

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 instructions is at www.irs.gov/form990pf.

OMB No 1545-0052

2015

Open to Public Inspection

For calendar year 2015, or tax year beginning 07-01-2015 , and ending 06-30-2016

Name of foundation JANEY FUND CHARITABLE TRUST C/O C&R MANAGEMENT		A Employer identification number 11-2836564	
Number and street (or P O box number if mail is not delivered to street address) 1330 BOYLSTON STREET		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code CHESTNUT HILL, MA 02467		B Telephone number (see instructions) (617) 734-3600	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		C If exemption application is pending, check here ▶ <input type="checkbox"/> D 1. Foreign organizations, check here ▶ <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ▶ <input type="checkbox"/> E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ <input type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation			
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 30,829,635		J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	

Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</i>		Revenue and expenses per books (a)	Net investment income (b)	Adjusted net income (c)	Disbursements for charitable purposes (d) (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)				
	2 Check ▶ <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	89	89		
	4 Dividends and interest from securities	1,007,856	1,007,856		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	6,315			
	b Gross sales price for all assets on line 6a 4,291,263				
	7 Capital gain net income (from Part IV , line 2) . . .		22,154		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	1,014,260	1,030,099		
	13 Compensation of officers, directors, trustees, etc	0	0		0
	14 Other employee salaries and wages	81,538	0		81,538
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule).				
	b Accounting fees (attach schedule).	 5,250	2,625		2,625
	c Other professional fees (attach schedule)	 30,075	27,075		3,000
	17 Interest				
	18 Taxes (attach schedule) (see instructions) . . .	 68,013	0		6,692
	19 Depreciation (attach schedule) and depletion . . .				
	20 Occupancy				
	21 Travel, conferences, and meetings.				
	22 Printing and publications				
	23 Other expenses (attach schedule).	 43,515	1,350		42,165
	24 Total operating and administrative expenses. Add lines 13 through 23	228,391	31,050		136,020
	25 Contributions, gifts, grants paid	5,959,155			5,959,155
	26 Total expenses and disbursements. Add lines 24 and 25	6,187,546	31,050		6,095,175
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	-5,173,286			
	b Net investment income (if negative, enter -0-)		999,049		
	c Adjusted net income (if negative, enter -0-) . . .				

Part II		Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
				(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing				
	2	Savings and temporary cash investments	2,543,243	1,670,919	1,670,919	
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____				
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions).				
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____				
	8	Inventories for sale or use				
	9	Prepaid expenses and deferred charges				
	10a	Investments—U S and state government obligations (attach schedule)				
	b	Investments—corporate stock (attach schedule)				
	c	Investments—corporate bonds (attach schedule)	32,674,063	28,373,101	29,158,716	
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____				
	12	Investments—mortgage loans				
	13	Investments—other (attach schedule)				
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____				
15	Other assets (describe ▶ _____)					
16	Total assets(to be completed by all filers—see the instructions Also, see page 1, item I)	35,217,306	30,044,020	30,829,635		
Liabilities	17	Accounts payable and accrued expenses				
	18	Grants payable				
	19	Deferred revenue				
	20	Loans from officers, directors, trustees, and other disqualified persons				
	21	Mortgages and other notes payable (attach schedule).				
	22	Other liabilities (describe ▶ _____)				
	23	Total liabilities(add lines 17 through 22)	0	0		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.					
	24	Unrestricted				
	25	Temporarily restricted				
	26	Permanently restricted				
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.					
	27	Capital stock, trust principal, or current funds	0	0		
	28	Paid-in or capital surplus, or land, bldg, and equipment fund	0	0		
	29	Retained earnings, accumulated income, endowment, or other funds	35,217,306	30,044,020		
	30	Total net assets or fund balances(see instructions)	35,217,306	30,044,020		
31	Total liabilities and net assets/fund balances(see instructions)	35,217,306	30,044,020			

