

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



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

Return of Private Foundation

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

Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its separate instructions is at www.lrs.gov/form990pf.

OMB No 1545-0052
2015
Open to Public Inspection

	For	calendar year 2015 or tax year beginning	··· · · · · ·	, and ending		
	Na	ne of foundation			A Employer identification	number
	M	elrose Cooperative Bank F	oundation		46-5490603	3
	Nu	nber and street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
		38 Main Street			781-665-25	
		y or town, state or province, country, and ZIP or foreign p (elrose, MA 02176	ostal code		C If exemption application is p	pending, check here
		Check all that apply: Initial return	Initial return of a f	ormer public charity	D 1. Foreign organizations	s, check here
		Final return	Amended return	, ,		
		Address change	Name change		Foreign organizations me check here and attach co	eting the 85% test, pmputation
	H_C	check type of organization: X Section 501(c)(3) ex	kempt private foundation		E If private foundation sta	tus was terminated
		Section 4947(a)(1) nonexempt charitable trust	Other taxable private found	ation	under section 507(b)(1)	
		ur market value of all assets at end of year J Accounti	•	Accrual	F If the foundation is in a	60-month termination
			ther (specify)		under section 507(b)(1))(B), check here 🕨 🖳
		\$ 1,850,233. (Part I, colu	_	I		1 (2)
	<u> </u>	The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
		1 Contributions, gifts, grants, etc., received	0.		N/A	
		2 Check X if the foundation is not required to attach Sch B Interest on savings and temporary cash investments				
		4 Dividends and interest from securities				
2018		5a Gross rents				
		b Net rental income or (loss)			Ī.,	
es es	Revenue	6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a				
	ě	7 Capital gain net income (from Part IV, line 2)		0.		
	ď	8 Net short-term capital gain RECE!	VED			
		9 Income modifications				
<u>ii</u>		10a Gross sales less returns and allowances	2015			
		b Less Cost of goods sold S MAY ! #	1 0.1			
		c Gross profit or (loss)		_		
SCANNED MAY		11 Other income OGDE	1,117	0.		
65	_	12 Total. Add lines 1 through 11	0.	0.		0
		14 Other employee salaries and wages		0.	· · · · · · · · · · · · · · · · · · ·	U
		15 Pension plans, employee benefits		_		
	ses	16a Legal fees Stmt 1	1,895.	0.		1,895
	sesues	b Accounting fees Stmt 2	500.	250.	-	250
	and Administrative Exp	c Other professional fees				
	ĕ	17 Interest	_			
	trat	18 Taxes				
	inis	19 Depreciation and depletion				
	Ē	20 Occupancy				
	ΑÞ	21 Travel, conferences, and meetings				
	gar	22 Printing and publications 23 Other expenses Stmt 3	625.	0.		625.
	Operating	24 Total operating and administrative	025.			025
	Jera	expenses. Add lines 13 through 23	3,020.	250.		2,770
	Ö	25 Contributions, gifts, grants paid	69,025.			69,025
		26 Total expenses and disbursements.				
		Add lines 24 and 25	72,045.	250.		71,795
		27 Subtract line 26 from line 12;				
		Excess of revenue over expenses and disbursements	<72,045.			
		b Net investment income (if negative, enter -0-)		0.	AT / A	
		C Adjusted net income (if negative, enter -0-)			N/A	<u>L</u> .

Form **990-PF** (2015)

523501 11-24-15 LHA For Paperwork Reduction Act Notice, see instructions.

