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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.

OMB No 1545-0052

Department of the Treasury

_			ii 350-FF aliu its Separat	, 2015, and en	
		lendar year 2015 or tax year beginning of foundation MASSACHUSETTS BANKER	DS ASSOCIATION	, 2015, and en	A Employer identification number
			KS ASSOCIATION		04-3325424
_		RITABLE FOUNDATION INC	to street address)	Room/su	
r	iumbe	er and street (or P O box number it mail is not delivered	to silect address;	, Koomiii sa	Telephone number (see instructions)
	ONE	MACHINGMON MALL OWN ELOOP			(617) 523-7595
_		WASHINGTON MALL 8TH FLOOR town, state or province, country, and ZIP or foreign pos	stal code		(017) 323 7393
•	ity of	town, state or province, country, and zir or loreign pos	nai code		C If exemption application is
	DOC!	TON, MA 02108-2603			pending, check here
_		ck all that apply Initial return	Initial return (of a former public ch	arıty
G	Cile	Final return	Amended ret	· ·	D 1 Foreign organizations, check here
		Address change	Name change		85% test, check here and attach
ш	Cho	ck type of organization X Section 501(computation
ï		ection 4947(a)(1) nonexempt charitable trust	Other taxable pri		E If private foundation status was terminated under section 507(b)(1)(A), check here
1		market value of all assets at J Acco	unting method Ca		
•			ther (specify)		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here
		, , , , , , , , , , , , , , , , , , , ,	column (d) must be on cas	sh basis)	
		Analysis of Revenue and Expenses (The			(d) Disbursements
		total of amounts in columns (b), (c), and (d)	(a) Revenue and expenses per	(b) Net investment income	(c) Adjusted net for charitable income purposes
		may not necessanly equal the amounts in column (a) (see instructions))	books	income	(cash basis only)
_	1	Contributions, gifts, grants, etc., received (attach schedule)	161,000.		
	2	Check ► if the foundation is not required to attach Sch B			
	3	Interest on savings and temporary cash investments.	382.	382	. ATCH 1
	4	Dividends and interest from securities	31,885.	31,885	. ATCH 2
	5a	Gross rents			
	b	Net rental income or (loss)			
Φ		Net gain or (loss) from sale of assets not on line 10	14,749.		
Revenue	b	Gross sales pnce for all 64, 709.			
Š	7	Capital gain net income (from Part IV, line 2) .		14,749	
œ	8	Net short-term capital gain			
	9	Income modifications			
	10 a	Gross sales less returns and allowances			_
	b	Less Cost of goods sold .			
	С	Gross profit or (loss) (attach schedule)	83,822.		01 200
	11	Other income (attach schedule) ATCH, 3	291,838.	47,016	81,309. 81,309.
_	12	Total. Add lines 1 through 11	291,636.	47,010	. 01,309.
S	13	Compensation of officers, directors, trustees, etc	_		
enses	14	Other employee salaries and wages			
er.	15	Pension plans, employee benefits			
ă	16a	Legal fees (attach schedule)	7,052.	.,	7,052
ē	b	Accounting rees (attach schedule)ATCH 4		<u></u>	RECEIVED 7,052
숥	4.7	Other professional rees (attach schedule)	ļ		
Str	17	Tayon (attach schodule) (see instructions) [5]	700.		JUN 0 6 7 0 16
Ë	10	Depreciation (attach schedule) and depletion			
튽	20	Occupancy			
Ă	21	Travel conferences and meetings			OGDEN, IY
밀	22	Printing and publications			
<u>а</u>	23	Other expenses (attach schedule) ATCH .6.	59,999.		57,918. 2,081
Ë	24	Total operating and administrative expenses.			
era	23 24 25	Add lines 13 through 23	67,751.		57,918. 9,133
õ	25	Contributions, gifts, grants paid	154,000.		154,000
_	26	Total expenses and disbursements Add lines 24 and 25	221,751.	0	. 57,918. 163,133
	27	Subtract line 26 from line 12			
		Excess of revenue over expenses and disbursements	70,087.		
	b	Net investment income (if negative, enter -0-)		47,016	
	_	Adjusted net income (if negative enter -0-).		l	23,391.

