLOOR				
VORCESTER, MA 01608-1779	0.50	2,000.	0.	0.
JOHN E. HODGSON	TRUSTEE			
370 MAIN STREET, 12 FLOOR				
VORCESTER, MA 01608-1779	0.20	2,000.	0.	0.
PHILLIPS S. DAVIS	TRUSTEE			
370 MAIN STREET, 12 FLOOR	]	ļ	Į Į	
WORCESTER, MA 01608-1779	0.20	2,000.	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	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Hallo and addition of basis of page there are the position	devoted to position	(C) Compensation	compensation	allowances
NONE				
	1			
		<u> </u>		
Total number of other employees paid over \$50,000				0
			Form	990-PF (2014)

Form 990-PF (2014) BRADLEY C. HIGGINS FOUNDATION	04-602	/U26 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Man Paid Employees, and Contractors (continued)	agers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		ľ
		<del></del>
		<del> </del>
		<del>                                     </del>
		<del> </del>
Total number of others receiving over \$50,000 for professional services		- 0
Part IX-A Summary of Direct Charitable Activities		. <del></del>
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical informati	on such as the	
number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Sir Such as the	Expenses
1 N/A		
2		<del></del>
	<del></del>	•
3		
	4.1	
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
Total Add Iron 1 through 3		n

Pá	Art X Minimum Investment Return (All domestic foundations must complete this part Foreign	n foundations, s	see instructions )
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
	Average monthly fair market value of securities	1a	2,015,040.
	Average of monthly cash balances	1b	42,296.
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	2,057,336.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	0.	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	2,057,336.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	30,860.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,026,476.
<u>6</u>	Minimum investment return. Enter 5% of line 5	6	101,324.
<u>P</u>	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundation foreign organizations check here and do not complete this part.)	ons and certain	
1	Minimum investment return from Part X, line 6	1	101,324.
2 a	Tax on investment income for 2014 from Part VI, line 5	96.	
b	Income tax for 2014. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	1,296.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	100,028.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	100,028.
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	100,028.
P	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	116,069.
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	
þ	,	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	116,069.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	1,296.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	114,773.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the found 4940(e) reduction of tax in those years.	ation qualifies for	the section

Form **990-PF** (2014)

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				100,028.
2 Undistributed income, if any, as of the end of 2014				
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 27,364.				
<b>b</b> From 2010 11,777.				
c From 2011 11,506.				
d From 2012				
e From 2013 3,683.	E4 220			
f Total of lines 3a through e	54,330.			
4 Qualifying distributions for 2014 from				
Part XII, line 4: ► \$ 116,069.			_	
a Applied to 2013, but not more than line 2a			0.	<del></del>
<b>b</b> Applied to undistributed income of prior		0.		
years (Election required - see instructions)		U•		
c Treated as distributions out of corpus	0.			
(Election required - see instructions) d Applied to 2014 distributable amount		<del></del>		100,028.
e Remaining amount distributed out of corpus	16,041.			100,020.
5 Excess distributions carryover applied to 2014	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))	0.			
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	70,371.			
<b>b</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				
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	ا م			
may be required - see instructions)	0.	<del></del>	<del></del>	
8 Excess distributions carryover from 2009	27 264			
not applied on line 5 or line 7	27,364.			
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a	43,007.			
10 Analysis of line 9:	43,007.			
	j			
a Excess from 2010 11,777. b Excess from 2011 11,506.				
c Excess from 2012	1			
d Excess from 2013 3,683.				
e Excess from 2014 16,041.			_	
423581 11-24-14				Form <b>990-PF</b> (2014)