Part III Analysis of Changes in Net Assets or Fund Balances			
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	35,217,306
2	Enter amount from Part I, line 27a	2	-5,173,286
3	Other increases not included in line 2 (itemize) ▶ _____	3	0
4	Add lines 1, 2, and 3	4	30,044,020
5	Decreases 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, column (b), line 30	6	30,044,020

Part IV

Capital Gains and Losses for Tax on Investment Income

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co)		How acquired P—Purchase (b) D—Donation	Date acquired (c) (mo , day, yr)	Date sold (d) (mo , day, yr)
1 a	PUBLICLY TRADED SECURITIES	P		
b				
c				
d				
e				

(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
a 4,291,263		4,269,109	22,154
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h)) (l)
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
a			22,154
b			
c			
d			
e			

2	Capital gain net income or (net capital loss)	If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	22,154
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8		3	

Part V

Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)
If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2014	5,796,458	34,899,140	0 166092
2013	4,900,304	20,362,403	0 240655
2012	4,816,610	4,220,656	1 141199
2011	4,845,682	6,597,724	0 734448
2010	5,723,453	7,458,398	0 767384

2	Total of line 1, column (d).	2	3 049778
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0 609956
4	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5.	4	32,820,965
5	Multiply line 4 by line 3.	5	20,019,345
6	Enter 1% of net investment income (1% of Part I, line 27b).	6	9,990
7	Add lines 5 and 6.	7	20,029,335
8	Enter qualifying distributions from Part XII, line 4.	8	6,095,175

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

Part VI **Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)**

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b	1	19,981
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2.	3	19,981
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	19,981
6	Credits/Payments		
a	2015 estimated tax payments and 2014 overpayment credited to 2015	6a	36,000
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	36,000
8	Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> 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	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶	10	16,019
11	Enter the amount of line 10 to be Credited to 2015 estimated tax ▶ 16,019 Refunded ▶	11	0

Part VII-A **Statements Regarding Activities**

1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		Yes	No
1a				No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? <i>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</i>	1b		No
c	Did the foundation file Form 1120-POL for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$ _____ 0 (2) On foundation managers ▶ \$ _____ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ _____ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>	2		No
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? <i>If "Yes," attach a conformed copy of the changes</i>	3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i>	5		No
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	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ MA _____			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i> .	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	9		No
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	10		No

Part VII-A

Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ N/A	13	Yes	
14	The books are in care of ▶ C&R MANAGMENT Telephone no ▶ (617) 734-3600 Located at ▶ 1330 BOYLSTON STREET CHESTNUT HILL MA ZIP+4 ▶ 02467			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year ▶ 15	15		
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ▶	16	Yes No	No No

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the year did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (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). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here. ▶ <input type="checkbox"/>	1b		
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		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	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 all years listed, answer "No" and attach statement—see instructions).	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "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 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		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

5a During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). ☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No

b If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? ☐ Yes ☒ No **5b**

Organizations relying on a current notice regarding disaster assistance check here. ☐

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☐ Yes ☒ No

If "Yes," attach the statement required by Regulations section 53.4945–5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No **6b** **No**

If "Yes" to 6b, file Form 8870

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☒ No

b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? ☐ Yes ☒ No **7b**

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
SUSAN ROTHENBERG C/O CR MANAGEMENT 1330 BOYLSTON ST CHESTNUT HILL, MA 02467	TRUSTEE 1 00	0	0	0
EDWARD ROTHENBERG C/O CR MANAGEMENT 1330 BOYLSTON ST CHESTNUT HILL, NY 02467	MANAGER 1 00	0	0	0
WILLIAM J BUCKLEY 44 MEETING STREET CHARLESTON, SC 29401	TRUSTEE 1 00	0	0	0
ANN ROTHENBERG C/O CR MANAGEMENT 1330 BOYLSTON ST CHESTNUT HILL, MA 02467	TRUSTEE 1 00	0	0	0