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04-3325424

	art II	Balanca Shoota	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	En	d of yea	ır
_	artii	Balance Sneets	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
\neg	1	Cash - non-interest-bear	ing	68,332.	89,63		89 , 632
	2		cash investments	680,336.	598,05	1.	598,051
	3	Accounts receivable ▶	6,776.				
		Less allowance for dou	btful accounts ▶	6,743.	6,77	6.	6,776
	4	Pledges receivable ▶	btful accounts ►				
		Less allowance for dou	btful accounts ▶		3,00	0.	3,000
	5						
	-		officers, directors, trustees, and other				
		disqualified persons (at	tach schedule) (see instructions)				
	7	·	eceivable (attach schedule)				
ß	-		btful accounts ▶			•	
	8		e				
ssets	9		leferred charges		-		
As	-		e government obligations (attach schedule).				
٩			stock (attach schedule) ATCH 7	795,345.	914,674	4.	914,674
		•	e bonds (attach schedule)	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	\neg	
	11	Investments - land, building and equipment basis Less accumulated deprecia	s, >				
	40	(attach schedule)	loans				
	12 13		ach schedule)				
	14	Land, buildings, and	>			1	
		equipment basis Less accumulated deprecia	ation >				
	15	(attach schedule)	·)				
	16		completed by all filers - see the				
			page 1, item I)	1,550,756.	1,612,133	3.	1,612,133
_	17		accrued expenses		27.		1
	18					ヿ	
Ś						7	
ij	20		ors, trustees, and other disqualified persons.			\neg	!
豆	19 20 21 22		otes payable (attach schedule)			7	
ᆵ	22		ATCH 8	6.	3:	2.	
		Other habilities (describe				\neg	
	23	Total liabilities (add line	es 17 through 22)	6.	30	7.	
S		Foundations that fol	low SFAS 117, check here . ► X 24 through 26 and lines 30 and 31.				!
Balances	24			1,550,750.	1,611,826	5.	i i
ä	25					7	!
ä	26		· · · · · · · · · · · · · · · · · · ·				
Б	20		not follow SFAS 117, ▶□		-		
Net Assets or Fund			plete lines 27 through 31.				
S	27	•	cipal, or current funds				
set	28		r land, bldg, and equipment fund				
Ş	29	Retained earnings, accum	ulated income, endowment, or other funds	1 550 750	1 (11 00/	\dashv	
et /	30		d balances (see instructions)	1,550,750.	1,611,826	씍	,
Z	31		net assets/fund balances (see	1 550 750	1 (10 10)	,	1
				1,550,756.	1,612,133	2-1	
			nges in Net Assets or Fund Balar		ust sarsath		
1			palances at beginning of year - Part I				1 550 750
_			ed on prior year's return)				1,550,750
			, line 27a				70,087
			ded in line 2 (itemize) ►				1 620 027
				• • • • • • • • • • • • • • • • • • • •	r		1,620,837 9,011
		reases not included ii		lina 5) Dart II saliima /h)	. line 30 6		1,611,826
<u> </u>	101	ai net assets or tund t	palances at end of year (line 4 minus	iiie 5) - Fait II, Columni (D)	, mic 30 10		±, U11, U20.

_	-
Page	٠

Form 990-PF (2015)	PASSACHOSETTS BANKI				Page 3
Part IV Capital Gains	s and Losses for Tax on Inv	estment Income	1 (5)		
	nd describe the kind(s) of property sold (brick warehouse, or common stock, 200		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a SEE PART IV SCHE		-	D - Donation	, , , , , , , , , , , , , , , , , , , ,	
					
<u>b</u>				 	
<u>c</u>					
<u>d</u>					
<u>e</u>		· · · · · · · · · · · · · · · · · · ·		<u> </u>	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
<u>a</u>					
b					
<u> </u>					
d					
e					
	s showing gain in column (h) and owne	ad by the foundation on 12/31/69			
Complete only for assets		T		Gains (Col (h) g	
(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	COI	(k), but not less t Losses (from co	
<u>a</u>					
b					
С					,
d					
e					
е		seen also enter in Bort Line 7			
2 Capital gain net income		gain, also enter in Part I, line 7			14 740
	(II	(loss), enter -0- in Part I, line 7	2		14,749.
	ain or (loss) as defined in sections				
If gain, also enter in F	Part I, line 8, column (c) (see ins	tructions) If (loss), enter -0- in]			
•	<u></u>	1	3		0.
	Under Section 4940(e) for Re				
	ic private foundations subject to th				
(For optional use by domest	ic private foundations subject to th	e section 4940(a) tax on het investi	nent inco	ne)	
If section 4940(d)(2) applies	, leave this part blank				
					_
Was the foundation liable for	r the section 4942 tax on the distrib	outable amount of any year in the ba	ase penod	<u> </u>	Yes X No
	not qualify under section 4940(e)				
	mount in each column for each yea		g any ent	ries	
(a)			9 41.19 41.11	(d)	
Base penod years	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		Distribution ra	
Catendar year (or tax year beginning in)			_	(col (b) divided by	
2014	162,318.	1,478,676.			0.109773
2013	160,216.	1,353,849.			0.118341
2012	143,198.	1,219,307.			0.117442
2011	132,481.	1,135,995.			0.116621
	139,751.	1,070,023.	-		0.130606
2010	1.59,751.	1,070,025.			J. 130000
					0 500===
2 Total of line 1, column (d)		2		0.592783
3 Average distribution rati	o for the 5-year base period - divid	de the total on line 2 by 5, or by the			
•	indation has been in existence if les		3		0.118557
number of years the for	indution has been in existence in let	so than o yours			
		D. AV. L 5		1	557,723.
4 Enter the net value of n	oncharitable-use assets for 2015 fr	rom Part X, line 5	4		551,125.
5 Multiply line 4 by line 3			5		184,679.
6 Enter 19/ of not investor	nent income (1% of Part I, line 27b)		6		470.
6 Enter 1% of net investm	iem income (1% of Part I, line 2/b)				
			_		105 140
7 Add lines 5 and 6			7		185,149.
8 Enter qualifying distribut	tions from Part XII, line 4		8		163,133.
If line 8 is equal to or o	greater than line 7, check the box	in Part VI, line 1b, and complete to	hat part	using a 1% tax	k rate See the
Part VI instructions	•	•	•	=	