For	m 99	0-PF(2015) Melrose Cooperative Ban			-5490603 Page 2
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year		of year
Ė		column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
		Cash - non-interest-bearing	300,000.	227,955.	227,955.
		Savings and temporary cash investments			
	3	Accounts receivable -			
		Less: allowance for doubtful accounts			
	4	Pledges receivable ►		·	•
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	1	Receivables due from officers, directors, trustees, and other			
	[]	disqualified persons			Į
	7	Other notes and loans receivable	-		
	′	Uther notes and loans receivable Less: allowance for doubtful accounts			1
	١.				
ssets	1	Inventories for sale or use			
SS		Prepaid expenses and deferred charges			
٦,		Investments - U.S. and state government obligations	1 40 5 60 5	4 600 050	1 (00 000
		Investments - corporate stock Stmt 4	1,405,691.	1,622,278.	1,622,278.
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment, basis			_
		Less accumulated depreciation	_		
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment; basis ▶			
		Less accumulated depreciation			
	15	Other assets (describe ►			
		Total assets (to be completed by all filers - see the			
	'	· · · · · · · · · · · · · · · · · · ·	1,705,691.	1,850,233.	1,850,233.
_	17	Instructions. Also, see page 1, item I)	1,100,0910	1,000,200.	1,030,233.
		Accounts payable and accrued expenses			1
		Grants payable			-
es	19	Deferred revenue			1
abilities		Loans from officers, directors, trustees, and other disqualified persons			-
ā		Mortgages and other notes payable			
-	22	Other liabilities (describe			
			T		
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			1
		and complete lines 24 through 26 and lines 30 and 31.			
8	24	Unrestricted	1,705,691.	1,850,233.	
Ĕ		Temporarily restricted		<u>-</u>	1
g l		Permanently restricted			1
اج	-	Foundations that do not follow SFAS 117, check here			
로		and complete lines 27 through 31.			
Net Assets or Fund Balances	97	-			
g		Capital stock, trust principal, or current funds			1
ž l		Paid-in or capital surplus, or land, bldg., and equipment fund			{
ا يّ		Retained earnings, accumulated income, endowment, or other funds	1 705 604	1 050 000	1
ž	30	Total net assets or fund balances	1,705,691.	1,850,233.	
			1 505 604	4 050 000	
_	31	Total liabilities and net assets/fund balances	1,705,691.	<u>1,850,233.</u>	
P	art	Analysis of Changes in Net Assets or Fund B	alances		
		net assets or fund balances at beginning of year - Part II, column (a), line	30	- -	
		t agree with end-of-year figure reported on prior year's return)			1,705,691.
		amount from Part I, line 27a		1	<72,045.
		Increases not included in line 2 (itemize) Unrealized	Caine on Coour	itios 2	
			Gains on Secur		216,587.
		ines 1, 2, and 3		4	1,850,233.
		ases not included in line 2 (itemize)	 	5	0.
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	1,850,233.
					Form 990-PF (2015)

(a) List and des 2-story brick w	cribe the kind(s) of property so varehouse; or common stock, 2	ld (e.g., real estate, 00 shs. MLC Co.)		I ` P -	ow acquired Purchase Donation		acquired day, yr.)	(d) Date sold (mo., day, yr.)
1a								
	NE			ļ		ļ		
<u>c</u>				-				
d e	- "			-				
	(f) Depreciation allowed	(a) Co	st or other basis	 	-	(h) (Sain or (loss	<u> </u>
(e) Gross sales price	(or allowable)		expense of sale				s (f) minus	
a								
b			<u> </u>	_				
C	<u> </u>							· · ·
d e				-+				
Complete only for assets show	ng gain in column (h) and own	ed by the foundation	n on 12/31/69	\dashv		(I) Gains (Col. (h) gaın	minus
	(j) Adjusted basis		xcess of col. (1)	\neg	C	ol. (k), but	not less that	n -0-) or
(i) F.M.V. as of 12/31/69	as of 12/31/69	ove	r col. (j), if any			Losses	(from col. (п))
a								
b								
C	· · · · · · · · · · · · · · · · · · ·							
e e		- 		+				
	C If goin alor	anter in Dort Libra		\dashv				
2 Capital gain net income or (net c	apital loss) If (loss), er	o enter in Part I, line iter -0- in Part I, line	: <i>1</i> e 7)	2			
3 Net short-term capital gain or (lo	•			7				
If gain, also enter in Part I, line 8		.(0) and (0).		J				
If (loss), enter -0- in Part I, line 8	T. J. O				3			
	Inder Section 4940(e	*				ncome		
(For optional use by domestic privat	e foundations subject to the se	ction 4940(a) tax or	n net investment in	icome.)				
f section 4940(d)(2) applies, leave t	this part blank.							
Was the foundation liable for the sec	ction 4942 tax on the distributal	ble amount of anv v	ear in the base per	riod?				Yes X No
f "Yes," the foundation does not qua			•					
1 Enter the appropriate amount in	each column for each year; see	the instructions be	fore making any e	ntries.				
(a) Base period years	(b) Adjusted qualifyii		Not value of no	(C)	able use sees		Distrib	(d) ution ratio
Calendar year (or tax year beginn	ing in) Adjusted qualifyii	•	Net value of no				(col. (b) div	ided by col. (c))
2014		0.		<u> </u>	674,28	-' 		.000000
2013			<u> </u>			- 		
2011							_	
2010								
	<u> </u>							
2 Total of line 1, column (d)						2		.000000
3 Average distribution ratio for the		total on line 2 by 5,	or by the number	of year	s			00000
the foundation has been in existe	ince if less than 5 years					3		.000000
4 Enter the net value of noncharital	bla-usa assate for 2015 from D	art V lina 5				4		1,752,644.
+ Enter the net value of noncharital	DIE-USE 455E15 101 20 15 110111 F	art A, illie 5				-		1,752,044.
5 Multiply line 4 by line 3						5		0.
,								
6 Enter 1% of net investment incor	ne (1% of Part I, line 27b)					6		0.
								_
7 Add lines 5 and 6						7		0.
3 Enter qualifying distributions from	n Part XII. line 4					8		71,795.
If line 8 is equal to or greater that		/I line 1h and com	olete that nart usin	n a 1%	tay rate			, , , , , , ,
See the Part VI instructions.	i, enough the BOX III i dit v	., mio 70, and comp	ooto mai part usiii	yu 1/0	₩ Λ (416.			

