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Form **990-PF**

Return of Private Foundation

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	For o	alend	ar year 2015 or tax year beginning $04/01/15$, a	and ending 03/3	1/16			
•		ne of fou				A Emple	oyer identification number	
			OSOLIDO FAMILY SCHOLARSHIP					
			LINO RULLO				<u>-3269148</u>	
			street (or P O box number if mail is not delivered to street address)	Ro	om/suite		hone number (see instructions 1 – 8 6 2 – 1 6 3 3	·)
			DLEY ROAD state or province, country, and ZIP or foreign postal code				1-002-1033	
	-		NGTON MA 02173			C If exe	mption application is pending,	check here
				rn of a former public ch	narity	D 1 Fo	oreign organizations, check he	re 🕨
	•		Final return Amended	•		!	oreign organizations meeting t	
			Address change Name cha			l	i% test, check here and attach	
		hoole t	ype of organization X Section 501(c)(3) exempt private					
ſ				e private foundation			ate foundation status was term in 507(b)(1)(A), check here	inated under
Ł			ket value of all assets at J Accounting method	Cash X Acci	rual	ł	foundation is in a 60-month te	rmination
			ear (from Part II, col. (c), Other (specify)	Casii II Acci	luai	I	section 507(b)(1)(B), check h	
		e 16) j		he on cash hasis)		}		
		ırt i	Analysis of Revenue and Expenses (The total of	(a) Revenue and				(d) Disbursements
			amounts in columns (b), (c), and (d) may not necessarily equal	expenses per	(b) Net inv		(c) Adjusted net income	for charitable purposes
			the amounts in column (a) (see instructions))	books				(cash basis only)
_		1	Contributions, gifts, grants, etc., received (attach schedule)	2,050				
2017		2	Check ► X If the foundation is not required to attach Sch B					
		3	Interest on savings and temporary cash investments	1,524		1,524	1,524	
69		4	Dividends and interest from securities		_			
Ø		5a	Gross rents					
FEB	je	Ь	Net rental income or (loss)					
	eu	6a	Net gain or (loss) from sale of assets not on line 10			·····		
	Revenue	b	Gross sales price for all assets on line 6a					
SCANNED	œ	7	Capital gain net income (from Part IV, line 2)			0		
Z		8	Net short-term capital gain				0	
Ø.		9	Income modifications					
Š		10a	Gross sales less returns and allowances					
-		Ь	Less Cost of goods sold					
		C	Gross profit or (loss) (attach schedule)					
		11 12	Other income (attach schedule) Total. Add lines 1 through 11	3,574		1,524	1,524	
		13	Compensation of officers, directors, trustees, etc	3,3,1		1/321		
	penses	14	Other employee salaries and wages					
	ŝuŝ	15	Pension plans, employee benefits					
		16a	Legal fees (attach schedule)					
	Operating and Administrative Ex	ь	Accounting fees (attach schedule) STMT 1	575		575		
	<u>š</u>	C	Other professional fees (attach schedule)		<u> </u>			
	ä	17	Interest					
	<u>st</u>	18	Taxes (attach schedule) (see instructions) STMT 2	50		50		
	Ë	19	Depreciation (attach schedule) and depletion					
	₽	20	Occupancy					
	₹	21	Travel, conferences-and meetings					
	Ē	22	Printing and publications.					
	6	23	Cirwir 2	724		724		
	ij	24	Total operating and administrative expenses.					
	Ta		Add lines213 through 23	1,349	l	1,349	0	0
	ğ	25	Contributions, gifts, grants paid	6,000				6,000
	_	26	Total expenses and disbursements. Add lines 24 and 25	7,349		1,349	0	6,000
		27	Subtract line 26 from line 12					
		a	Excess of revenue over expenses and disbursements	-3,775				
		b	Net investment income (if negative, enter -0-)			175		
		С	Adjusted net income (if negative, enter -0-)				1,524	
	For	Paper	work Reduction Act Notice, see instructions.					Form 990-PF (2015)
	DAA		910					