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Form	990-PF (2015) MASSACHUSETTS BANKERS ASSOCIATION 04-332	5424	1	Page 5
Par	t VII-A Statements Regarding Activities (continued)			
	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the		Yes	No
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		Х
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		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	<u> </u>
	Website address ▶N/A			
14	The books are in care of ▶ FRANCESCA BERTOLINO Telephone no ▶ 617-523	-759	5	
	Located at ▶ ONE WASHINGTON MALL 8TH FLOOR BOSTON, MA ZIP+4 ▶ 02108-2	603		
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			
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority		Yes	
	over a bank, securities, or other financial account in a foreign country?	16	L	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of		:	
	the foreign country	J		
Pai	t 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.	<u> </u>	Yes	No
1a	During the year did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(1)			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person.	ŀ		- 1
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(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" if the			
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days)	ŀ		
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		
	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 2015?	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))			
а	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2015?			
	If "Yes," list the years			
t	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	2b		
	all years listed, answer "No" and attach statement - see instructions)			
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	ŀ		
_	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
Ja	at any time during the year?			1
	of f "Yes," did it have excess business holdings in 2015 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			1
	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 2015)	3b		
4:	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
	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 2015?	4b		l x

3 NONE

All other program-related investments See instructions

Page 8

Part	Minimum Investment Return (All domestic foundations must complete this part. Forei see instructions.)	gn found	ations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	855,010.
b	Average of monthly cash balances	1b	718,175.
С	Fair market value of all other assets (see instructions)	1c	8,260.
d	Total (add lines 1a, b, and c)	1d	1,581,445.
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		3	1,581,445.
4	Subtract line 2 from line 1d		
	instructions)	4	23,722.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,557,723.
6	Minimum investment return. Enter 5% of line 5	6	77,886.
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four and certain foreign organizations check here ▶ ☐ and do not complete this part)	dations	
1	Minimum investment return from Part X, line 6	1	77,886.
2a	Tax on investment income for 2015 from Part VI, line 5		
b	Income tax for 2015 (This does not include the tax from Part VI) 2b		
	Add lines 2a and 2b	2c	940.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	76,946.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	76,946.
6	Deduction from distributable amount (see instructions),	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	76,946.
Par	XII 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	163,133.
þ	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	<u>_</u>
3	Amounts set aside for specific charitable projects that satisfy the		
	Suitability test (prior IRS approval required)	3a	<u> </u>
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	163,133.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see instructions)	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	163 <u>,</u> 133.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when ca qualifies for the section 4940(e) reduction of tax in those years	alculating	whether the foundation

Page 9

Part XIII Undistributed Income (see instru	(a)	(b)	(c)	(d)
1 Distributable amount for 2015 from Part XI,	Corpus	Years prior to 2014	2014	2015 76,946.
line 7				70, 340.
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 onlyb Total for pnor years 20 13 ,20 12 ,20 11				
				
3 Excess distributions carryover, if any, to 2015				
76 056				
00 654				
02 277				
d From 2013				
f Total of lines 3a through e	428,087.			
4 Qualifying distributions for 2015 from Part XII,				
line 4 ▶ \$163,133.				
a Applied to 2014, but not more than line 2a				
b Applied to undistributed income of prior years (Election required - see instructions)				
c Treated as distributions out of corpus (Election required - see instructions)				
d Applied to 2015 distributable amount				76,946.
e Remaining amount distributed out of corpus	86,187.			
5 Excess distributions carryover applied to 2015 . (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:	514 074			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	514,274.			·
b Prior years' undistributed income Subtract				
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				
d Subtract line 6c from line 6b Taxable				
amount - see instructions				
instructions				
f Undistributed income for 2015 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2016				
7 Amounts treated as distributions out of corpus				
to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)				
		-		-
applied on line 5 or line 7 (see instructions)	86,724.			
9 Excess distributions carryover to 2016.	427,550.			
Subtract lines 7 and 8 from line 6a				·
10 Analysis of line 9 76, 056.				
82 654				
D Excess from 2012				
c Excess from 2013				
e Excess from 2015 86, 187.				
5 2,0000 Hom 2010 1				Form 990-PF (2015)

