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Department of the Treasury

Internal Revenue Service

DLN: 93491287008055

OMB No 1545-0052

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 instructions is at <u>www.irs.gov/form990pf</u>.

Open to Public Inspection

For	cale	endar year 2014, or tax year beginning 01-0	01-2014	, ar	nd ending 1	12-31-2014	
		undation N FAMILY FOUNDATION			A Employer ic	lentification numb	er
			04-6917944				
		d street (or P O box number if mail is not delivered to street address) Room/suite		B Telephone nu	umber (see instructio	ns)
80	СПҮS	QUARE			(617) 912-900	0	
		n, state or province, country, and ZIP or foreign postal code			C If exemption	application is pendir	ng, check here 🕨 🦵
BOS	TON, MA	A 02129					
G C	heck a	ill that apply Initial return	former public charit	$\overline{}$	D 1 . Foreian o	rganizations, check h	ere L
		Final return Amended return	·	´	_	organizations meeting	•
		Address change Name change			test, che	ck here and attach co	omputation
		ype of organization Section 501(c)(3) exempt priva				undation status was on 507(b)(1)(A), che	
		h 4947(a)(1) nonexempt charitable trust Other taxa ket value of all assets at end J Accounting method	Die private foundation				
		ket value of all assets at end from Part II, col. (c),	r Cash i Acc	ruai		ation is in a 60-mont on 507(b)(1)(B), che	
lın	e 16)	*\$ 3,246 (Part I, column (d) must	be on cash basis.)				
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) N	et investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)	
	1	Contributions, gifts, grants, etc , received (attach					
		schedule)	50,000				
	2	Check ► ┌ If the foundation is not required to attach					
		Sch B					
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities	2		2		
	5a	Gross rents					
ds	b	Net rental income or (loss)					
₹	6a .	Net gain or (loss) from sale of assets not on line 10					
Revenue	b	Gross sales price for all assets on line 6a					
ž	7	Capital gain net income (from Part IV, line 2)			0		
	8	Net short-term capital gain					
	9	Income modifications					
	10a	Gross sales less returns and					
	Ь	allowances Less Cost of goods sold					
	c	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	50,002		2		
	13	Compensation of officers, directors, trustees, etc	0		0		0
	14	Other employee salaries and wages					
φ	15	Pension plans, employee benefits					
Expenses	16a	Legal fees (attach schedule)					
Д Ж	b	Accounting fees (attach schedule)					
	C C	Other professional fees (attach schedule)					
ីន ប្	17	Interest					
Administrative	18 19	Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion					
Ħ	20	Occupancy					
₽Ğ	21	Travel, conferences, and meetings					
and	22	Printing and publications					
	23	Other expenses (attach schedule)					
Ē	24	Total operating and administrative expenses.					
Operating		Add lines 13 through 23	0		0		0
Ĉ	25	Contributions, gifts, grants paid	66,685				66,685
	26	Total expenses and disbursements. Add lines 24 and	66.605		0		66.605
	27	Subtract line 26 from line 12	66,685		U		66,685
	a	Excess of revenue over expenses and disbursements	-16,683				
	ь	Net investment income (if negative, enter -0 -)			2		
	c	Adjusted net income (If negative, enter -0-)					

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	``	, ,	
	2	Savings and temporary cash investments	19,929	3,246	3,246
	3	Accounts receivable			
5.		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			
sets	9	Prepaid expenses and deferred charges			
A SS	10a	Investments—U S and state government obligations (attach schedule)			
_		Investments—corporate stock (attach schedule)			
		Investments—corporate bonds (attach schedule)			
	с 11	Investments—land, buildings, and equipment basis			
	11	Less accumulated depreciation (attach schedule)			
	12	Investments—mortgage loans			
		Investments—other (attach schedule)			
	13	Land, buildings, and equipment basis			
	14	Less accumulated depreciation (attach schedule)			
	45	-			
	15	Other assets (describe) Total assets (to be completed by all filers—see the			
	16	instructions Also, see page 1, item I)	19,929	3,246	3,246
	17	Accounts payable and accrued expenses	13,323	3,210	3,210
	18	Grants payable			
S.	19	Deferred revenue			
abilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ap	21	Mortgages and other notes payable (attach schedule)			
		Other liabilities (describe			
	22 23	Total liabilities (add lines 17 through 22)	0	n	
	23	Foundations that follow SFAS 117, check here	0		
φ di		and complete lines 24 through 26 and lines 30 and 31.			
Balance	24	Unrestricted			
ପାପ	2 4 25	Temporarily restricted			
8		Permanently restricted			
Fund	26	Foundations that do not follow SFAS 117, check here			
ΓF		and complete lines 27 through 31.			
0 v	27		0	0	
Assets	27	Capital stock, trust principal, or current funds	0	0	
455	28	Paid-in or capital surplus, or land, bldg , and equipment fund	19,929	3,246	
	29	Retained earnings, accumulated income, endowment, or other funds			
Net	30	Total liabilities and not assets (fund balances (see instructions)	19,929 19,929	3,246 3,246	
	31	Total liabilities and net assets/fund balances (see instructions)	19,929	3,246	
	rt II		(-) line 20 (
1		Total net assets or fund balances at beginning of year—Part II, column			10.020
2				 	19,929
2		Enter amount from Part I, line 27a		3	-16,683
3 4		Other increases not included in line 2 (itemize) Add lines 1, 2, and 3		_	3,246
 5		Decreases not included in line 2 (itemize)		5	3,246
6		Total net assets or fund balances at end of year (line 4 minus line 5)—P			3,246
~		rotar hat about or rand balances at end of year (fille + fillings fille 5)—r	are in column (D), IIII	i	3,270