119,116

119,114

3

4

5

3 Other increases not included in line 2 (itemize) ▶

5 Decreases not included in line 2 (itemize) ▶ SEE STATEMENT 4

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

4 Add lines 1, 2, and 3

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the

Form 990-PF (2015)

5,899

6,000

7

Add lines 5 and 6

Part VI instructions

8 Enter qualifying distributions from Part XII, line 4

	990-PF (2015) PESCOSOLIDO FAMILY SCHOLARSHIP 04-3269148					F	age 4
_Pa	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instruc	tions))				
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1	٦	ļ				
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions	s)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		1	ļ			2
	here X and enter 1% of Part I, line 27b		İ				
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of	لـ					
	Part I, line 12, col (b)						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		_2_	<u> </u>	_		0
3	Add lines 1 and 2		3	_			2
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-		5				2
6	Credits/Payments						
a	2015 estimated tax payments and 2014 overpayment credited to 2015]				
b	Exempt foreign organizations – tax withheld at source						
C	Tax paid with application for extension of time to file (Form 8868) 6c	50	ļ			`	
d _	Backup withholding erroneously withheld 6d		1				- ^
7	Total credits and payments Add lines 6a through 6d		7_	ļ		_	50
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9				4.0
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10	 			48
11	Enter the amount of line 10 to be Credited to 2016 estimated tax 48 Refunded	_	11				
	ert VII-A Statements Regarding Activities						T
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it					Yes	No
_	participate or intervene in any political campaign?				1a_		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see				۱		
	Instructions for the definition)?				1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials						
•	published or distributed by the foundation in connection with the activities Did the foundation file Form 1120-POL for this year?						х
c d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				1c		1
u	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$						
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed		_				
C	on foundation managers > \$						
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?				2		x
_	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		х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?				4a		Х
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?			·	5		Х
	If "Yes," attach the statement required by General Instruction T						
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either						
	By language in the governing instrument, or						
	By state legislation that effectively amends the governing instrument so that no mandatory directions that						
	conflict with the state law remain in the governing instrument?				6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), a	nd Pa	rt XV		7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) MA					3	
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_		x
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 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes,"						
	complete Part XIV				9_		х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their						
	names and addresses				10		X
						M_DE	-

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	art VII-B Statements Regarding Activities for Which Form	4720 May Be R	equired (cont	inued)		
5a			О.	. .		
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4		[Yes X No		
	(2) Influence the outcome of any specific public election (see section 4955), or the section 4955 and the section 4955 are the section 4955.	to carry on,	┌,	Yes X No		
	directly or indirectly, any voter registration drive?		} {			
	(3) Provide a grant to an individual for travel, study, or other similar purposes?			Yes X No		
	(4) Provide a grant to an organization other than a charitable, etc., organization	described in	\Box	Yes X No		
	section 4945(d)(4)(A)? (see instructions)	r advoctional		Yes X No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or	reducational	ſ ,	Yes X No		
_	purposes, or for the prevention of cruelty to children or animals?	or the eventues of		Yes X No		
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify und			N/A	E	•
	Regulations section 53 4945 or in a current notice regarding disaster assistance			N/A	5b	
_	Organizations relying on a current notice regarding disaster assistance check he If the answer is "Yes" to question 5a(4), does the foundation claim exemption from					
С	because it maintained expenditure responsibility for the grant?	on the tax	N/A 🗌 .	Yes No		
	If "Yes," attach the statement required by Regulations section 53 4945–5(d)	·	M/A	res No		
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pa	ov promiume	-			
Va	on a personal benefit contract?	ay premiums	\Box	Yes X No	- 1	
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a pe	reanal benefit contr		res 21 NO	6b	x
U	If "Yes" to 6b, file Form 8870	isonal benefit conti	acti		00	
72	At any time during the tax year, was the foundation a party to a prohibited tax sh	elter transaction?		Yes X No	1	
	If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b	
	art VIII Information About Officers, Directors, Trustees, Fo					
	and Contractors		g,g,	- a.ap.o.y.	,	
1 1	ist all officers, directors, trustees, foundation managers and their compens	ation (see instruc	tions).			
			(c) Compensation	(d) Contributions to	I	
	(a) Name and address	(b) Title, and average hours per week	(If not paid,	employee benefit plans and deferred		ense account, allowances
		devoted to position	enter -0-)	compensation	other .	allowalices
SE	E STATEMENT 5					
_			·			
					-	
]		
_		<u> </u>				
2	Compensation of five highest-paid employees (other than those included of	on line 1 – see ins	tructions). If non	e, enter		
	"NONE."	, _		,	,	
		(b) Title, and average		(d) Contributions to	(-) Evan	naa aaaaunt
	(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred		nse account, allowances
		devoted to position		compensation		
NC	NE					
		<u> </u>		<u> </u>	<u> </u>	
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	Laurehau of Jihan annalauraa and anna de G	L	L	<u> </u>	<u> </u>	
ota	I number of other employees paid over \$50,000					0
				F	orm 990)-PF (2015)