Form 990-PF (2015) Melro'se Cooperative Bank Four Part VI Excise Tax Based on Investment Income (Section 49)		46-54 or 4948 - se			Page 4
1a Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ an					
Date of ruling or determination letter: (attach copy of letter if					
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here		1 1			0.
of Part I, line 27b	and onto 170	 			<u>·</u>
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		2			0.
3 Add lines 1 and 2	. Sandra amar a ,	3			0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only	Others enter -0-)	4			0.
5 Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-	. omore omer o y	5			0.
6 Credits/Payments:					
a 2015 estimated tax payments and 2014 overpayment credited to 2015	6a	1 1			
b 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		7			0.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is a	hadactta	8			
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	ittaciicu	▶ 9			0.
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 2016 estimated tax	Refunded	` ——			
Part VII-A Statements Regarding Activities		1, 11, 1			
1a During the tax year, did the foundation attempt to influence any national, state, or local le	dislation or did it participate or inten	vene in		Yes	No
any political campaign?	gistation of did it participate of inter	vene in	1a		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political pur	naces (see instructions for the defin	ition\2	1b	├─-	X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities		•	 ""	├──	 -
distributed by the foundation in connection with the activities	and copies of any materials pub	nanea or	- }	}	1
c Did the foundation file Form 1120-POL for this year?			10	ŀ	x
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during	the year		10	├	
(1) On the foundation. > \$ 0. (2) On foundation manage	=	0.			
e Enter the reimbursement (if any) paid by the foundation during the year for political expe			ļ	1	Ì
managers. > \$ 0.	manaro an imposoa on roundation		ļ	ļ	,
2 Has the foundation engaged in any activities that have not previously been reported to th	e IRS?		2	1	х
If "Yes," attach a detailed description of the activities			 -		
3 Has the foundation made any changes, not previously reported to the IRS, in its governing	o instrument, articles of incorporati	on or			
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the chair		,	3		х
4a Did the foundation have unrelated business gross income of \$1,000 or more during the y	•		4a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	· 	N/A	4b		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year	ar?		5		X
If "Yes," attach the statement required by General Instruction T			1	 	
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied	Leither:				
By language in the governing instrument, or	. •				
By state legislation that effectively amends the governing instrument so that no manda	tory directions that conflict with the	state law			
remain in the governing instrument?			6	х	
7 Did the foundation have at least \$5,000 in assets at any time during the year? /f "Yes," c	complete Part II. col. (c), and Par	t XV	7	X	
,,			<u> </u>		
8a Enter the states to which the foundation reports or with which it is registered (see instruc	tions) ►		_		
MA , DE	Allemany Consum (-		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the	: Altorney General (or designate)			v	
of each state as required by General Instruction G? If "No," attach explanation	40.40(\\/0\) - 40.40(\\/0\)		86	<u> </u>	
9 Is the foundation claiming status as a private operating foundation within the meaning of		caiendar	1 _		v
year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes,			9		X
10 Did any persons become substantial contributors during the tax year? if "Yes," attach a school	edule listing their names and addresses		10 Form 99 6) DE	