Part IV Capital Gain	s and Losses for Tax on Inve	stment Income			
	be the kınd(s) of property sold (e g , rerehouse, or common stock, 200 shs M		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a					
(e) Gross sales price	(f) Depreciation allowe (or allowable)	1	or other basıs pense of sale		or (loss)) mınus (g)
a					
b					
С					
d					
<u>е</u>					
	ts showing gain in column (h) and owne	ed by the foundation	on 12/31/69	(I) Gains (Col	(h) gain minus
	(i) Adjusted basis		ess of col (ı)		less than -0-) or
(i) F M V as of 12/31/	as of 12/31/69		ol (j), ıf any ´	Losses (fr	om col (h))
a					
b					
С					
d					
<u>е</u>					
2 Capital gain net in	some or (not constal loca)	If gain, also enter			
Z Capital gaill fiet in	come or (net capital loss)	If (loss), enter -0-	in Part I, line /	2	
3 Net short-term ca	pital gain or (loss) as defined in sectio	ns 1222(5) and (6)			
If gaın, also enter ın Part I, lıne 8	ın Part I, line 8, column (c) (see instru	ıctıons) If (loss), er	nter - 0 -	3	
Part V Qualification	n Under Section 4940(e) for R	Peduced Tay on	Net Investme	1 - 1	
	•				
(For optional use by domest	ic private foundations subject to the se	ection 4940(a) tax (on net investment	income)	
If section 4940(d)(2) applie	s, leave this part blank				
	the section 4942 tax on the distribut s not qualify under section 4940(e) D			eriod?	┌ Yes ┌ No
	•	•			
<u> </u>	mount in each column for each year, s	ee instructions befo •	re making any ent		
(a) Base period years Calendar	(b)	(c)		(d) Distribution	n ratio
year (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchar	table-use assets	(col (b) divided	
2013	380,215		27,153		14 002688
2012	87,318		20,812		4 195560
2011	153,363		48,361		3 171212
2010	164,740		17,988		9 158328
2009	307,120		30,196	_	10 170884
	umn (d)			2	40 698672
	on ratio for the 5-year base period—di rs the foundation has been in existence			3	8 139734
	e of noncharitable-use assets for 2014			4	21,942
	line 3	·	<u> </u>	5	178,602
	vestment income (1% of Part I, line 2		<u> </u>	6	178,002
				-	
	ctributions from Dort VII line 4		<u> </u>	7	178,602
	stributions from Part XII, line 4			8	66,685
If line 8 is equal to the Part VI instruc	o or greater than line 7, check the box	in Part VI, line 1b, a	and complete that	part using a 1% tax 	rate See

	990-PF (2014)			age 4
Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the ins	tructio	ns)	
1a	· · · · · · · · · · · · · · · · · · ·			
	on line 1			
	Date of ruling or determination letter(attach copy of letter if necessary-see instructions)			
ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check			0
_	here F and enter 1% of Part I, line 27b			
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of			
	Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others			0
3	enter - 0 -) Add lines 1 and 2			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others			
_	enter -0-)			0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0			0
6	C redits/P ayments			
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a			
ь	Exempt foreign organizations—tax withheld at source 6b			
c	Tax paid with application for extension of time to file (Form 8868) 6c			
d	Backup withholding erroneously withheld 6d			
7	Total credits and payments Add lines 6a through 6d			0
8	Enter any penalty for underpayment of estimated tax. Check here T if Form 2220 is attached.			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid • 10			
11	Enter the amount of line 10 to be Credited to 2015 estimated tax			
	t VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did		Yes	No
	ıt partıcıpate or ıntervene ın any political campaign?	. 1a		No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions			
	for definition)?	1b		No
	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.			
c	Did the foundation file Form 1120-POL for this year?	1c		No
d	Enter the amount (If any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation \blacktriangleright \$0 (2) On foundation managers \blacktriangleright \$0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers 🕨 \$0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	. 2		No
	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	. 3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		No
ь	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	. 5		No
	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			
•	By language in the governing instrument, or	1	\	
	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	Yes)
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	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	MA			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney			
_	General (or designate) of each state as required by General Instruction G? If "No," attach explanation.	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)	-		
,	or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)?			
	If "Yes," complete Part XIV	. 9		No
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names			
	and addresses.	. 10	Yes	