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Part VIII	Information About Officers, Directors, Trustees, Found	dation Managers, Highly Paid E	Employees,
<u> </u>	and Contractors (continued)	W	
3 Five high	est-paid independent contractors for professional services (see instr		
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 services		<u> </u>
Part IX-A	Summary of Direct Charitable Activities		
	s four largest direct charitable activities during the tax year. Include relevant statistical information other beneficiaries served, conferences convened, research papers produced, etc.	such as the number of	Expenses
1 N/A			
			<u> </u>
2			
			
3			
4			
			<u> </u>
Part IX-B	Summary of Program-Related Investments (see instru	uctions)	
	argest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/A			
2			
2			Ì
All other program-r	related investments. See instructions		
3			
			
Total Add lines	4 45		1

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Pa	Art X Minimum Investment Return (All domestic foundations must complete this part. Foreign	ın fou	ndations,
	see instructions.)	,	
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	0
b	Average of monthly cash balances	1b	121,261
С	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	121,261
е	Reduction claimed for blockage or other factors reported on lines 1a and	1 1	
	1c (attach detailed explanation)	} }	
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	121,261
4	Cash deemed held for charitable activities Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	1,819
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	119,442
6	Minimum investment return. Enter 5% of line 5	6	5,972
Pa	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating	found	lations
	and certain foreign organizations check here ▶ and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	5,972
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)		
С	Add lines 2a and 2b	2c	2
3	Distributable amount before adjustments Subtract line 2c from line 1	3	5,970
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	5,970
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	5,970
P:	art 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	6,000
b	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	
3	Amounts set aside for specific charitable projects that satisfy the		
а	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	6,000
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	2
6	Adjusted qualifying distributions. Subtract line 5 from line 4	_6	5,998
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundations are considered to the control of	ation	

qualifies for the section 4940(e) reduction of tax in those years

3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient Purpose of grant or show any relationship to Amount contribution any foundation manager recipient Name and address (home or business) or substantial contributor Paid during the year EMMA KATHERINE WOO 51 BRATTLE STREET NONE STUDENT CAMBRIDGE MA 02138 ITALIAN EDUCATION 1,000 LISANDRA COSTINER NONE STUDENT COWLEY PLACE OXFORD, UNITED KINGDOM AL ITALIAN EDUCATION 1,000 STEVE DECINA NONE STUDENT PIAZZA GARIBALDI CAMERINO, ITALY ITALIAN EDUCATION 1,000 ROMANA PILEPICH NONE STUDENT 1920 N STREET NW WASHINGTON DC 20036 ITALIAN EDUCATION 1,000 ERIC SALINA 100 INSTITUTE ROAD NONE STUDENT WORCESTER MA 01609 ITALIAN EDUCATION 1,000 BRANDON WRIGHT 1350 MASSACHUSETTS AVENUE NONE STUDENT CAMBRIDGE MA 02138 ITALIAN EDUCATION 1,000 6,000 Total ▶ 3a Approved for future payment N/A ▶ 3b Total