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred compensation (d)	Expense account, (e) other allowances
DEBORAH DENHART 595 COLES MEADOW RD NORTHAMPTON, MA 01060	ADMINISTRATOR 30 00	81,538	41,316	0

Total number of other employees paid over \$50,000. ☐ 0

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)*

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional 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 NONE	0
2	
3	
4	

Part IX-B

Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE	0
2	
All other program-related investments. See instructions.	
3	

Total. Add lines 1 through 3 ▶

0

Part X Minimum Investment Return

(All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities.	1a	31,213,696
b	Average of monthly cash balances.	1b	2,107,081
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	33,320,777
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	33,320,777
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	499,812
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	32,820,965
6	Minimum investment return. Enter 5% of line 5.	6	1,641,048

Part XI Distributable Amount(see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	1,641,048
2a	Tax on investment income for 2015 from Part VI, line 5.	2a	19,981
b	Income tax for 2015 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	19,981
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	1,621,067
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	1,621,067
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	1,621,067

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	6,095,175
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	6,095,175
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	6,095,175

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII

Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				1,621,067
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only.			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2015				
a From 2010.				5,355,363
b From 2011.				4,519,961
c From 2012.				4,609,811
d From 2013.				3,888,641
e From 2014.				4,084,661
f Total of lines 3a through e.	22,458,437			
4 Qualifying distributions for 2015 from Part XII, line 4 ► \$ 6,095,175				
a Applied to 2014, but not more than line 2a			0	
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.				1,621,067
e Remaining amount distributed out of corpus	4,474,108			
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a))	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	26,932,545			
b Prior years' undistributed income Subtract line 4b from line 2b.		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b Taxable amount—see instructions		0		
e Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015.				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).	0			
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions). . .	5,355,363			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a.	21,577,182			
10 Analysis of line 9				
a Excess from 2011. . . .				4,519,961
b Excess from 2012. . . .				4,609,811
c Excess from 2013. . . .				3,888,641
d Excess from 2014. . . .				4,084,661
e Excess from 2015. . . .				4,474,108

Part XIV

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Part XV

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Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a

b

C

d

Part XV

Supplementary Information(continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

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)					
a <i>Paid during the year</i> See Additional Data Table					
Total				▶ 3a	5,959,155
b <i>Approved for future payment</i>					
Total				▶ 3b	0

Enter gross amounts unless otherwise indicated

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Form **990-PF** (2015)

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of				
(1) Cash.		1a(1)		No
(2) Other assets.		1a(2)		No
b Other transactions				
(1) Sales of assets to a noncharitable exempt organization.		1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization.		1b(2)		No
(3) Rental of facilities, equipment, or other assets.		1b(3)		No
(4) Reimbursement arrangements.		1b(4)		No
(5) Loans or loan guarantees.		1b(5)		No
(6) Performance of services or membership or fundraising solicitations.		1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.		1c		No
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received				

[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes
☒ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

**Sign
Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

* * * * *

2017-05-03

* * * * *

Signature of officer or trustee

Date _____

Title

May the IRS discuss this return with the preparer shown below

(see instr)? ☒ Yes ☐ No

(see instr)? ☒ Yes ☐ No

**Paid
Preparer
Use
Only**

Print/Type preparer's name
THEODORE S SAMET
CPA

Preparer's Signature

Date

Check if self-employed ☐

PTIN	P01330378
------	-----------

Firm's name ►
SAMET & COMPANY PC

Firm's EIN ▶ 04-3027605

Firm's address ▶
1330 BOYLSTON STREET CHESTNUT HILL, MA
024672111

Phone no (617) 731-1222

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

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)				
a <i>Paid during the year</i>				
ACLU FOUNDATION 125 BROAD STREET NEW YORK,NY 10004	NONE	EXEMPT	UNRESTRICTED	10,000
ADOLESCENT CONSULTATION SERVICES 40 THORNDIKE STREET CAMBRIDGE,MA 02141	NONE	EXEMPT	UNRESTRICTED	20,000
ALBANIA HUMAN RIGHTS 5 PENN PLAZA 16TH FLOOR NEW YORK,NY 10001	NONE	EXEMPT	UNRESTRICTED	5,000
ALBERT EINSTEIN COLLEGE OF MEDICINE 1300 MORRIS PARK AVENUE BRONX,NY 10461	NONE	EXEMPT	UNRESTRICTED	50,000
ALL DORCHESTER SPORTS LEAGUE PO BOX 220643 DORCHESTER,MA 02122	NONE	EXEMPT	UNRESTRICTED	10,000
Total ▶ 3a				5,959,155