	C. HIGGINS			04-60	27026 Page 10
Part XIV Private Operating F			A, question 9)	<u> N/A</u>	
1 a If the foundation has received a ruling of		,			
foundation, and the ruling is effective fo			<b>▶</b>	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
<b>b</b> Check box to indicate whether the foun		ig foundation described in		4942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year_		Prior 3 years		
income from Part I or the minimum	(a) 2014	<b>(b)</b> 2013	(c) 2012	(d) 2011	(e) Total
investment return from Part X for					
each year listed					
<b>b</b> 85% of line 2a		, , , , , , , , , , , , , , , , , , ,	L-		
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				ļ	
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(1)(3)(B)(1)					
<b>b</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					1 - 1
Part XV Supplementary Info	ormation (Comple	te this part only	if the foundation	n had \$5.000 or m	ore in assets
at any time during					
1 Information Regarding Foundati					
a List any managers of the foundation w		than 2% of the total conti	ributions received by th	e foundation before the clo	se of any tay
year (but only if they have contributed			inbattons received by th	c loandation before the ele	30 of any tax
NONE					
b List any managers of the foundation w	ho own 10% or more of th	ne stock of a cornoration (	or an equally large port	tion of the ownership of a r	artnership or
other entity) of which the foundation ha			or an equally large por	aion of the ownership of a p	artificially of
NONE					
2 Information Regarding Contribu	tion Grant Gift Loan	Scholarship etc. Pr	ograme:		
<del> </del>			-	not accept unsolicited requ	lests for funds. If
the foundation makes gifts, grants, etc	-	= -	-	•	
a The name, address, and telephone nur	<del></del>				
SUMNER B. TILTON, JI			cations should be addi		
370 MAIN ST., 12TH	•		608		
b The form in which applications should					<del></del>
LETTER WITH COPY OF		-	Todia molado.		
c Any submission deadlines:	VILLIANT I				
NO					
d Any restrictions or limitations on aware	de euch ae hu neonranhio	al areas, charitable fields	kinds of inetitutions of	r other factore:	
GRANTS TO HEALTH, E					ʹΖΔͲΤΟΝΟ
THAT ARE EXEMPT UND					
	<del></del>			<del></del>	

423601 11-24-14

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or contribution show any relationship to Foundation Amount status of any foundation manager Name and address (home or business) or substantial contributor recipient a Paid during the year BARNSTABLE LAND TRUST INC NONE PUBLIC ONGOING OPERATIONS 407 NORTH ST HYANNIS, MA 02601 5,000. NONE BOOTHBAY RAILWAY VILLAGE MUSEUM PUBLIC ONGOING OPERATIONS 586 WISCASSET RD BOOTHBAY ME 04537 1,000. NONE CAPE COD HEALTHCARE FOUNDATION PUBLIC ONGOING OPERATIONS P.O. BOX 370 HYANNIS MA 02601 25,000. CAPEN HILL NATURE ASSOCIATION INC NONE PUBLIC ONGOING OPERATIONS 56 CAPEN RD CHARLTON, MA 01507 500. COTUIT ATHLETIC ASSOCIATION NONE PUBLIC DNGOING OPERATIONS P.O. BOX 411 COTUIT MA 02635 5 000. SEE CONTINUATION SHEET(S) ► 3a 103 000 Total b Approved for future payment NONE Total

Part XVI-A **Analysis of Income-Producing Activities** 

Enter gross amounts unless otherwise indicated.	Unrelated business income			led by section 512, 513, or 514	(e)		
1 Program service revenue:	(a) Business code	( <b>b)</b> Amount	Exclu- sion code	(d) Amount	Related or exempt function income		
-			+				
ab	-		11				
c							
d		· · · · · · · · · · · · · · · · · · ·					
e							
f							
g Fees and contracts from government agencies							
2 Membership dues and assessments							
3 Interest on savings and temporary cash							
investments	<u> </u>		14	4.			
4 Dividends and interest from securities			14	90,556.			
5 Net rental income or (loss) from real estate:			1				
a Debt-financed property							
<b>b</b> Not debt-financed property							
6 Net rental income or (loss) from personal			1 1				
property		<del></del>					
7 Other investment income					<del></del>		
8 Gain or (loss) from sales of assets other			18	E2 702			
than inventory  Net income or (loss) from special events	<b>—</b> ——		+ + 9	53,792.			
10 Gross profit or (loss) from sales of inventory			+				
11 Other revenue:			+-+				
	1	1	1 1	į			
a b					<del></del>		
c		<del> </del>					
d		······································					
e							
12 Subtotal. Add columns (b), (d), and (e)		0		144,352.	0.		
13 Total. Add line 12, columns (b), (d), and (e)				13	144,352.		
(See worksheet in line 13 instructions to verify calculations.)		. <del></del>					
Part XVI-B Relationship of Activities t	to the Acc	omplishment of E	xemp	t Purposes			
Line No Explain below how each activity for which inco			A contrib	outed importantly to the accom	plishment of		
will realize and the strengt person (earlier trialing)	o) providing to	nac to coon parposcoj.					
				·			
				<del></del>			
		· · · · · · · · · · · · · · · · · · ·					
				<del></del>			
				<del></del>			
				·			