Part XVI-A	A Analysis of Income-Producing Ac	ctivities				
Enter gross am	iounts unless otherwise indicated	Unrelate	ed business income	Exclude	d by section 512, 513, or 514	(e)
		(a)	(b)	_ (c)	(d)	Related or exempt
		Business code	Amount	Exclusion code	Amount	function income (See instructions)
1 Program s				 		
a		-		<u> </u>	<u>_</u>	
		-		 		
		- }		 		
		-		+		
f		-				
	nd contracts from government agencies			 		
_	up dues and assessments					
	savings and temporary cash investments		<u> </u>	 		1,524
	and interest from securities			<u> </u>		
	ncome or (loss) from real estate:					······································
a Debt-fi	nanced property					
	bt-financed property					
6 Net rental	ncome or (loss) from personal property	`_				
7 Other inves	stment income		,			
8 Gain or (lo	ss) from sales of assets other than inventory					
9 Net income	e or (loss) from special events			<u> </u>		
	it or (loss) from sales of inventory					
11 Other reve	nue: a					
b		_				
		_		-		
d		_	 	 		
e	-,	-				1 504
	add columns (b), (d), and (e)	L	L	0	0	1,524
	line 12, columns (b), (d), and (e)				13	1,524
Part XVI-E	t in line 13 instructions to verify calculations) Relationship of Activities to the A	Accomplishm	ent of Evernet E	Purnose		
Line No.	Explain below how each activity for which incom					
Eille No. ▼	accomplishment of the foundation's exempt pur					
3	INTEREST EARNED ADDS TO					
	ADDITIONAL SCHOLARSHIPS					
						
	 					
		-				
	 					
						
	 					
	 					
	 					<u> </u>
	 		· · · · · · · · · · · · · · · · · · ·			
	 					
	 					
	 					

Form 990)-PF (201	5) PESCOSOL	DO FAM	MILY SC	HOLARSHIP		4-3269148_		Р	age 1
Part)		_	_	ansfers To	and Transaction	ons and R	Relationships Wi	th Noncharitable		
		Exempt Organiza			5.11				1	. 1
	_	nization directly or ind		_		-			Yes	s No
		11(c) of the Code (other	er than section	on 50 i(c)(3) i	organizations) or in s	ection 527, r	elating to political			
_	anization			1					1	
		om the reporting found	ation to a no	ncharitable (exempt organization	OΤ				
٠.	Cash							1a(X
	Other as							1a(2)	<u>x</u>
	ner transa									
٠,		assets to a noncharit	•	•				<u>1b(</u>		<u> </u>
		es of assets from a no			nization			<u>1b(</u>		X
		f facilities, equipment		sets				1 <u>b(</u>		X
		sement arrangements	S					<u>1b(</u>	$\overline{}$	X
		r loan guarantees						<u>1b(</u>		<u> </u>
		ance of services or m		-				<u>1b(</u>		X
		acilities, equipment, m						_10	<u></u>	<u> </u>
		•		•	•	• •	uld always show the fa			
		-	_				tion received less than			
							other assets, or servi			
	ne no	(b) Amount involved	(c) Name	e of noncharitable	e exempt organization	(c	d) Description of transfers, tra	ansactions, and sharing arrange	ments	
N/A			 			 				
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2a Is	the found	ation directly or indirec	ctly affiliated	with, or relat	ed to, one or more ta	x-exempt org	ganizations			
de	scribed in	section 501(c) of the	Code (other	than section	501(c)(3)) or in secti	on 527?			Yes 2	X No
b If"	Yes," con	nplete the following so	hedule						_	_
	(a) Name of organization		(b) Ty	pe of organization		(c) Descrip	tion of relationship		
N/	A_									
								_		
		_								
		7	Λ							
								my knowledge and belief, it is	rue,	
	correct, ar	nd complete Declaration of	preparer (other t	than taxpayer) is	based on all information of	t which preparer	r has any knowledge	May the IRS discuss th	is return	
Sign			\\.\ . \ 11					with the preparer show	n below	
Here		/ N. +	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			. 1		(see instructions)?	Yes	No.
				' V	UIA	0	PRES	IDENT		
j	Sygna	ature of frustee	1111	<u>-</u>	Dat	en	Tritle Tritle			
	Print/Tv	pe preparer's name	$\overline{}$		Preparer's signal		11-21	Date	\neg	
	1	to brokerer a rigine			Prepalers signal	11 4	リンズノ	. Date	Chec	
Paid	DEBB	A E GROTT				אַ אַ	V/X U	* 213/20T) seir-e	employe
Prepare	r	TATE TO 1	EMA T.Z	AVIN, C	ROTT & RIT	NDEAU,	Total Y	PTIN P0074	1107	6
Use Onl	y Firm's n				DRIVE, SU		5	Firm's EIN ▶ 45-36		
	rimsa		SMOUTH		3801-6810	44		Phone no 603 - 7		
					<u> </u>			Thome no OO	J J .	