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 ►LES VITALE Telephone no ►(617)	912-	9000	
	Located at ►80 CITY SQUARE BOSTON MA ZIP+4 ►02129			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here	_	1	► □
	and enter the amount of tax-exempt interest received or accrued during the year			,
16			l vaa l	l Na
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over	16	Yes	No No
	a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	16		NO
	Accounts (FBAR) If "Yes", enter the name of the foreign country			
Do	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
Pal	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1-2	During the year did the foundation (either directly or indirectly)		163	140
14	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	1		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	1		
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1		
	(5) Transfer any income or assets to a disqualified person (or make any of either available	1		
	for the benefit or use of a disqualified person)?	1		
	(6) A gree to pay money or property to a government official? (Exception. Check "No"	1		
	if the foundation agreed to make a grant to or to employ the official for a period	1		
	after termination of government service, if terminating within 90 days) Yes 🔽 No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations	1		
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,	1		
	that were not corrected before the first day of the tax year beginning in 2014?	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))	1		
а	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?	1		
	If "Yes," list the years ▶ 20 , 20 , 20 , 20	İ		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	l		
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)	1		
	to all years listed, answer "No" and attach statement—see instructions)	2b	igsquare	
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	1		
	► 20, 20, 20	1		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at	l		
	any time during the year?	l		
b	If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation	l		
	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved	l		
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3)	l		
	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.).	3b	$\vdash \vdash \vdash$	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	\longmapsto	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 2014?	4b	1 I	No

	rt VII-B Statements Rega	rdii	an Activities for	\A/h	sich Form 4720	May	Re Dequired (cont	inua	<i>-</i> /1	Page 6
5a	During the year did the foundation		_		iicii Foriii 4720	іча у	be kequired (cont	,,,uet	<u>''</u>	
Ju	(1) Carry on propaganda, or other				islation (section 49)	45(e))? 	- No		
	(2) Influence the outcome of any									
	on, directly or indirectly, any						<u> </u>	- No		
	(3) Provide a grant to an individu		_			-	r Yes □			
	(4) Provide a grant to an organiza					scrib				
	in section 4945(d)(4)(A)? (se				· -			- No		
	(5) Provide for any purpose other						,			
	educational purposes, or for t						Yes ▽	- No		
ь	If any answer is "Yes" to 5a(1)-(
	Regulations section 53 4945 or i								5b	
	Organizations relying on a curren									
c	If the answer is "Yes" to question						·			
	tax because it maintained expend	-			•		T Yes T	- _{No}		
	If "Yes," attach the statement requ									
6a	Did the foundation, during the yea					pren	niums on			
	a personal benefit contract?							- No		
b	Did the foundation, during the yea	ır, pa	y premiums, directly	orı/	ndirectly, on a perso	onal b			6b	No
	If "Yes" to 6b, file Form 8870.				,, .					
7a	At any time during the tax year, v	as t	he foundation a party	/ to a	a prohibited tax shel	ter tr	ansaction? TYes	- No │		
b	If yes, did the foundation receive						•		7b	
	Information About						n Managers, Highly		Emple	ovees,
Pa	and Contractors			<u> </u>						
1	List all officers, directors, trustee	s, fo	undation managers a	nd t	heir compensation (see ii	nstructions).			
	(a) Name and address	(b)	Title, and average		c) Compensation		(d) Contributions to	(e) E	xpense	account,
	(a) Name and address	d	hours per week evoted to position	(If not paid, enter -0-)		nployee benefit plans deferred compensation	oth	ner allov	vances
HENR	Y J BERTOLON JR		STEE		0	 	. 0			0
245	DODGE STREET	1 00)							
BEV	ERLY,MA 01915									
DONN	A BERTOLON	-	STEE		0		0			0
	DODGE STREET	1 00)							
	ERLY,MA 01915			<u> </u>		<u> </u>				
	Compensation of five highest-paid	emp	oloyees (other than t	thos	e included on line 1– 	-see	-	nter "N	IONE."	
(a)	Name and address of each employ	/ee	(b) Title, and avera				(d) Contributions to employee benefit	(e) E	xpense	account,
()	paid more than \$50,000		hours per week devoted to position		(c) Compensation	n	plans and deferred		ner allov	
			uevoted to positiv				compensation			
иои	E									
			1							
			1							
Tota	I number of other employees paid o	ver	\$50,000 							0

Part VIII Information About Officers, Directors, True and Contractors (continued)	ustees, Foundation Managers, Highly	Paid Employees,
3 Five highest-paid independent contractors for professional servi	ces (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 service	ces	0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Included organizations and other beneficiaries served, conferences convened, research papers.		Expenses
1 NONE		0
2		
3		
4		
Part IX-B Summary of Program-Related Investmen	ts (see instructions)	
Describe the two largest program-related investments made by the foundation du	ırıng the tax year on lines 1 and 2	Amount
1 NONE		0
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		0

Pa	rt X Minimum Investment Return (All domestic foundations must complete this part. For see instructions.)	oreign foui	ndations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc ,		
	purposes		
а	A verage monthly fair market value of securities	1a	(
b	A verage of monthly cash balances	1b	22,276
C	Fair market value of all other assets (see instructions)	1c	(
d	Total (add lines 1a, b, and c)	1d	22,276
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	(
3	Subtract line 2 from line 1d	3	22,276
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	ınstructions)	4	334
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	21,94
6	Minimum investment return. Enter 5% of line 5	6	1,09
Pai	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private oper	atıng foun	dations and
_	certain foreign organizations check here ► and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	1,09
2a	Tax on investment income for 2014 from Part VI, line 5	4	
b	Income tax for 2014 (This does not include the tax from Part VI) 2b	┥╻ ┃	
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	1,097
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	1,097
6	Deduction from distributable amount (see instructions)		(
<u> 7</u>	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	1,09
Par	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	66,68!
b	Program-related investments—total from Part IX-B	1b	(
2	A mounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc ,		
	purposes	2	
3	A mounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
ь	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	66,68!
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	(
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	66,68!
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whet		
	the section 4940(e) reduction of tax in those years		