Pá	art VII-A	Statements Regarding Activities (continued)			
				Yes	No
11	At any time	e during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	ļ	1	
	section 51	2(b)(13)? If "Yes," attach schedule (see instructions)	11	<u>'</u>	X
12	Did the fou	indation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileg	jes?		
	-	ach statement (see instructions)	12_		Х
13		indation comply with the public inspection requirements for its annual returns and exemption application?	13_	X	[
		dress ► www.melrosecoop.com			
14		are in care of ▶ Jeffrey D. Jones Telephone no.▶78			
			$-4 \rightarrow 02176$		T
15		47(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		▶	· 🔲
		he amount of tax-exempt interest received or accrued during the year	N	/A	
16	-	e during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank,		Yes	
		or other financial account in a foreign country?	16	L_	X
		structions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
ГБ-	foreign cou	Statements Regarding Activities for Which Form 4720 May Be Required			
[[_			Yes	No
1:		n 4720 if any item is checked in the "Yes" column, unless an exception applies. year did the foundation (either directly or indirectly);		163	140
16		e in the sale or exchange, or leasing of property with a disqualified person?	₹ No		
		w money from, lend money to, or otherwise extend credit to (or accept it from)] [
	• •	ualified person?	Σ No		
	-	h goods, services, or facilities to (or accept them from) a disqualified person?			
		ompensation to, or pay or reimburse the expenses of, a disqualified person?			
		er any income or assets to a disqualified person (or make any of either available			
	• •	benefit or use of a disqualified person)?	∑ No		
		to pay money or property to a government official? (Exception. Check "No"	_	\ \	
	ıf the f	oundation agreed to make a grant to or to employ the official for a period after	İ		
	termin	ation of government service, if terminating within 90 days.)	∑ No		
t	If any answ	ver 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)?	√A 1b_	1 1	
	Organizatio	ons relying on a current notice regarding disaster assistance check here	· 🗀 🦵		
C	Did the fou	ndation 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 fa	allure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
		section 4942(j)(3) or 4942(j)(5)):	ľ	1	
8	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 201	· · · -	≦ No		
	=	the years , , , , , , , , , , , , , , , , , , ,			
b		ny years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
		f assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	7/3	ľ	
_		·	1/A 2b		
		sions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
20	Did the fou	ndation hold more than a 2% direct or indirect interest in any business enterprise at any time			
00	during the		7 No 1]	
		t have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after	-		
	-	69; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose	,		
		acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,	ļ		
			I/A 3b		
48		ndation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
		ndation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
		en removed from jeopardy before the first day of the tax year beginning in 2015?	4b		X
	_		Form QQ(DE /	2015)

Form 990-PF (2015) Melrose Cooperative Bank Foundation	46-549	90603	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, High Paid Employees, and Contractors (continued)	nly		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."			
(a) Name and address of each person paid more than \$50,000 (b) Type of ser	rvice	(c) Comper	isation
NONE			
	· · · · · · · · · · · · · · · · · · ·		
Total number of others receiving over \$50,000 for professional services		>	0
Part IX-A Summary of Direct Charitable Activities			
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses	
1 N/A			
2			
			
3			
4			
Part IX-B Summary of Program-Related Investments			
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount	
1 N/A			
2			
All other program-related investments. See instructions.			
3			
Total Add lines 1 through 2			- 0.