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Yes No

Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of								es	No	
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)   3									
(1) Cash (2) Other assets									X	
b Other transactions;										
	s of assets to a noncharitat	ble exempt organizati	on				1b(1)	Ì	Х	
	chases of assets from a nor						1b(2)		X	
	tal of facilities, equipment, (		•				1b(3)		X	
(4) Reimbursement arrangements										
(5) Loar	ns or loan guarantees						1b(5)		<u>X</u>	
(6) Perf	ormance of services or me	mbership or fundrais	ıng solicitatioi	าร			1b(6)		X X X X X X	
_	of facilities, equipment, mai	•					1c		<u>X</u>	
				dule. Column (b) should alw				ts,		
	es given by the reporting to d) the value of the goods, (			d less than fair market valu	e in any transaction of	or snaring arrangement,	snow in			
a) Line no	(b) Amount involved	<del>,                                    </del>		exempt organization	(d) Description of	of transfers, transactions, and	l sharing arra	ngeme	nts	
a) Line no	(b) Amount involved	(c) Name of	N/A	compt organization	(b) Description (	or transfers, transactions, and	a snaring aira	ngeme		
		<del></del>	IV/A	<del>-</del>	<del></del>					
		<del></del>					<del></del>			
<del></del>	<del></del>				<u> </u>					
				· · · · · · · · · · · · · · · · · · ·						
	·									
		<del></del>								
		<b>_</b>		<del></del>						
		ļ <u>-</u> .		<del></del>		<del></del>				
						<del></del>				
				<del></del>	<del>-   · </del>				<del></del>	
	·									
2a Is the fo	undation directly or indirec	thy affiliated with or r	elated to one	or more tax-exempt organiz	zations described					
	n 501(c) of the Code (other	•	·-	, ,	zations described	[	Yes	ſχ	No	
	complete the following sch		(0), 01 0001			•				
	(a) Name of org			(b) Type of organization	((	c) Description of relation	ship			
	N/A									
						<del></del>				
						<del></del>				
1					<u> </u>					
سمما	belief, it is true, correct, and cor	that I have examined this mplete. Declaration of pre	s return, includin e <u>narer (ot</u> her thai	g accompanying schedules and n taxpayer) is based on all inform	statements, and to the b nation of which preparer l		lay the IRS di	SCUSS	this	
Sign Here	. ( )//(	301.111		14/20/	- MDWGMD	s	hown below (	see ins	str )?	
	gnature of office or trustee	14/-	$\sim$	Date 17/30/15	TRUSTE Title	<u> </u>	X Yes		∟ No	
	Print/Type preparer's na		Preparer's s			Check If PTIN	 			
	7				1	self- employed	•			
Paid	ROBERT THO	)MPSON		ALL	04/23/15		01236	382		
Preparei			TON PC		<u>                                      </u>	Firm's EIN ▶ 04-2				
Use Only										
	Firm's address ▶ 37	0 MAIN ST	REET,	12TH FLOOR						
		RCESTER,				Phone no (508)	459-	<u>800</u>	0	
	·						Form <b>990</b>			