For	m 990-PF (2014)					Page 9
Р	art XIII Undistributed Income (s	ee ınstr	uctions)			
			(a)	(b)	(c)	(d)
	Destruction by a second for 2014 form Dest VI	I 7	Corpus	Years prior to 2013	2013	2014
	Distributable amount for 2014 from Part XI,					1,097
	Undistributed income, if any, as of the end of				0	
a	Enter amount for 2013 only			0		
ь				0		
3	Excess distributions carryover, if any, to 20	14 305,610				
a L	From 2009	163,841				
D	From 2010	150,945				
C A	From 2012	86,277				
u	From 2013	378,857				
	Total of lines 3a through e		1,085,530			
	Qualifying distributions for 2014 from Part		_,,			
_	XII, line 4 > \$ 66,685					
а	Applied to 2013, but not more than line 2a				0	
	Applied to undistributed income of prior year	-c		0		
ט	(Election required—see instructions)					
С	Treated as distributions out of corpus (Elect		0			
	required—see instructions)					
d	Applied to 2014 distributable amount					1,097
е	Remaining amount distributed out of corpus		65,588			
5	Excess distributions carryover applied to 20	14	0			0
	(If an amount appears in column (d), the					
	same amount must be shown in column (a).)					
6	Enter the net total of each column as					
	indicated below:	_	4.54.440			
	Corpus Add lines 3f, 4c, and 4e Subtract lin	ne 5	1,151,118			
Ь	Prior years' undistributed income Subtract			0		
	line 4b from line 2b			, , ,		
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has	a .				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed			0		
d	Subtract line 6c from line 6b Taxable amour					
	—see instructions			0		
е	Undistributed income for 2013 Subtract line	2				
	4a from line 2a Taxable amount—see				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 be required - see instructions)		0			
я	Excess distributions carryover from 2009 no					
•	applied on line 5 or line 7 (see instructions)		305,610			
9	Excess distributions carryover to 2015.					
	Subtract lines 7 and 8 from line 6a		845,508			
10	Analysis of line 9					
а	Excess from 2010	163,841				
	Excess from 2011	150,945				
c	Excess from 2012	86,277				
d	Excess from 2013	378,857				
е	Excess from 2014	65,588				

<u> </u>	art XIV Private Operating Four	1dations (see 11	nstructions and P	art VII-A, questi	on 9)	
.a	If the foundation has received a ruling or d foundation, and the ruling is effective for 2					
b	Check box to indicate whether the organization	ation is a private o	perating foundation	described in secti	on 「 4942(j)(3)	or Г 4942(j)(5)
	Enter the lesser of the adjusted net	Tax year		Prior 3 years		
	income from Part I or the minimum	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
	investment return from Part X for each	(4) 2021	(2) 2010	(5) 2022	(4) 2022	
b	year listed					
	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					
(Complete 3a, b, or c for the					
	alternative test relied upon					
3	"Assets" alternative test—enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
)	"Endowment" alternative test— enter 2/3 of minimum investment return shown in					
	Part X, line 6 for each year listed					
2	"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 rt XV Supplementary Information		hia naut anlu if	the executions	- had &E 000	
Ŀ	assets at any time during			the organizati	on nau \$5,000	or more m
	Information Regarding Foundation Manage					
a	List any managers of the foundation who ha	ave contributed mo				ndation
	before the close of any tax year (but only I	f they have contrib	outed more than \$5,	.000) (See section	507(d)(2))	
_	See Additional Data Table					
b	List any managers of the foundation who ov		·	•	lly large portion of t	the
	ownership of a partnership or other entity)	or willen the round	ation has a 10% of	greater interest		
	Information Regarding Contribution, Grant	. Gift, Loan, Schol	arship, etc Prograv	ms:		
	Check here I if the foundation only ma					
	unsolicited requests for funds. If the found	tes contributions t	o preselected char grants etc (see in	structions) to indiv	and does not acce	pt ons under
	other conditions, complete items 2a, b, c,	- :	g. a.i.c., etc. (366 III	sa decions , to maiv	.aaais oi oigailizati	ons under
	, , , , , , , , , , , , , , , , , , , ,					
2	The name, address, and telephone number	r or a-mail address	of the norsen to w	nom applications of	ould be addressed	
a			or the person to Wi	ioni applications Si	iouiu pe auulesseu	
	HENRY J BERTOLON JR CO LES VITALE 80 CITY SQUARE					
	BOSTON, MA 02129					
	(617) 912-9000					
b	The form in which applications should be s	ubmitted and infor	mation and materia	ls they should incl	ude	
	TO BE DETERMINED					
C	Any submission deadlines					
_	NONE					
d	Any restrictions or limitations on awards, factors	such as by geogra	phical areas, charit	able fields, kinds o	r institutions, or oth	ier
	NONE					
	NONL					

Part XV Supplementary Inform 3 Grants and Contributions Paid	During the Year or Ani	proved for F	uture Pavment	
	If recipient is an individual,			
Recipient Name and address (home or business)	show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	A mount
a Paid during the year	or substantial contributor			
See Additional Data Table				
	<u> </u>	<u></u>		66,68
b Approved for future payment	1			
	-	1		<u> </u>