Form **990-PF** (2015)

Part X Minimum Investment Return (All domestic foundations must complete the	nis part Foreign foundations,	see instructions)
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		4 506 000
a Average monthly fair market value of securities	1a	1,506,930, 272,404,
b Average of monthly cash balances	1b	272,404
c Fair market value of all other assets	1c	
d Total (add lines 1a, b, and c)	1d	1,779,334
e Reduction claimed for blockage or other factors reported on lines 1a and	_ 1	
1c (attach detailed explanation)	0.	
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	1,779,334
4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	26,690
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,752,644
6 Minimum investment return, Enter 5% of line 5	6	87,632
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private op foreign organizations check here and do not complete this part.)	erating foundations and certain	
1 Minimum investment return from Part X, line 6	1	87,632.
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.)		
c Add lines 2a and 2b	2c	0.
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	87,632.
4 Recoveries of amounts treated as qualifying distributions	4	- 0.
5 Add lines 3 and 4	5	87,632.
6 Deduction from distributable amount (see instructions)	6	0.
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	87,632.
Part XII Qualifying Distributions (see instructions)	, , ,	
1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	71,795. 0.
b Program-related investments - total from Part IX-B	1b	0.
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	-
3 Amounts set aside for specific charitable projects that satisfy the:		
a Suitability test (prior IRS approval required)	3a	
b Cash distribution test (attach the required schedule)	3b	
4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	71,795.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		· · · · · · · · · · · · · · · · · · ·
income. Enter 1% of Part I, line 27b	5	0.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	71,795.
Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wh	nether the foundation qualifies for	

Form **990-PF** (2015)

	perative Ban	k Foundation	46-54	90603 Page 9
Part XIII Undistributed Income (see	e instructions)			
	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
Distributable amount for 2015 from Part XI, line 7				87,632.
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only			21,101.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2015:		0.		
a From 2010				
b From 2011				
c From 2012				
d From 2013				
e From 2014	1			
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2015 from				
Part XII, line 4: ►\$ 71,795.	į			
a Applied to 2014, but not more than line 2a			21,101.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	· ·			
(Election required - see instructions)	0.			
d Applied to 2015 distributable amount			Ţ	50,694.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2015	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:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.	·		
b Prior years' undistributed income. Subtract				<u> </u>
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously				

assessed d Subtract line 6c from line 6b. Taxable amount - see instructions

e Undistributed income for 2014. Subtract line 4a from line 2a. Taxable amount - see instr.

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)

8 Excess distributions carryover from 2010 not applied on line 5 or line 7

9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a

10 Analysis of line 9;

a Excess from 2011

b Excess from 2012

c Excess from 2013 dExcess from 2014 e Excess from 2015

523581 11-24-15

Form **990-PF** (2015)

36,938.

0.

0.

0.

0.

0.

Melrose Cooperative Bank Foundation Page 11 Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient a Paid during the year Community Coalition of Melrose N/A PC Sally Frank's Farmers c/o Chamber of Commerce, 1 West Market SNAP Matching Foster Street Melrose, MA 02176 Program 1,000. Friends of the Melrose Public Library PC New furniture and toys 69 West Emerson Street in preschool area Melrose, MA 02176 2,400. SO III FI Hallmark Health Services N/A North Suburban Child & 170 Governors Avenue Family Resource Medford, MA 02155 Network 1,125. Housing Families, Inc. N/A PC Gingerbread House Benefit 354 Cross Street Malden, MA 02148 500. Melrose Alliance Against Violence PC N/A General Operating 235 West Foster Street Support 1,000. Melrose, MA 02176 See continuation sheet(s) 69,025. ▶ 3a Total b Approved for future payment None

Total

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated	business income	Exclu	ided by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(C) Exclu- sion code		Related or exempt function income
1 Program service revenue:	code	-	code	7	1000000
a b	-		+-	<u> </u>	
·			 		
·	-				
	-		+		
e	-		+-		
g Fees and contracts from government agencies	- -				
g Fees and contracts from government agencies 2 Membership dues and assessments			-		
•			1		
3 Interest on savings and temporary cash]				
investments 4 Dividends and interest from securities		 -	-		
			-		
5 Net rental income or (loss) from real estate:					
a Debt-financed property	<u> </u>		-		
b Not debt-financed property	_		<u> </u>		
6 Net rental income or (loss) from personal					
property	 - 		 		
7 Other investment income	<u> </u>		├		
8 Gain or (loss) from sales of assets other	1 1				
than inventory			-		
9 Net income or (loss) from special events			<u> </u>		
10 Gross profit or (loss) from sales of inventory	<u> </u>		ļ		
11 Other revenue:					
8	_				
b	_		<u> </u>		
C	_		└		
d	_		L		
e	_		<u> </u>		
12 Subtotal Add columns (b), (d), and (e)		0.		0.	
13 Total. Add line 12, columns (b), (d), and (e)				13_	0.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Accon	nplishment of Ex	cemp	t Purposes	
Line No. Explain below how each activity for which in			contrib	outed importantly to the accon	nplishment of
▼ the foundation's exempt purposes (other that	an by providing funds	s for such purposes).			
		- · · · · · · · · · · · · · · · · · · ·			