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

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)				
a <i>Paid during the year</i>				
ALL NEWTON MUSIC SCHOOL 321 CHESTNUT STREET WEST NEWTON,MA 02465	NONE	EXEMPT	UNRESTRICTED	55,000
ALZHEIMER'S DISEASE 322 EIGHT AVE NEW YORK,NY 10001	NONE	EXEMPT	UNRESTRICTED	600
AMERICAN ASSOCIATION 2451 CRYSTAL DRIVE ARLINGTON,VA 22202	NONE	EXEMPT	UNRESTRICTED	100
AMERICAN DIABETES ASSOCIATION 10 SPEEN ST FRAMINGHAM,MA 01701	NONE	EXEMPT	UNRESTRICTED	200
AMERICAN FEDERATION 36 CHAUNCY ST BOSTON,MA 02111	NONE	EXEMPT	UNRESTRICTED	225
Total ▶ 3a				5,959,155

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

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)				
a <i>Paid during the year</i>				
AMERICAN INSTITUTE 1000 THOMAS JEFFERSON ST WASHINGTON,DC 20007	NONE	EXEMPT	UNRESTRICTED	200
AMERICAN JEWISH COMMITTEE 126 HIGH STREET BOSTON,MA 02110	NONE	EXEMPT	UNRESTRICTED	50,000
AMERICAN SOCIETY FOR TECHNION-ISRAEL INSTITUTE ONE GATEWAY CENTER NEWTON,MA 02458	NONE	EXEMPT	UNRESTRICTED	50,000
AMNESTY INTERNATIONAL 5 PENN PLAZA 16TH FLOOR NEW YORK,NY 10001	NONE	EXEMPT	UNRESTRICTED	200
ANTI-DEFAMATION LEAGUE OF NEW ENGLAND 126 HIGH STREET BOSTON,MA 02110	NONE	EXEMPT	UNRESTRICTED	25,000
Total ▶ 3a				5,959,155

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

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)				
a Paid during the year				
APPALACHIAN MOUNTAIN CLUB 5 JOY ST BOSTON,MA 02108	NONE	EXEMPT	UNRESTRICTED	200
AQUINNAH PUBLIC LIBRARY 1 CHURCH ST AQUINNAH,MA 02535	NONE	EXEMPT	UNRESTRICTED	2,000
ARTISTIC NOISE 315 FLATBUSH AVENUE 507 BROOKLYN,NY 11217	NONE	EXEMPT	UNRESTRICTED	15,000
ARTISTS FOR HUMANITY 100 WEST SECOND STREET BOSTON,MA 02127	NONE	EXEMPT	UNRESTRICTED	145,000
BAY COVE - SMALL WONDERS 105 VICTORY ROAD DORCHESTER,MA 02122	NONE	EXEMPT	UNRESTRICTED	15,000
Total ▶ 3a				5,959,155

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

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)				
a <i>Paid during the year</i>				
BEACON ACADEMY 477 LONGWOOD AVE BOSTON,MA 02215	NONE	EXEMPT	UNRESTRICTED	25,000
BERKLEE CITY MUSIC PROGRAM 1140 BOYLSTON STREET BOSTON,MA 02215	NONE	EXEMPT	UNRESTRICTED	150,000
BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVE BOSTON,MA 02215	NONE	EXEMPT	UNRESTRICTED	100,000
BIG SISTER ASSOCIATION OF GREATER BOSTON 161 MASSACHUSETTS AVENUE BOSTON,MA 02115	NONE	EXEMPT	UNRESTRICTED	15,000
BLUE HILLS REGIONAL 800 RANDOLPH ST CANTON,MA 02021	NONE	EXEMPT	UNRESTRICTED	4,500
Total ▶ 3a				5,959,155