Form	990-PF (2015)	MASSACHUS	ETTS BANKERS AS	SOCIATION		04-	3325424	4 Page 10
Рa	rt XIV Private Ope	erating Foundations	(see instructions ar	nd Part VII-A, questi	ion 9)		NOT A	PPLICABL
1 a	If the foundation has	received a ruling or d	etermination letter that	it is a private oper	atıng			
	foundation, and the ruling	-						
þ	Check box to indicate v	whether the foundation	is a private operating	foundation described in	section	4942(J)	(3) or	4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years	1		(е) Total
	justed net income from Part	(a) 2015	(b) 2014	(c) 2013	(d) 20	12		
	for the minimum investment return from Part X for each							
	year listed				-			
b	85% of line 2a							
С	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							
·	directly for active conduct of exempt activities Subtract line							
3	2d from line 2c							
а	alternative test relied upon "Assets" alternative test - enter							
	(1) Value of all assets				-			
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)							
b	"Endowment" alternative test-							
	enter 2/3 of minimum invest-							
	ment return shown in Part X, line 6 for each year listed							
С	"Support" alternative test - enter							
	(1) Total support other than							
	gross investment income (interest, dividends, rents,				1			
	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)				ļ			
	(3) Largest amount of sup- port from an exempt							
	organization							
	(4) Gross investment income .	ntary Information (Complete this part	only if the founda	tion had \$	5 000 0	more i	n assets at
	any time d	uring the year - see	instructions.)					
1	Information Regardin	_		- 46 20/ -5 46- 4-4			مطلف بطالمما	
а	List any managers of before the close of any	the foundation who i y tax year (but only if th	nave contributed mor ney have contributed r	nore than \$5,000) (S	See section 50)7(d)(2))	rea by the	e roundation
	NONE							
b	List any managers of ownership of a partne	the foundation who rship or other entity) o	own 10% or more o f which the foundation	f the stock of a corp n has a 10% or greate	ooration (or a rinterest	an equally	/ large po	ortion of the
	NONE							
2	Information Regardin	ng Contribution, Grant	, Gift, Loan, Scholarsh	nip, etc., Programs:				
	unsolicited requests f	the foundation only for funds If the found	ation makes gifts, gra	to preselected char ants, etc (see instruc	ritable organ ctions) to ind	izations a ividuals c	and does or organiza	not accept ations under
		plete items 2a, b, c, an		· · · · · · · · · · · · · · · · · · ·			d	- -
а	The name, address, a	and telephone number	or e-mail address of	tne person to wnom ap	oplications sno	ouid be ad	aressea	
t	The form in which app	olications should be su	bmitted and information	on and materials they	should include	de		
	: Any submission dead	lines				· 	-	
•	Any restrictions or I factors.	imitations on awards	, such as by geogr	aphical areas, charit	able fields,	kınds of	institution	ns, or other

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Form 990-PF (2015) Part XV Supplementary Information (continued)

Page	1	٠
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3 Grants and Contributions Paid Durin	og the Year or Appr	oved for h		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
ATCH 11				
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		1		
				!
	<u> </u>	<u> </u>		154,000.
Total				134,000.
b Approved for future payment				
		1	b at	
Total	 		► 3b	<u> </u>

JSA 5E1491 1 000

Enter gross amounts unless otherwise indicated 1 Program service revenue 2	Related or exempt function income (See instructions)
a b c d e f g Fees and contracts from government agencies 2 Membership dues and assessments 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 5 Net rental income or (loss) from real estate	(See instructions)
b c d d e f g Fees and contracts from government agencies 2 Membership dues and assessments · · · · · · 3 Interest on savings and temporary cash investments · 4 Dividends and interest from securities · · · · · · · · · · · · · · · · · · ·	
c d e f g Fees and contracts from government agencies 2 Membership dues and assessments 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 5 Net rental income or (loss) from real estate	
d e f g Fees and contracts from government agencies 2 Membership dues and assessments	
e f g Fees and contracts from government agencies 2 Membership dues and assessments	
g Fees and contracts from government agencies 2 Membership dues and assessments	
g Fees and contracts from government agencies 2 Membership dues and assessments 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 5 Net rental income or (loss) from real estate	
2 Membership dues and assessments	
3 Interest on savings and temporary cash investments . 4 Dividends and interest from securities 5 Net rental income or (loss) from real estate	1
4 Dividends and interest from securities 5 Net rental income or (loss) from real estate	382.
5 Net rental income or (loss) from real estate	85.
b Not debt-financed property · · · · · ·	
6 Net rental income or (loss) from personal property.	
7 Other investment income	
8 Gain or (loss) from sales of assets other than inventory 18 14,7	49.
9 Net income or (loss) from special events · · ·	
10 Gross profit or (loss) from sales of inventory .	
1 Other revenue a	
b ATCH 12	83,822
c	
d	
e	
12 Subtotal Add columns (b), (d), and (e) 47, 0	
13 Total. Add line 12, columns (b), (d), and (e)	130,838.
Explain below how each activity for which income is reported in column (e) of Part XVI-A co accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).	