Form 990-P				Bank Founda			5490603	Page_13
Part XV	/II Information R Exempt Organ		fers To	and Transactions	s and Rel	ationships With Nor	ncharitable	_
1 Did th	e organization directly or ind	rectly engage in any o	f the following	ng with any other organiz	ation describe	d in section 501(c) of		res No
	ode (other than section 501(c			· ·			i h	
	fers from the reporting found				J		1 1	
(1) C				J an- L anon J 1			1a(1)	x
٠,	ther assets						1a(2)	$\frac{1}{x}$
	transactions:						1.4(2)	
	ales of assets to a noncharita	ahla ayamnt arganizati	On.				16(1)	x
	urchases of assets from a no	. •					- ` ' 	$\frac{x}{x}$
	ental of facilities, equipment,	· ·	yanızanını				1b(2) 1b(3)	$\frac{x}{x}$
								$\frac{\Lambda}{X}$
, ,	eimbursement arrangements	•					1b(4)	$\frac{\Lambda}{X}$
	oans or loan guarantees						1b(5)	$\frac{\Lambda}{X}$
	erformance of services or mi	•	•				1b(6)	
	ng of facilities, equipment, ma	-					1c	X
or sen		oundation. If the found	dation receiv	ed less than fair market v		the fair market value of the gi ansaction or sharing arrangen		ls,
(a)Line no	(b) Amount involved			e exempt organization		Description of transfers, transaction	ıs, and sharıng arra	ngements
,,,	(-,	(-,	N/A		- ``		-,	
					_			
		 	_		_			
		<u> </u>			_			
								
						_ -		
						_		
								
		 						
				·				
		<u> </u>						
ın sect	foundation directly or indirec tion 501(c) of the Code (othe ," complete the following sch	r than section 501(c)(-		anizations des	cribed	Yes	X No
<u> </u>	(a) Name of org			(b) Type of organization	n	(c) Description of rela	ationship	
	N/A			() 31	_	(1)		
					+			
					_			
					+			
	nder penalties of perjury, I declare	that I have examined this	return, ıncludır	ng accompanying schedules a	and statements	and to the best of my knowledge		
Sign Here	nd belief, it is true, correct, and con	mplete Declaration of prep		n taxpayer) is based on all infi	formation of whice	esident	May the IRS dis return with the p shown below (so	preparer
	Signature of officer or trustee			Date	Title			
	Print/Type preparer's na		Preparer's s	ignature .	Date	self- employed	PTIN	
Paid	Nicholas E		/ /	10	05/09		P013102	
Prepare	er Firm's name BAK	ER NEWMAN	& NOY	ES		Firm's EIN ► 01	049452	6

Form **990-PF** (2015)

Phone no. (617) 556-3900

Use Only

Firm's address ▶ 175 FEDERAL STREET, SUITE 970 BOSTON, MA 02110

Part XV Supplementary Informatian Grants and Contributions Paid During the			-	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	Amount
Melrose Friends of the Aging	N/A	PC	Improvements to Milano	
201 West Foster Street			Senior Center	
Melrose, MA 02176				15,00
Melrose Orchestral Association	N7 / 2	DC.	Conoral Operating	
P.O. Box 760715	N/A	PC	General Operating Support	
Melrose, MA 02176				10,00
<u> </u>		· · · ·		
toneham Theatre	N/A	PC	General Operating	
95 Main Street			Support	
Stoneham, MA 02180				15,00
The Fitch Home, Inc.	N/A	POF	Dining Room and Social	
'5 Lake Avenue Melrose, MA 02176			Area Furniture	16 00
				16,00
MCA of Metro North	N/A	PC	Melrose YMCA Welcome	
97 Main Street			Center Renovation	
lelrose, MA 02176				7,00
				_
				