Form 990-F		na Astivitis				Page 12
	Analysis of Income-Produci		usiness income	Excluded by section	n 512, 513, or 514	(e)
-	service revenue	(a) Business code	(b) A mount	(c) Exclusion code	(d) A mount	Related or exempt function income (See instructions)
' <u>-</u>						macracerons y
f	and contracts from government agencies					
2 Membe 3 Interes	rship dues and assessments t on savings and temporary cash ments					
	ds and interest from securities tal income or (loss) from real estate			14		2
a Debt-	financed property					
6 Net ren	ebt-financed property					
8 Gain or	nvestment income					
9 Net inc	ome or (loss) from special events					
	profit or (loss) from sales of inventory evenue a					
b						
d						
	ıl Add columns (b), (d), and (e)		())		2 0
	odd line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify ca				13	2
Part XVI	Explain below how each activity for whic the accomplishment of the foundation's instructions)	h income is re	ported ın column ((e) of Part XVI-A c	ontributed import	

****** Signature of officer or trustee Date Title	Form 990-P1	F (2014)										Рa	ge 1 :		
section 501(c) of the Code (other than section 501(c)3) organizations of in section 527, relating to political organizations? a Transfers from the reporting foundation to a nonchantable exempt organization of (1) Cashs. (2) Other assets. b Other transactions (1) Sales of assets to a nonchantable exempt organization. (3) Purchases of assets from a nonchantable exempt organization. (4) Remiburs ement arrangements. (5) Other or long quaranters. (6) Performance of services or membership or fundrising solicitations. (6) Performance of services or membership or fundrising solicitations. (6) Performance of services or membership or fundrising solicitations. (7) Sales of the services or membership or fundrising solicitations. (8) Lons or long quaranters. (9) Lons or long quaranters. (10) Cash or long quaranters. (11) Cash or long quaranters. (12) Cash or long quaranters. (13) Cash or long quaranters. (14) Cash or long quaranters. (15) Cash or long quaranters. (16) Description of restricts and statements, and to the long quaranters. (17) Performance or long quaranters. (18) Cash or long quaranters. (19) Performance or long quaranters. (10) Description of restricts and statements, and to the long quaranters. (18) Cash or long quaranters. (19) Performance or long quaranters. (19) Performance or lo	Part XVI						saction	ns and I	Relationships	With					
a Transfers from the reporting foundation to a nonchantable exempt organization of (1) Cash.												Yes	No		
(3) Sales of assets to a nonchantable exempt organization. (3) Sales of assets from a nonchantable exempt organization. (3) Renal of facilities, equipments. (4) Renal sales of assets from a nonchantable exempt organization. (5) Loans or loan guarantees. (6) Renal of facilities, equipments. (6) Performance of services or membership or fundraising solicitations. (6) Performance of services or membership or fundraising solicitations. (6) Performance of services or membership or fundraising solicitations. (7) It is not selected to any of the above is "Yes," complete the following schedule Collumn (b) should always show the fair market value of the goods, other assets, or existing the selected of the goods	- · · · · · · · · · · · · · · · · · · ·														
(2) Other assets. Sa(2) No b Other transactions 13(2) No (3) Selets of assets to a noncharitable exempt organization. 15(1) No (2) Purchases of assets from a noncharitable exempt organization. 15(3) No (3) Rental of facilities, equipment, or other assets. 15(3) No (4) Reimbursement arrangements. 15(3) No (5) Loans or loan guarantees. 15(5) No (6) Performance of services or membership or fundraising solicitations. 15(5) No (7) Calans or loan guarantees. 15(5) No (8) Performance of services or membership or fundraising solicitations. 15(5) No (8) Calans or loan guarantees. 15(5) No (9) Performance of services or membership or fundraising solicitations. 15(5) No (15) Loans or loan guarantees. 15(5) No (16) Performance of services or membership or fundraising solicitations. 15(5) No (16) Performance of services or membership or fundraising solicitations. 15(5) No (16) Performance of services or membership or fundraising solicitations. 15(5) No (8) Performance of services or membership or fundraising solicitations. 15(5) No (9) Performance of services or membership or fundraising solicitations. 15(5) No (16) Performance of services or membership or fundraising solicitations. 15(5) No (16) Performance of services or membership or fundraising solicitations. 15(5) No (16) Performance of services or membership or fundraising solicitations. 15(5) No (16) Performance of services or membership or fundraising solicitations. 15(6) No (16) Performance of services or membership or fundraising solicitations. 15(6) No (16) Performance of services or membership or fundraising solicitations. 15(6) No (16) Performance of services or membership or fundraising solicitations. 15(6) No (16) Performance of services or membership or fundraising solicitations. 15(6) No (16) Performance of services or membership or fundraising solicitations. 15(6) No (16) Performance of services or membership or fundraising solicitations. 15(6) N													١		
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(a) Is also of assets to a noncharitable exempt organization. (b) Purchases of assets from a noncharitable exempt organization. (c) Purchases of assets from a noncharitable exempt organization. (d) Rembursement arrangements. (d) Rembursement arrangements. (e) Rembursement arrangements. (f) Loans or loan guarantees. (g) Performance of services or membership or fundraising solicitations. (g) Performance of services or membership or fundraising solicitations. (g) Performance of services or membership or fundraising solicitations. (g) India (g)											1a(2)		No		
(2) Purchases of assets from a nonchartable exempt organization. (3) Rental of facilities, equipment, or other assets. (4) Reimbursement arrangements. (5) Loans or loan guarantees. (6) Performance of services or membership or fundraising solicitations. (6) Performance of services or membership or fundraising solicitations. (7) I will be supported the solicities, equipment, mailing lists, other assets, or paid employees. (8) Fig. 1 in answer to any of the above is "est," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services prevailed uses than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (c) lime (o) (b) Amount involved (c) fine of inchartable exempt organization (d) Description of transfers, inchartable exempt organization (e) the value of the goods, other assets, or services received (e) lime (o) I will be value of the goods, other assets, or services received (e) I make of inchartable exempt organization (d) Description of transfers, inchartable exempt organizations (e) I make following a company arrangements (e) I make following schedule and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge (e) I make following following following fo						_					46/43				