Part X			MASSACHU					04-3 nd Relationships With N	325424 lonchar		ge 13
Faily	VIII_	Exempt Organ		31101C13	, io and	i i alisacti	one a		onong,	· cabi	•
1 Did	the o	rganization directi	y or indirectly	engage	in any of th	ne following	with a	any other organization describ	ed	Yes	No
in:	section	501(c) of the Co	de (other than	section	501(c)(3) o	rganizations	s) or in	section 527, relating to politi-	cal -		ļ
	ganizat								F	[
a Tra	ansfers	from the reporting	g foundation to	a nonci	haritable ex	empt organ	ization (of:	ļ.	-1,	
(1)	Cash		<i></i>						1a(1	Ц	X
(2)	Other	assets		<i>.</i> .					1a(2	<u> </u>	X
		nsactions:									
											X
, ,											X
									1		X
(4)	Reim	bursement arrange	ements						1b(4)	X
											X
)	X
										<u> </u>	Х
d If	the an	swer to any of the	e above is "Ye	es," com	plete the f	ollowing so	hedule.	. Column (b) should always s	how the	fair m	narke
va	lue of	the goods, other a	assets, or serv	ices give	en by the re	eporting for	indatio	n. If the foundation received	ess than	tair m	narke
								e of the goods, other assets,			
(a) Line n	<u> </u>	b) Amount involved	(c) Name of	nonchanta	ble exempt org	enization		escription of transfers, transactions, an	o snamng am	angeme	ภเธ
	——	N/A					N/A				
										_	
	\dashv			_							
											
_											
	+							· · · · · · · · · · · · · · · · · · ·			
											_
					-						
							-				
											
			<u> </u>							-	
	45- 60	umala sia a alianashe		History :	with as sal	ated to on		ore tax-exempt organizations			
Za IS	the to	din acction directly (of the Code (s	ther the	with, or let	31(c)(3)) or	in soct	ion 527?	. X \	/oc	¬ Nο
		complete the follow		Miei uia	II Section 5	J 1(C)(J)) OI	III SECL	1011 3277	ا لينا .	e2 ∟	_ 140
ח מ		(a) Name of organization		1	(b) Type of	nnsanization		(c) Description of re	lationablo	-	
MASS		NKERS ASSOC.	<u>"</u>	501 (0		or grant to a seri		COMMON DIRECTORS	<u>_</u>		
MASS		NKERS ASSOC.		301 (0	,, (0)			GOILLON DIRECTOR			
		INS. TRUST		501(0	1) (9)			COMMON DIRECTORS			
MASS		NKERS ASSOC.		301(0	., (),			Oddin Diricoloria			
		ARSHIP FDN		501(0	(3)			COMMON DIRECTORS			
	Under p	enalties of penury, I decis	are that I have exam	noned this re	sturn, including	accompanying s	thedules a	and statements, and to the best of my kn	owledge and	belief, it	le true
	correct, s	and complete Declaration of	fpreparer (other than	taxpayer) is	based on ell iπfor	mation of which	preparer h	as any knowledge.			
Sign		KLV//	has	- 1	5-/3/	116			ne IRS discu he preparer		
Here	Signal	ture of officer or trustee			Date		Title			Yes	No

self-employed P00171579

Print/Type preparer's name Paid ANTHONY T CARIDEO JR, CPA Preparer ► WOLF & COMPANY, Firm's name Farm's address ▶ 99 HIGH STREET, 21ST FLOOR Use Only