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

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)				
a <i>Paid during the year</i>				
BLUE RIDER STABLES 16 FARM LANE GREAT BARRINGTON,MA 01230	NONE	EXEMPT	UNRESTRICTED	15,000
BOSTON AREA RAPE CRISIS CENTER 321 COLUMBUS AVE BOSTON,MA 02116	NONE	EXEMPT	UNRESTRICTED	15,000
BOSTON ARTS ACADEMY 174 IPSWICH STREET BOSTON,MA 02125	NONE	EXEMPT	UNRESTRICTED	55,000
BOSTON ARTS ENS 85 HILLSIDE AVE WEST NEWTON,MA 02465	NONE	EXEMPT	UNRESTRICTED	2,000
BOSTON HEALTH CARE FOR THE HOMELESS 729 MASSACHUSETTS AVE BOSTON,MA 02118	NONE	EXEMPT	UNRESTRICTED	75,000
Total ▶ 3a				5,959,155

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

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)				
a <i>Paid during the year</i>				
BOSTON MEDICAL CENTER (PEDIATRICS DEPT) 818 HARRISON AVE BROOKLINE,MA 02118	NONE	EXEMPT	UNRESTRICTED	100,000
BOSTON RONALD MCDONALD HOUSE 229 KENT ST BROOKLINE,MA 02118	NONE	EXEMPT	UNRESTRICTED	5,000
BOSTON SYMPHONY ORCHESTRA 301 MASSACHUSETTS AVE BOSTON,MA 02115	NONE	EXEMPT	UNRESTRICTED	100,000
BOTTOMLINE NEW YORK 44 COURT STREET SUITE 300 BROOKLYN,NY 11201	NONE	EXEMPT	UNRESTRICTED	25,000
BOYS AND GIRLS CLUB OF BOSTON 50 CONGRESS STREET BOSTON,MA 02109	NONE	EXEMPT	UNRESTRICTED	15,000
Total ▶ 3a				5,959,155

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

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)				
a Paid during the year				
BOYS AND GIRLS CLUB OF NEWTON 675 WATERTOWN ST NEWTON,MA 02460	NONE	EXEMPT	UNRESTRICTED	20,000
BRANDEIS UNIVERSITY 415 SOUTH ST WALTHAM,MA 02254	NONE	EXEMPT	UNRESTRICTED	256,000
BREAD FOR THE WORLD 425 3RD STREET WASHINGTON,DC 20024	NONE	EXEMPT	UNRESTRICTED	100
BRIGHAM AND WOMEN'S HOSPITAL 116 HUNTINGTON AVE BOSTON,MA 02116	NONE	EXEMPT	UNRESTRICTED	10,000
BRONX RIVER ALLIANCE 785 MAMARONECK AVE WHITE PLAINS,NY 10605	NONE	EXEMPT	UNRESTRICTED	10,000
Total ▶ 3a				5,959,155

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

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)				
a <i>Paid during the year</i>				
BROOKLINE COMMUNITY MENTAL HEALTH CENTER 43 GARRISON ROAD BROOKLINE,MA 02445	NONE	EXEMPT	UNRESTRICTED	15,000
BROOKLYN WORKFORCE INNOVATIONS 621 DEGRAW STREET BROOKLYN,NY 11217	NONE	EXEMPT	UNRESTRICTED	40,000
BROWNSVILLE COMMUNITY JUSTICE CENTER 520 8TH AVENUE 18TH FLOOR NEW YORK,NY 10018	NONE	EXEMPT	UNRESTRICTED	25,000
CAMERA PO BOX 35040 BOSTON,MA 02135	NONE	EXEMPT	UNRESTRICTED	50,000
CAMP HARBOR VIEW 2 DEARBORN ST BOSTON,MA 02119	NONE	EXEMPT	UNRESTRICTED	2,200
Total ▶ 3a				5,959,155