Capital Gains and Lo	isses for tax on investment income				
(a) List an 2-story b	d describe the kind(s) of property sol trick warehouse; or common stock, 2	d, e.g., real estate, 00 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a . 6 SHS CALIFOR	NIA RESOURCES CO	RP	P		
b 2000 SHS INTEL	CORP		P		
c 788 SHS PROCTE	ER & GAMBLE CO		P		
	ZON COMMUNICATIO		P		
	FONE GROUP PLC S	PONS ADR	P		
f CAPITAL GAINS	DIVIDENDS				
g					<del></del>
h				ļ	
1.	<del></del>				
<u>k</u>					
<u> </u>				<del> </del>	
m n		· · · -	<del>-</del> -		
0					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(e) (	) Gain or (loss) blus (f) minus (g)	<del></del>
a 4.	,	4.		(3)	0.
b 49,379.		16,032.			33,347.
c 70,438.		50,022.			20,416.
d 12.		4.			8.
e 22.		5.		· - · · · · · · · · · · · · · · · · · ·	17.
f 4.					4.
9					
<u>h</u>			-94		
1			4	<del> </del>	
<u>k</u>					
<u></u>					
m				<u>.</u>	
<u>n</u> o					
	ng gain in column (h) and owned by t	he foundation on 12/31/69	(1) 1 09	sses (from col. (h))	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	Gains (excess	of col. (h) gain over not less than "-0-")	col. (k),
a		, , , , , , , , , , , , , , , , , , ,	······································		0.
b					33,347.
С			-11		20,416.
d					8.
е					17.
<u>f</u>					4.
<u>g</u>					
<u>h</u>					
1			<u> </u>		
<del>-</del>					
<u>k</u>					
<u></u>					
<u>m</u>		· · · · · · · · · · · · · · · · · · ·	<del></del>		
0					
<u>*</u>	·				<del></del>
2 Capital gain net income or (net ca	· · · ( · · · · · · · · · · · · · · · ·	, I	2		53,792.
3 Net short-term capital gain or (los if gain, also enter in Part I, line 8,	ss) as defined in sections 1222(5) and column (c)	d (6):			
If (loss), enter "-0-" in Part I, line 8	8	<u>_</u>	3	N/A	

Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount any foundation manager or substantial contributor status of contribution Name and address (home or business) recipient MASSACHUSETTS COLLEGE OF PHARMACY AND NONE PUBLIC ON GOING OPERATIONS HEALTH SCIENCES 179 LONGWOOD AVE BOSTON, MA 02115 1,000. ELIZABETH SETON ACADEMY NONE PUBLIC ON GOING OPERATIONS 125 OAKLAND ST WELLESLEY MA 02481 5,000. HERITAGE MUSEUM & GARDENS NONE PUBLIC ON GOING OPERATIONS 67 GROVE ST SANDWICH, MA 02563 1,000. UMASS MEMORIAL FOUNDATION NONE PUBLIC ONGOING OPERATIONS 333 SOUTH ST SHREWSBURY MA 01545 1,000. UNITED WAY OF CENTRAL MASSACHUSETTS PUBLIC NONE ONGOING OPERATIONS 484 MAIN ST, #300 WORCESTER MA 01608 3,000. WILLARD HOUSE AND CLOCK MUSEUM NONE PUBLIC ONGOING OPERATIONS 11 WILLARD ST GRAFTON MA 01536 500. WILLIAMS COLLEGE NONE PUBLIC ONGOING OPERATIONS 880 MAIN STREET WILLIAMSTOWN MA 01267 1,000. WORCESTER AREA BUSINESS FOUNDATION NONE PUBLIC ON GOING OPERATIONS TNC 446 MAIN STREET, SUITE 200 WORCESTER, MA 01608 7,500. WORCESTER ART MUSEUM NONE PUBLIC ONGOING OPERATIONS 55 SALISBURY ST WORCESTER MA 01609 20,500. YMCA OF CENTRAL MASSACHUSETTS NONE PUBLIC ONGOING OPERATIONS 766 MAIN STREET WORCESTER MA 01610 5,000. Total from continuation sheets 66 500.