BOSTON,

MA

Firm's EIN > 04-2689883

02110 617-439-9700

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

OMB No 1545-0047

Employer identification number

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

► Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization

MASSACHUSETTS BANKERS	ASSOCIATION			
CHARITABLE FOUNDATION	INC	04-3325424		
Organization type (check one)				
Filers of:	Section:			
Form 990 or 990-EZ	501(c)() (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private fou	ndation		
	527 political organization			
Form 990-PF	X 501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundat	on		
	501(c)(3) taxable private foundation			
	vered by the General Rule or a Special Rule . (8), or (10) organization can check boxes for both the General Rule and a S	Chacial Pulo See		
instructions.	(o), or (10) organization call check boxes for both the General Rule and a s	ipeciai Rule See		
General Rule				
	ing Form 990, 990-EZ, or 990-PF that received, during the year, contribution property) from any one contributor. Complete Parts I and II. See instruction tributions.	_		
Special Rules				
regulations under sec 13, 16a, or 16b, and t	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/2 tions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 chat received from any one contributor, during the year, total contributions the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Co	or 990-EZ), Part II, line of the greater of (1)		
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year				
990-EZ, or 990-PF), but it must	not covered by the General Rule and/or the Special Rules does not file So answer "No" on Part IV, line 2, of its Form 990, or check the box on line F certify that it does not meet the filing requirements of Schedule B (Form 990)	of its Form 990-EZ or on its		

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization MASSACHUSETTS BANKERS ASSOCIATION CHARITABLE FOUNDATION INC

Employer identification number 04-3325424

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) (d) Total contributions Type of contributi			
1	TD BANK NA 24 WINTER STREET BOSTON, MA 02108	\$\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	EASTERN BANK 265 FRANKLIN STREET BOSTON, MA 02110	\$ 5,000.	Person Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3_	ROCKLAND TRUST COMPANY 101 ARCH STREET #2020 BOSTON, MA 02110	\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4	BANKERS' BANK, NORTHEAST 43 WESTERN BLVD GLASTONBURY, CT 06033	\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		 \$	Person Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)		

Name of organization MASSACHUSETTS BANKERS ASSOCIATION CHARITABLE FOUNDATION INC

Employer identification number

04-3325424

Part II	Noncash Property (see instructions). Use duplicate copies of	or Part II il additional space is ne	eueu.
(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
		<u> </u>	
(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
		<u></u>	
(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
		 \$	

Employer identification number

ime of organization	MASSACHUSET	"I'S BANKERS	ASSOCIATION
	CHADITABLE	POLINDATION	TNC

04-3325424

Part III	Exclusively religious, charitable, etc., of (10) that total more than \$1,000 for the following line entry. For organization contributions of \$1,000 or less for the Use duplicate copies of Part III if addition	e year from any one ns completing Part III, year. (Enter this inform	contributor. Center the total of	complete columns (a) through (e) and of exclusively religious, charitable, etc
(a) No. from	(b) Purpose of gift	(c) Use of gi	ft	(d) Description of how gift is held
Part I				
		(e) Transfer of	gift	
	Transferee's name, address, and	ZIP + 4	Relation	nship of transferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Description of how gift is held
		(e) Transfer of	gift	
	Transferee's name, address, and	ZIP + 4	Relation	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of	gift	
	Transferee's name, address, and	ZIP + 4	Relation	nship of transferor to transferee
(a) No from Part I	(b) Purpose of gift	(c) Use of g	ıft	(d) Description of how gift is held
		(e) Transfer o	f gift	
	Transferee's name, address, and	ZIP + 4	Relatio	nship of transferor to transferee
				·

FORM 990PF, PART I - INTEREST ON TEMPORARY CASH INVESTMENTS

ADJUSTED NET INCOME		
NET INVESTMENT INCOME	382.	382.
REVENUE AND EXPENSES PER BOOKS	382.	382.
		TOTAL
DESCRIPTION	INTEREST INCOME	

ATTACHMENT 1

11
INTEREST FROM SECURITIES
FROM
INTEREST
AND
- DIVIDENDS A
- ₁
H
PART
990PF,
FORM

ADJUSTED NET INCOME		
NET INVESTMENT INCOME	31,885.	31,885.
REVENUE AND EXPENSES PER BOOKS	31,885.	31,885.
		TOTAL
	Ξ	
DESCRIPTION	DIVIDEND INCOME	

V 15-4.5F

ATTACHMENT 2

MBA CF

ATTACHMENT 3

ATTACHMENT 3

FORM 990PF, PART I - OTHER INCOME

ADJUSTED NET	<u>INCOME</u> 63,825.	1,600.	8,834.	5,400.	1,650.		81,309.
NET INVESTMENT	INCOME						
REVENUE AND AND EXPENSES INVES	PER BOOKS 63,825.	1,600.	8,834.	5,400.	1,650.	2,513.	83,822.
							TOTALS
	DESCRIPTION GOLF EVENT TICKETS	AUCTION PROCEEDS	RAFFLE TICKET INCOME	GOLF TEE INCOME	GOLF SPONSORSHIP INCOME	MA TAX CREDIT	