Total from continuation sheets				63,00

Form 990-PF	Legal	Fees			Statement 1
Description	(a) Expenses Per Books	(b) Net Inve		(c) Adjusted Net Incom	
Legal Fees	1,895.		0.		1,895.
To Fm 990-PF, Pg 1, ln 16a =	1,895.		0.		1,895.
Form 990-PF	Accounti	ng Fees			Statement 2
Description	(a) Expenses Per Books	(b) Net Inve		(c) Adjusted Net Incom	
Accounting Fees	500.		250.		250.
To Form 990-PF, Pg 1, ln 16b	500.		250.		250.
Form 990-PF	Other E	xpenses			Statement 3
Description	(a) Expenses Per Books	(b) Net Inve		(c) Adjusted Net Incom	
State Fees Office Expenses	600.		0.		600.
To Form 990-PF, Pg 1, ln 23	625.		0.		625.
Form 990-PF	Corporat	e Stock			Statement 4
			-	-	Fair Market
Description			Вос	k Value	Value
Description 106,170 shares Melrose Bancor	rp, Inc.			ok Value .,622,278.	

Form 990-PF Part VIII - List of Officers, Directors Trustees and Foundation Managers			Statement 5		
Name and Address		Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib	
Candy Brower 638 Main Street Melrose, MA 02176		Director 1.00	0.	0.	0.
Frank Giso, III 638 Main Street Melrose, MA 02176		Director 1.00	0.	0.	0.
William C. Huntress 638 Main Street Melrose, MA 02176	s, III	Director 1.00	0.	0.	0.
Elizabeth W. McNeli 638 Main Street Melrose, MA 02176	s	Director 1.00	0.	0.	0.
F. Peter Waystack 638 Main Street Melrose, MA 02176		Director 1.00	0.	0.	0.
Alan Whitney 638 Main Street Melrose, MA 02176		Director 1.00	0.	0.	0.
Jeffrey D. Jones 638 Main Street Melrose, MA 02176		Chair and Dir 1.00	ector 0.	0.	0.
MaryBeth McAteer-Ma 638 Main Street Melrose, MA 02176	rgolis	Treasurer and 1.00	Director 0.	0.	0.
Diane Indorato 638 Main Street Melrose, MA 02176		Secretary and 1.00	Director 0.	0.	0.
Totals included on	990-PF, Page	6, Part VIII	0.	0.	0.

EIN: 46-5490603



HOME LEARN ABOUT US CONTACT US INVESTOR RELATIONS

SEARCH	ĺ	ao	
02/11/011		90	

≜ ONLINE BANKING

LEARN ABOUT PRODUCTS & SERVICES

OPEN AN ACCOUNT APPLY FOR A LOAN **DISCOVER**THE EDUCATION CENTER

Melrose Cooperative Bank Foundation





The mission of the Melrose Cooperative Bank Foundation is to provide financial support to charitable and community service organizations in the communities in which Melrose Cooperative Bank operates. The Foundation is dedicated completely to community activities and the promotion of charitable causes.

EIN: 46-5490603

We focus our support in the following areas:



Education and Youth Programs

Initiatives at the primary, secondary and post secondary school age levels that raise the aspirations of students in the community, enhance initiatives that support the education process, and support programs that assist in improving the quality of life for children in the community that foster education, learning and leadership in and out of a formal school setting, such as afterschool programs and daycare.

Health and Human Services

Programs that are essential to the health, social wellness and overall wellbeing of the community, as well as initiatives that focus on physical and mental wellness.



Ceneral Community

Organizations that support and promote the social, cultural or economic well-being of the local community. This would include efforts to support organizations dedicated to art, history, homelessness, disabilities, abuse, training and food pantifies.

Affordable Housing

Programs that assist with improving low to moderate income homeownership in the community.

Get Started. How much will you be requesting?