(3) Rental of facilities, equipment, or other assets. (4) Reimbursement arrangements. (5) Loans of loan guarantees. (6) Performance of services or membership or fundrasing solicitations. (7) Loans or loan guaranteement, maining lists, other assets, or paid employees. (8) Loans of circlities, equipment, maining lists, other assets, or paid employees. (8) Loans of circlities, equipment, maining lists, other assets, or paid employees. (9) Line No. (9) Promate move 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 over by the reporting foundation. If the foundation received least them fair market value in any transaction or sharing arrangement, show in column (b) the value of the goods, other assets, or services incolved. (a) Line No. (b) Amount involved. (c) Name of nonchantable exempt organizations. (d) Description of transfers, transactions, and sharing arrangements described in section 501(c) of the Code (other than section 501(c)) of the Code (other than											-				
(4) Reimbursement arrangements													_		
(S) Loans or loan guarantees. (B) Performance of services or membership or hundraising solicitations. (B) Performance of services or membership or hundraising solicitations. (B) Performance of services or membership or hundraising solicitations. (C) Sharing of fecilities, equipment, mailing lists, other assets, or paid employees. (B) Unit of the goods, other assets, or services given by the reporting foundation of life hundration 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) Une 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? (a) Nime of organization. (b) Type of organization. (c) Description of intensifiers, transactions, and sharing arrangements. (a) Nime of organization. (b) Type of organization. (c) Description of intensifiers, transactions, and sharing arrangements. (c) Nime of organization. (d) Description of transfers, transactions, and sharing arrangements. (e) No propriet the following schedule of the goods, other assets, or services received less than fair market value of the goods, other assets, or services received less than fair market value or transfers, transactions, and sharing arrangements. (e) Description of transfers, transactions, and sharing arrangements. (g) Under parallel solve the goods, other assets, or services received less than fair market value or transfers, transactions, and sharing arrangements. (h) Description of transfers, transactions, and sharing arrangements. (a) Under parallel solve the goods, other assets, or services received less than fair market value or transfers, transactions, and sharing arrangements. (a) Under parallel solve the goods,															
(6) Performance of services or membership or fundraising solicitations. 2 Shanng of facilities, equipment, mailing lists, other assets, or paid employees. 3 In the Shanng of facilities, equipment, mailing lists, other assets, or paid employees. 4 If the answert or 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, shown in column (d) the value of the goods, other assets, or services received. (a) Line file. (b) Amount involved. (c) Name of nonchoridable 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?. 2b If "Yes," complete the following schedule. (a) Name of organization. (b) Type of organization. (c) Description of relationship. (c) Description of relationship. (c) Description of relationship. (d) Description of relationship. (e) Description of relationship. (e) Description of relationship. (f) Type of organization. (g) Type of organization. (h) Type of organization. (h) Type of organization of preparer (other than tax payer) is based on all information of which preparer has any knowledge. 2015-09-28 Firm's fame b Print's address. Firm's address. Firm's address. Firm's address. Firm's address.													\vdash		
c Shaning of facilities, equipment, mailing lists, other assets, or paid employees															
d If the answer to any of the above is "Yes," complete the following schedule (a) 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 nonchantable 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?											<u> </u>				
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described in section 501 (c) of the Code (other than section 501 (c)(3)) or in section 527?															
described in section 501 (c) of the Code (other than section 501 (c)(3)) or in section 527?															
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described in section 501 (c) of the Code (other than section 501 (c)(3)) or in section 527?															
described in section 501 (c) of the Code (other than section 501 (c)(3)) or in section 527?	-														
the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge ****** Signature of officer or trustee Date Title	describe	d in section 501(c) of the complete the following	he Code (d schedule		nan sectio	on 501(c)(3)) or	ın secti	-				es F	, No		
the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge ****** Signature of officer or trustee Date Title															
the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge ****** Signature of officer or trustee Date Title								-							
the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge ****** Signature of officer or trustee Date Title															
the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge ****** Signature of officer or trustee Date Title													-		
Signature of officer or trustee Date Title Print/Type preparer's name LESLIE P VITALE Preparer Use Only With the preparer shown below (see instr)? ✓ Yes ✓ No Preparer's Signature Date Check if self-employed ► ✓ PTIN P00018040 Firm's name ► MCGLADREY LLP Firm's address ►	Sign the	best of my knowledge a ormation of which prepa	and belief,	ıt ıs tr	ue, correc	t, and complete				an taxpaye May the	r) is ba:	sed on	all		
Print/Type preparer's name LESLIE P VITALE Print/Type preparer's Signature Check if self-employed Firm's name MCGLADREY LLP Print/Type preparer's Signature Preparer's Signature Preparer's Signature Preparer Print Signature Preparer's Signa		Signature of officer or trustee				Date	- •	- with the below		•					
Print/I ype preparer's name LESLIE P VITALE Preparer's Signature employed From P00018040 Paid Preparer's Signature employed From Signature employed		Ī		Ι			In-t-		Chaple if a alf	, —	, ,		<u> </u>		
Preparer MCGLADREY LLP Use Only Firm's address			name	Prepa	arer's Sıgı	nature	Date		_		000180	040			
Only Firm's address • — — — — — — — — — — — — — — — — — —	-								Firm's EIN ▶ 42	2-071432	5				
	Only		BOSTON, I	MA 02	21293742	2			Phone no (617	7)912-900	00				

Form 990PF Part XV Line 1a - 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).