	•	Charitable Purpose		0 8		Charitable Purpose	w	S.		Charitable Purpose	₩			· Δ .
	nting Fees	Adjusted Net		0 B	axes	Adjusted Net	₩.	·V·	Expenses	Adjusted Net	₩.			φ
ents	. 16b - Accou	Net Investment	575	575	Part I, Line 18 - Taxes	Net Investment	35 15	50	le 23 - Other E	Net Investment		56 167	205 296	724
Federal Statements	Part I, Line	Inve	₩.	ഗ		Inve	ጭ	w	. Part I, Lin	Inve	৵			₩.
Federa	orm 990-PF,	Total	575	575	t 2 - Form 990-PF	Total	35 15	50	orm 990-PF	Total		56 167	205	724
	Statement 1 - Form 990-PF, Part I, Line 16b - Accounting Fees		W.	ഗ	Statement 2		ጭ	w.	Statement 3 - Form 990-PF, Part I, Line 23 - Other Expenses		₩			w
04-3269148		Description	TAX PREPARATION	TOTAL		Description	STATE FILING FEES STATE ANNUAL REPORTS	TOTAL		Description	ספטאפניטפ	AISING E GE/OFFIC	BANK SERVICE CHARGES ADVERTISING	TOTAL

04-3269148

Federal Statements

Statement 4 - Form 990-PF, Part III, Line 5 - Other Decreases

 Description
 Amount

 IRS TAXES
 \$ 2

 TOTAL
 \$ 2

	,	Expenses	0	0	0	0	0	0	0
	ustees, Etc.	Benefits	0	0	0	0	0	0	0
6	licers, Directors, Tr	Compensation	0	0	0	0	0	0	0
Federal Statements	ne 1 - List of Off	Average Hours	2.00	2.00	2.00	1.00	1.00	1.00	1.00
Federal	190-PF, Part VIII, Lir	Title	PRESIDENT	TREAS.	SECRETARY	DIRECTOR	DIRECTOR	DIRECTOR	DIRECTOR
04-3269148	Statement 5 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc.	Name and Address	LINO RULLO 9 DUDLEY ROAD LEXINGTON MA 02421	SALVATORE BRAMANTE 874 FELLSWAY MEDFORD MA 02155	CARMINE N. RULLO 9 DUDLEY ROAD LEXINGTON MA 02421	FRANK J. CIANO 65 WOODSIDE LANE ARLINGTON MA 02474	RONALD A. DARDENO 209 NOBSCOT ROAD SUDBURY MA 01776	PETER W. AGNES, JR. 3 WILLOW BROOK DRIVE WAYLAND MA 01778	SPENCER M. DISCALA 136 HAMPTON ROAD SHARON MA 02067

Federal Statements Form 990-PF, Part XV, Line 2b - Application Format and Required Contents Description SEE ATTACHED Form 990-PF, Part XV, Line 2c - Submission Deadlines Description	
Form 990-PF, Part XV, Line 2b - Application Format and Required Contents Description SEE ATTACHED Form 990-PF, Part XV, Line 2c - Submission Deadlines	-
Description SEE ATTACHED Form 990-PF, Part XV, Line 2c - Submission Deadlines	-
SEE ATTACHED Form 990-PF, Part XV, Line 2c - Submission Deadlines	
Description	
Boschpari	
NONE	
Form 990-PF, Part XV, Line 2d - Award Restrictions or Limitations	
Description	
COMMONWEALTH OF MASSACHUSETTS RESIDENTS	