CHARITABLE PURPOSES	7,052.	7,052.
ADJUSTED NET INCOME		
NET INVESTMENT INCOME		
REVENUE AND EXPENSES PER BOOKS	7,052.	7,052.
DESCRIPTION	ACCOUNTING FEES-AUDIT & TAX	TOTALS

TAXES	
Н	l
PART	
990PF,	
FORM	

CHARITABLE <u>PURPOSES</u>		
ADJUSTED NET INCOME		
NET INVESTMENT INCOME		
REVENUE AND EXPENSES PER BOOKS	700.	700.
		TOTALS
DESCRIPTION	FEDERAL EXCISE TAX	

ATTACHMENT 5

MBA CF

ATTACHMENT 6

FORM 990PF, PART I - OTHER EXPENSES

CHARITABLE PURPOSES	157. 1,284.	2,081.
ADJUSTED NET INCOME	46,752. 11,166.	57,918.
NET INVESTMENT INCOME		
REVENUE AND EXPENSES PER BOOKS	640. 46,752. 11,166. 1,284.	59,999.
		TOTALS
DESCRIPTION	MISCELLANEOUS EXPENSE FUNCTION EXPENSES - EVENTS SIGNS & PRIZES - EVENTS STATE FILING FEES CREDIT CARD FEE EXPENSES	

V 15-4.5F

DESCRIPTION

BEGINNING BOOK VALUE

ENDING BOOK VALUE

ENDING FMV

914,674.

COMMON STOCKS

TOTALS

795,345.

914,674.

914,674.

795,345.

914,674.

ATTACHMENT 7

MASSACHUSETTS BANKERS ASSOCIATION

04-3325424

		ATTACHMENT	8
FORM 990PF, PART II - OTHER LIABILITIES			
DESCRIPTION		BEGINNING BOOK VALUE	ENDING BOOK VALUE
DUE TO AFFILIATE		6.	32.
	TOTALS	6.	32.

FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCES

<u>DESCRIPTION</u> <u>AMOUNT</u>

CHANGE IN UNREALIZED GAINS/LOSSES 9,011.

TOTAL 9,011.

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

EXPENSE ACCT AND OTHER ALLOWANCES	.0	.0	.0		Ö	·
CONTRIBUTIONS EXPENTO EMPLOYEE AND BENEFIT PLANS ALLG	.0	.0			O	·
CONTION BENE	·	·	. 0	. 0	.0	ò
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION CO	CHAIRMAN (TERM ENDED 6/30/15) 1.00	TRUSTEE (TERM ENDED 6/30/15) 1.00	TRUSTEE (TERM ENDED 6/30/15) 1.00	TREASURER (TERM ENDED 6/30/15) 1.00	PRESIDENT 1.00	TREASURER 1.00
NAME AND ADDRESS	JAMES C. LIVELY ONE WASHINGTON MALL 8TH FLOOR BOSTON, MA 02108-2603	WILLIAM T. STAPLETON ONE WASHINGTON MALL 8TH FLOOR BOSTON, MA 02108-2603	RICHARD K. BENNETT ONE WASHINGTON MALL 8TH FLOOR BOSTON, MA 02108-2603	DENNIS L. PARENTE ONE WASHINGTON MALL 8TH FLOOR BOSTON, MA 02108-2603	DANIEL J. FORTE ONE WASHINGTON MALL 8TH FLOOR BOSTON, MA 02108-2603	SUSHIL K. TULI ONE WASHINGTON MALL 8TH FLOOR BOSTON, MA 02108-2603

V 15-4.5F

ATTACHMENT 10 (CONT'D)

FORM 990PF, PART VIII

- LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES	
FRANCESCA G. BERTOLINO ONE WASHINGTON MALL 8TH FLOOR BOSTON, MA 02108-2603	ASSISTANT TREASURER 1.00	.0	.0	.0	
KEVIN F. KILEY ONE WASHINGTON MALL 8TH FLOOR BOSTON, MA 02108-2603	CLERK 1.00	.0	.0	.0	
GILDA M. NOGUEIRA ONE WASHINGTON MALL 8TH FLOOR BOSTON, MA 02108-2603	CHAIRMAN (AS OF 7/1/15) 1.00	.0	.0	.0	
DONNA L. BOULANGER ONE WASHINGTON MALL 8TH FLOOR BOSTON, MA 02108-2603	TRSUTEE (AS OF 7/1/15) 1.00	.0	.0	.0	
MICHAEL E. TUCKER ONE WASHINGTON MALL 8TH FLOOR BOSTON, MA 02108-2603	TRUSTEE (AS OF 7/1/15) 1.00	.0	.0	.0	
DAVID LAFLAMME ONE WASHINGTON MALL 8TH FLOOR BOSTON, MA 02108-2603	TRUSTEE (AS OF 7/1/15) 1.00	.0	.0	.0	
	STATOT GNAGO			c	

ASSOCIATION	
BANKERS	
MASSACHUSETTS	

04-3325424

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

FOUNDATION STATUS OF RECIPIENT

PURPOSE OF GRANT OR CONTRIBUTION

154,000.