LESS THAN \$2,500

\$2,500 OR MORE

EIN: 46-5490603



MELROSE COOPERATIVE BANK FOUNDATION

638 Main Street, Melrose, MA 02176

GRANT APPLICATION

Date of Application		
Grant Applicant's Organization Name		
Please include a copy of the IRS Tax Exempt Status under 501	(c)(3) or 501(c)(1) of the I	nternal Revenue Code if applicable
Name of Applicant		
Organization Title		
Street/Mailing Address		
City	State	Zip Code
Telephone	Email	
Website		
Amount of Request	Payable To	
Program Description. Describe your proposal in 250 wor	rds or less:	

\$2,500 OR MORE

Requirements for Applications from \$2,500

When requesting a grant, the following information must be included:

- Organizational Summary (Mission, Goals, Objectives)
- · Specific purpose of funds requested
- Need for project/service in the community
- Amount requested and overall project budget (when applicable)
- · Most recent audit report or financial statements
- · How the success of the use of funds will be evaluated/measured
- Status of grant activity from other organizations including approvals, denials and pending applications
- · Information on the organization's Executive Director and Board of Directors
- Copy of IRS federal tax-exempt letter
- Grant recipients must demonstrate Section 501(c)(3) or 501(c)(1) status and relevance to the Foundation's area of giving

Download Application

The grants awarded typically range from \$2,500-\$10,000, however larger grants may be considered, per organization, per year.

 Grants are generally awarded semi-annually. Applications are accepted year-round.

Statement 6

Melrose Cooperative Bank Foundation - Melros Melros ei Cooperative Bank Foundation of 4

EIN: 46-5490603

- Awards are generally limited to use in the communities served by Melrose Cooperative Bank.
- The Foundation does not provide financial support for political organizations or candidates, activities for religious purposes, contributions to individual endeavors or scholarships

Home

Personal Banking

Business Banking

Online Services

Customer Service



© 2016 Melrose Cooperative Bank. All Rights Reserved.

Home | Privacy Disclosure | Security | Contact Us | Sitemap

EIN: 46-5490603



MELROSE COOPERATIVE BANK FOUNDATION

638 Main Street, Melrose, MA 02176

PLEASE INCLUDE THE FOLLOWING INFORMATION WITH YOUR GRANT APPLICATION:

- **1.** A copy of the IRS Tax Exempt Status under 501(c)(3) or 501(c)(1) of the Internal Revenue Code.
- 2. The most recent year-end financial statements for the organization and current fiscal budget.
- **3.** A written request on the organization's letterhead including the following information:

General

- Date the organization's Board approved the project and/or amount of money requested.
- Describe the organization, its purpose and governing structure (explain if other organizations are involved with this project).

Proposed Program or Project

- Describe the program or project that requires funding by answering the following:
 - 1. Why is the funding needed?
 - 2 Who will be served and how will they benefit?
 - 3. How will the community benefit?
- Describe the steps to implement this project including person responsible for the project and projected timeframe for implementation.
- Describe how the success of the project will be measured and evaluated.
- If Grant Funds are for general, unrestricted use, please state.

Budget Information

If applicable to the Grant Application:

- Itemize the expenses to be funded by this request.
- Indicate the entire budget including amount requested.
- Source of cost estimates/funding need—bids solicited or comparison prices (if applicable).
- Other sources of funding for this project.
- Financing method to sustain this program/project (if applicable).
- 4. A completed Grant Application (see page 2).

Note Grant Funds are not to be used for political purposes or lobbying efforts Grant Funds may not be paid to an individual endeavor

EIN: 46-5490603



MELROSE COOPERATIVE BANK FOUNDATION

638 Main Street, Melrose, MA 02176

GRANT APPLICATION

Date of Application	
Grant Applicant's Organization Name	
Address	
ORGANIZATION REPRESENTATIVES	
Executive Director	Contact Person
Telephone	Telephone
Email	Email
TYPE AND AMOUNT OF REQUEST	
Project Title / Organization Request	, , , , , , , , , , , , , , , , , , ,
Amount Requested	Total Project Budget
Proposed Date	Proposed Venue
Health and Human Services Afforda	l Community ble Housing
Summarize the proposed project/request for funding:	
	

EIN: 46-5490603



MELROSE COOPERATIVE BANK FOUNDATION

638 Main Street, Melrose, MA 02176

How does this project benefit the Melrose Community and/or support the mission of the foundation?
Are other sources being approached for additional funding? How else are you securing funds?
Any additional project information. Please note, receipts and/or documentation may be requested prior to reimbursement of funds.

Please send the completed Grant Application

Melrose Cooperative Bank Foundation and other required information to this address: 638 Main Street, Melrose, MA 02176