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DONNA BERTOLON

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	A mount
a Paid during the year	or substantial contributor			
ALS ASSOCIATION PO BOX 6051 ALBERT LEA, MN 56007	NONE	PUBLIC CHARITY	SUPPORT RESEARCH AND ASSISTANCE FOR THOSE WITH ALS	1,000
BEVERLY BOOTSTRAPS COMMUNITY SERVICES 371 CABOT STREET BEVERLY,MA 01915	NONE	PUBLIC CHARITY	FOOD PANTRY	2,500
BEVERLY HOSPITAL 85 HERRICK STREET BEVERLY,MA 01915	NONE	HOSPITAL	SUPPORT LEADING EDGE OF CARING	5,000
CAMP HARBOR VIEW FOUNDATION 200 CLARENDON STREET 60TH FLOOR BOSTON,MA 02116	NONE	PUBLIC CHARITY	SUMMER CAMP & EDUCATIONAL PROGRAMS FOR AT-RISK YOUTH	5,000
CAPE ABILITIES 895 MARY DUNN ROAD HYANNIS,MA 02601	NONE	PUBLIC CHARITY	DAY-HABILITATION PROGRAM	2,000
CAPE COD HEALTHCARE FOUNDATION PO BOX 370 HYANNIS,MA 02601	NONE	PUBLIC CHARITY	PRESERVE HIGH STANDARDS OF HEALTHCARE EXCELLENCE ON CAPE COD	5,000
CARE DIMENSIONS 75 SYLVAN STREET SUITE B-102 DANVERS,MA 01923	NONE	PUBLIC CHARITY	GRIEF SUPPORT SERVICES	5,000
ESSEX COUNTY COMMUNITY FOUNDATION 175 ANDOVER STREET SUITE 101 DANVERS,MA 01923	NONE	PUBLIC CHARITY	SUPPORT LOCAL PHILANTHROPY TO STRENGTHEN NONPROFIT ORGANIZATIONS IN ESSEX COUNTY	1,000
GIRDLER HOUSE 78 LOTHROP STREET BEVERLY,MA 01915	NONE	PUBLIC CHARITY	RETIREMENT HOME	100
GOOD FRIDAY WALK INC PO BOX 646 BEVERLY,MA 01915	NONE	PUBLIC CHARITY	ASSIST FAMILIES IN FINANCIAL CRISIS ON THE NORTH SHORE	500
H A W C 27 CONGRESS STREET SALEM,MA 01970	NONE	PUBLIC CHARITY	HELP ABUSED WOMEN AND THEIR CHILDREN	1,000
JACOBS SEARS MEMORIAL LIBRARY 23 CENTER STREET PO BOX 782 EAST DENNIS,MA 02641	NONE	PUBLIC CHARITY	INCREASE COLLECTION OF BOOKS AND MEDIA	500
MASSACHUSETTS GENERAL HOSPITAL 100 CAMBRIDGE STREET SUITE 1310 BOSTON,MA 02114	NONE	HOSPITAL	SUPPORT PATIENT CARE, RESEARCH AND EDUCATION	10,000
MOTHERS AGAINST DRUNK DRIVING PO BOX 152274 IRVING,TX 750152274	NONE	PUBLIC CHARITY	HELP ELIMINATE DRUNK DRIVING	200
NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVENUE BOSTON,MA 02115	NONE	SCHOOL	SUPPORT SCHOLARSHIP FUND	250
Total			№ 3a	66,685