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

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)				
a <i>Paid during the year</i>				
CARE 151 ELLIS ST ATLANTA,GA 30303	NONE	EXEMPT	UNRESTRICTED	200
CARROLL CENTER FOR THE BLIND 770 CENTRE STREET NEWTON,MA 02458	NONE	EXEMPT	UNRESTRICTED	10,000
CASA NUEVA VIDA 53 GLEN ROAD JAMAICA PLAIN,MA 02130	NONE	EXEMPT	UNRESTRICTED	15,000
CENTER FOR FAMILY LIFE IN SUNSET PARK SUNSET PARK RD HAMPSTEAD,NH 03841	NONE	EXEMPT	UNRESTRICTED	35,000
CENTER FOR REPROD 199 WATER ST NEW YORK,NY 10038	NONE	EXEMPT	UNRESTRICTED	200
Total ▶ 3a				5,959,155

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

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)				
a <i>Paid during the year</i>				
CHILDREN'S CANCER 249 LINCOLN WAY NEW OXFORD,PA 17350	NONE	EXEMPT	UNRESTRICTED	100
CHILDREN'S DEFENSE FUND 25 E STREET WASHINGTON,DC 20001	NONE	EXEMPT	UNRESTRICTED	200
CHILDREN'S HUNGER 13931 BALBOA BLVD SYLMAR,CA 91342	NONE	EXEMPT	UNRESTRICTED	200
CHILDREN'S MUSEUM 300 CONGRESS STREET BOSTON,MA 02210	NONE	EXEMPT	UNRESTRICTED	30,000
CHILDREN'S ROOM OF ARLINGTON 1210 MASSACHUSETTS AVE ARLINGTON,MA 02467	NONE	EXEMPT	UNRESTRICTED	2,500
Total ▶ 3a				5,959,155

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

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)				
a <i>Paid during the year</i>				
CODMAN ACADEMY CHARTER SCHOOL 637 WASHINGTON ST DORCHESTER,MA 02124	NONE	EXEMPT	UNRESTRICTED	20,000
CODMAN SQUARE HEALTH CENTER 637 WASHINGTON STREET DORCHESTER,MA 02124	NONE	EXEMPT	UNRESTRICTED	50,000
COLONEL DANIEL MART BOYSGIRLS CLUB 1135 DORCHESTER AVE DORCHESTER,MA 02125	NONE	EXEMPT	UNRESTRICTED	30,000
COMBINED JEWISH PHILANTHROPIES 126 HIGH STREET BOSTON,MA 02110	NONE	EXEMPT	UNRESTRICTED	80,000
COMMON CAUSE NY 80 BROAD ST NEW YORK,NY 10004	NONE	EXEMPT	UNRESTRICTED	10,000
Total ▶ 3a				5,959,155

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

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)				
a <i>Paid during the year</i>				
COMMUNITY ACTION 3 WASHINGTON SQUARE HAVERHILL,MA 01830	NONE	EXEMPT	UNRESTRICTED	26,660
COMMUNITY MUSIC SCHOOL 127 STATE STREET SPRINGFIELD,MA 01103	NONE	EXEMPT	UNRESTRICTED	20,000
COMMUNITY PREPARTORY SCHOOL 126 SOMERSET STREET PROVIDENCE,RI 02907	NONE	EXEMPT	UNRESTRICTED	30,000
COMMUNITY RESOURCES FOR JUSTICE 355 BOYLSTON STREET BOSTON,MA 02116	NONE	EXEMPT	UNRESTRICTED	15,000
COMMUNITY SERVINGS 18 MARBURY TERRACE JAMAICA PLAIN,MA 02130	NONE	EXEMPT	UNRESTRICTED	25,000
Total ▶ 3a				5,959,155