AMOUNT

ATTACHMENT 11

SEE ATTACHED STATEMENT

RECIPIENT NAME AND ADDRESS

NOT RELATED 501(C)(3)

EXEMPT PURPOSE

154,000

TOTAL CONTRIBUTIONS PAID

ATTACHMENT 11

V 15-4.5F

MBA CF

G7V0NG 2912

Massachusetts Banker Association Charitable Association For the Year Ended December 31, 2015 Charitable Donations

Date 12/4/2015	Charitable Donations Budget Buddles	Amount 5,000.00
12/4/2015		5,000.00
12/4/2015	Listening Wellness Center	2,000.00
12/4/2015	The Mustard Seed Catholic Worker	10,000.00
12/4/2015	Tri Community YMCA	2,000.00
12/4/2015	Compass Working Capital	5,000.00
12/4/2015	Quincy Community Action Program, Inc.	5,000.00
12/4/2015	Roca, Inc.	5,000.00
12/4/2015	Cambridge Family & Children's Service	2,000.00
12/4/2015	Community Day Center of Waltham, Inc.	5,000.00
12/4/2015	Mission of Deeds	5,000.00
12/4/2015	Mystic Valley Elder Services	5,000.00
12/4/2015	The Second Step	2,000.00
12/4/2015	Bethlehem House	5,000.00
12/4/2015	Boys & Girls Club of West Springfield	5,000.00
12/4/2015	Center for Human Development, Inc.	5,000.00
12/4/2015	Rachel's Challenge Program	2,000.00
12/4/2015	Springfield Partners for Community Actio	2,000.00
12/4/2015	Berkshire Family YMCA	5,000.00
12/4/2015	Dalton CRA	5,000.00
12/4/2015	Literacy Network of South Berkshire	5,000.00
12/4/2015	Cape Cod National Assn of Mental Illness	5,000.00
12/4/2015	Citizens for Citizens, Inc.	5,000.00
12/4/2015	Island Housing Trust	5,000.00
12/4/2015	WE CAN Corporation	2,000.00
12/4/2015	Beverly Bootstraps Food Pantry, Inc.	5,000.00
12/4/2015	COR UNUM MEAL CENTER	2,000.00
12/4/2015	Family Promise North Shore	5,000.00
12/4/2015	Leap of Education	2,000.00
12/4/2015	Lowell Community Health Center	2,000.00
12/4/2015	YMCA of the North Shore	2,000.00
12/4/2015	Campfire Eastern MA Council	2,000.00
12/4/2015	Canton Food Pantry	2,000.00
12/4/2015	Cantas Communities, Inc.	2,000.00
12/4/2015	Franklin Food Pantry	2,000.00
12/4/2015	GROW Associates, Inc.	5,000.00
12/4/2015	Homes for Troops	10,000.00
12/4/2015	New Hope, Inc.	2,000.00
12/4/2015	YWCA of Cambridge	2,000.00

Total: 154,000.00

04-3325424

FORM 990-PF, PART XVI-A - ANALYSIS OF OTHER REVENUE

ATTACHMENT 12	RELATED OR EXEMPT FUNCTION INCOME	
ATTACHMENT	AMOUNT	
	EXCLUSION	
	AMOUNT	
	BUSINESS	
	DESCRIPTION	
	DESC!	

81,309. 2,513.

83,822.

TOTALS

FUNDRAISING INCOME MA TAX CREDIT

V 15-4.5F MBA CF

G7V0NG 2912

MASSACHUSETTS BANKERS ASSOCIATION 04-3325424
FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

	Property	Description			operty Description		P		Date	Date sold	
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)				
551.	allowable	CALIFORNIA PROPERTY TY:	RES CORP		<u> </u>	P	10/24/2014	3/13/2015			
3,228.		HEWLETT PACE PROPERTY TY 4,607.				P	8/11/2008 -1,379.	3/13/2015			
30,631.		INTEL CORP PROPERTY TY 21,835.	PE: SECURIT	IES		P	VARIOUS 8,796.	3/13/2015			
8,250.		KRAFT FOODS			1 MERGE	P	VARIOUS 8,250.	7/6/2015			
22,036.		THE SOUTHERN PROPERTY TY: 22,876.		IES		P	9/28/2012	3/13/2015			
13.		TALEN ENERGY PROPERTY TYPE 13.		IES		P	1/15/2015	6/2/2015			
TOTAL GAIN(L	oss)						14,749.				