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

			and real of Approved for re	· · · · · · · · · · · · · · · · · · ·
Recipient	If recipient is an individual, show any relationship to	status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
OFFICER HAROLD L VITALE MEMORIAL FUND INC 20 BRISTOL ROAD PEABODY,MA 019603474	NONE	PUBLIC CHARITY	SUPPORT FOR LAW ENFORCEMENT ORGANIZATIONS, MAINTAIN MEMORIAL PARK, SCHOLARSHIPS	2,000
PETERS VALLEY SCHOOL OF CRAFT 19 KUHN ROAD LAYTON,NJ 07851	NONE	PUBLIC CHARITY	SUPPORT EDUCATION AND EXCELLENCE IN FINE CRAFT	500
PINGREE SCHOOL 537 HIGHLAND STREET SOUTH HAMILTON, MA 01982	NONE	SCHOOL	ENABLE STUDENTS TO PARTICIPATE IN SUMMER PROGRAMS	2,500
RIVER HOUSE 56 RIVER STREET PO BOX 3226 BEVERLY,MA 01915	NONE	PUBLIC CHARITY	SHELTER FOR HOMELESS MEN	500
SALVATION ARMY 50 ELLIOTT STREET BEVERLY,MA 01915	NONE	PUBLIC CHARITY	TO SUPPORT THOSE IN NEED DURING THE HOLIDAYS	1,000
SECOND CONGREGATIONAL CHURCH 35 CONANT STREET BEVERLY,MA 01915	NONE	CHURCH	SUPPORT CHURCH AND ITS MISSIONS	12,200
THE HELLENIC WOMEN'S CLUBINC 55 INDIAN SPRING ROAD MILTON,MA 02186	NONE	PUBLIC CHARITY	IN SUPPORT OF VARIOUS CHARITABLE CAUSES	500
THE NSCC FOUNDATION INC 1 FERNCROFT ROAD DANVERS,MA 01923	NONE	SCHOOL	ENHANCE AND EXPAND EDUCATIONAL OPPORTUNITY	5,000
THE TRUSTEES OF RESERVATIONS 572 ESSEX STREET BEVERLY,MA 01915	NONE	PUBLIC CHARITY	PRESERVE THE MASSACHUSETTS LANDSCAPE	165
WELLSPRING HOUSE INC 302 ESSEX AVENUE GLOUCESTER, MA 01930	NONE	PUBLIC CHARITY	HELP EMPOWER THOSE IN THE COMMUNITY WHO ARE IN NEED OF HELP AND GUIDANCE	1,000
WGBH ONE GUEST STREET BOSTON,MA 02135	NONE	PUBLIC CHARITY	SUPPORT EDUCATIONAL TELEVISION PROGRAMMING	170
WINSLOW FARM ANIMAL SANCTUARY 37 EDDY STREET NORTON, MA 02766	NONE	PUBLIC CHARITY	TO SUPPORT THE RESCUE, REHABILITATION, AND CARE OF MISTREATED AND ABANDONED ANIMALS	1,000
WOMEN'S FUND OF ESSEX COUNTY 175 ANDOVER STREET STE 101 DANVERS,MA 01923	NONE	PUBLIC CHARITY	SUPPORT OF WOMEN & GIRLS IN NEED	1,000
WOUNDED WARRIOR PROJECT PO BOX 758517 TOPEKA,KS 66675	NONE	PUBLIC CHARITY	SUPPORT FOR INJURED SERVICE MEMBERS	100
Total			▶ 3a	66,685

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TY 2014 Substantial Contributors Schedule

Name: BERTOLON FAMILY FOUNDATION

EIN: 04-6917944

Name	Address
HENRY J BERTOLON JR	245 DODGE STREET BEVERLY,MA 01915
DONNA BERTOLON	245 DODGE STREET BEVERLY,MA 01915

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Schedule B

As Filed Data -

DLN: 93491287008055

OMB No 1545-0047

2014

Schedule of Contributors

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

Department of the Treasury Internal Revenue Service

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.

Name of the organization BERTOLON FAMILY FOUNDATION **Employer identification number**

04-6917944

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Filers of:	Section:				
Form 990 or 990-EZ	501(c)() (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	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 other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

Γ	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33½% 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
Γ	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
Γ	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

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)

Name of organization
BERTOLON FAMILY FOUNDATION

Employer identification number 04-6917944

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed	·	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HENRY DONNA BERTOLON 245 DODGE STREET BEVERLY, MA 01915	\$	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
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Name of organization
BERTOLON FAMILY FOUNDATION

Employer identification number
04-6917944

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
		\$	

3 (Form 990, 990-EZ, or 990-PF) (2014)			Page 4
rganization N FAMILY FOUNDATION			Employer identification number
NTAMETTOONDATION			04-6917944
that total more than \$1,000 for the year from entry For organizations completing Part III, enter the year (Enter this information once See instruc	n any one the total of ctions)	contributor. Complet	e columns (a) through (e) and the following line
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, and ZIF		-	onship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, and ZIF			onship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, and ZIF		_	onship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, and ZIF			onship of transferor to transferee
	rganization N FAMILY FOUNDATION Exclusively religious, charitable, etc., contribat total more than \$1,000 for the year fror entry For organizations completing Part III, enter the year (Enter this information once See instruuse duplicate copies of Part III if additional space (b) Purpose of gift Transferee's name, address, and ZII (b) Purpose of gift (b) Purpose of gift (b) Purpose of gift Transferee's name, address, and ZII (b) Purpose of gift (b) Purpose of gift Transferee's name, address, and ZII (b) Purpose of gift	rganization N FAMILY FOUNDATION Exclusively religious, charitable, etc., contributions to that total more than \$1,000 for the year from any one entry. For organizations completing Part III, enter the total of the year (Enter this information once. See instructions.) Use duplicate copies of Part III if additional space is needed (b) Purpose of gift (c) Transferee's name, address, and ZIP 4 (b) Purpose of gift (c) Transferee's name, address, and ZIP 4 (b) Purpose of gift (c) Transferee's name, address, and ZIP 4 (b) Purpose of gift (c) Transferee's name, address, and ZIP 4 (b) Purpose of gift (c)	rganization N FAMILY FOUNDATION Exclusively religious, charitable, etc., contributions to organizations desithat total more than \$1,000 for the year from any one contributor. Complete entry For organizations completing Part III, enter the total of exclusively religious, of the year (Enter this information once See instructions) ▶ Use duplicate copies of Part III if additional space is needed (b) Purpose of gift (c) Use of gift Transferee's name, address, and ZIP 4 (b) Purpose of gift (c) Use of gift (c) Use of gift (d) Transfer of gift (e) Transfer of gift (f) Purpose of gift (g) Transfer of gift