Part XV Supplementary Information							
3 Grants and Contributions Paid During the Year (Continuation)							
Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor or substantial contributor and address (home or business)  If recipient is an individual, show any relationship to any foundation manager or substantial contributor any foundation manager or substantial contributor or substantial contributor and foundation manager or substantial contributor or substantial contributor and foundation manager or substantial contribution and foundation manager or subs							
Name and address (home or business)	or substantial contributor	recipient	Contribution	Amount			
COMMUNITY LEGAL AID	NONE	PUBLIC	ONGOING OPERATIONS				
405 MAIN STREET		-					
WORCESTER, MA 01608		-		1,000.			
LITTLE LEAGUE BASEBALL INC	NONE	PUBLIC	ONGOING OPERATIONS				
P.O. BOX 3485							
WILLIAMSPORT, PA 17701				5,000.			
MASSACHUSETTS AUDUBON SOCIETY BROAD	NONE	PUBLIC	ONGOING OPERATIONS				
MEADOW BROOK							
414 MASSASOIT ROAD				15 000			
WORCESTER, MA 01604	-			15,000.			
				7.11			
		j					
Total from continuation sheets	1	<u> </u>	<u> </u>				
Total nomi community alicets			<del></del>				

FORM 990-PF INTERE	ST ON SAVI	INGS AND TEM	PORARY	CASH IN	VESTMENTS	STATEMENT 1
SOURCE	REVE			(B) VESTMENT COME	(C) ADJUSTED NET INCOME	
FTW & CO - NON MA M				4.		
TOTAL TO PART I, LI				4.		
FORM 990-PF	DIVIDENI	OS AND INTER	EST FRO	OM SECUR	ITIES	STATEMENT 2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	RI	(A) EVENUE R BOOKS	(B) NET INVES MENT INCO	
FTW & CO DIVIDENDS	90,560	).	4.	90,556.	90,55	6.
TO PART I, LINE 4	90,560	).	4.	90,556.	90,55	6.
FORM 990-PF		ACCOUNTI	NG FEES	3		STATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS	(E NET IN MENT I	WEST-	(C) ADJUSTED NET INCOM	
TRUST & ACCOUNTING	FEES -	20,000.	1	0,000.		10,000.
TO FORM 990-PF, PG	1, LN 16B	20,000.	1	.0,000.		10,000.
FORM 990-PF	C	THER PROFES	SIONAL	FEES		STATEMENT 4
DESCRIPTION		(A) EXPENSES PER BOOKS	(E NET IN MENT I	WEST-	(C) ADJUSTED NET INCOM	
INVESTMENT FEES	_	1,756.		1,756.		0.
TO FORM 990-PF, PG	1, LN 16C	1,756.		1,756.		0.

FORM 990-PF	TAX	ES		STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME				
FOREIGN TAX FEDERAL BAL DUE 2013 FEDERAL ESTIMATED PAYMENTS	1,756. 20. 920.	(	). ).	0. 0. 0.		
TO FORM 990-PF, PG 1, LN 18	2,696.	(	).	0.		
FORM 990-PF	OTHER E	XPENSES		STATEMENT 6		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME				
COMMONWEALTH OF MASS-PC FILING FEE MICROEDGE FND ANNUAL FEE ADR FEE	35. 34. 45.		). ). 5.	35. 34. 0.		
TO FORM 990-PF, PG 1, LN 23	114.	45	5.	69.		
FORM 990-PF	CORPORAT	E STOCK		STATEMENT 7		
DESCRIPTION		F	BOOK VALUE	FAIR MARKET VALUE		
EQUITIES		683,007.	1,822,077.			
TOTAL TO FORM 990-PF, PART I		683,007.	1,822,077.			

FORM 990-PF OTHER	INVESTMENTS		STATEMENT 8
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
MUTUAL FUNDS	COST	75,183.	79,092.
TOTAL TO FORM 990-PF, PART II, LINE	13	75,183.	79,092.