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

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)				
a <i>Paid during the year</i>				
CONSUMER REPORTS PO BOX 96552 WASHINGTON,DC 20090	NONE	EXEMPT	UNRESTRICTED	200
COUNCIL OF INDIAN 1310 E RIVERVIEW DRIVE PHOENIX,AZ 85034	NONE	EXEMPT	UNRESTRICTED	200
CRISTO REY SCHOOL 1852 W 22ND PL CHICAGO,IL 60608	NONE	EXEMPT	UNRESTRICTED	10,000
CRITTENTON WOMEN'S UNION 10 PERTHSHIRE ROAD BOSTON,MA 02135	NONE	EXEMPT	UNRESTRICTED	10,000
DAILY TABLE 450 WASHINGTON STREET DORCHESTER,MA 02124	NONE	EXEMPT	UNRESTRICTED	15,000
Total ▶ 3a				5,959,155

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

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)				
a <i>Paid during the year</i>				
DAVID PROJECT PO BOX 52390 BOSTON,MA 02205	NONE	EXEMPT	UNRESTRICTED	25,000
DCF KIDS FUND 38 MAIN STREET HANOVER,NH 03755	NONE	EXEMPT	UNRESTRICTED	15,000
DOCTORS WITHOUT BORDERS 333 SEVENTH AVE NEW YORK,NY 10001	NONE	EXEMPT	UNRESTRICTED	10,000
EPIPHANY SCHOOL 154 CENTRE ST DORCHESTER,MA 02124	NONE	EXEMPT	UNRESTRICTED	20,000
EXALT YOUTH 175 REMSEN STREET SUITE 1000 BROOKLYN,NY 11201	NONE	EXEMPT	UNRESTRICTED	25,000
Total ▶ 3a				5,959,155

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

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)				
a Paid during the year				
FACING HISTORY & OURSELVES 16 HURD ROAD BROOKLINE,MA 02445	NONE	EXEMPT	UNRESTRICTED	100,000
FAMILY INDEPENDENCE INITIATIVE PO BOX 301764 JAMAICA PLAIN,MA 02130	NONE	EXEMPT	UNRESTRICTED	10,000
FAMILY NURTURING CENTER 200 BOWDOIN STREET DORCHESTER,MA 02122	NONE	EXEMPT	UNRESTRICTED	15,000
FAMILY SERVICE OF GREATER BOSTON 31 HEATH STREET BOSTON,MA 02130	NONE	EXEMPT	UNRESTRICTED	15,000
FAMILY TO FAMILY 14 BEACON STREET BOSTON,MA 02108	NONE	EXEMPT	UNRESTRICTED	10,000
Total ▶ 3a				5,959,155

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

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)				
a Paid during the year				
FENWAY HIGH SCHOOL 174 IPSWICH STRET BOSTON,MA 02215	NONE	EXEMPT	UNRESTRICTED	15,000
FINCA 1201 15TH STREET NW 8TH FLOOR WASHINGTON,DC 20005	NONE	EXEMPT	UNRESTRICTED	200
FONKOZE USA 1718 CONNECTICUT AVE NW WASHINGTON,DC 20009	NONE	EXEMPT	UNRESTRICTED	200
FOOD FOR THE POOR 6401 LYONS ROAD COCONUT CREEK,FL 33073	NONE	EXEMPT	UNRESTRICTED	150
FOOD PROJECT 10 LEWIS STREET LINCOLN,MA 01773	NONE	EXEMPT	UNRESTRICTED	20,000
Total ▶ 3a				5,959,155

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

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)				
a Paid during the year				
FOR PETE'S SAKE 18 BALTIC STREET ATTLEBORO,MA 02703	NONE	EXEMPT	UNRESTRICTED	1,000
FRESH AIR FUND 663 3RD AVE NEW YORK,NY 10017	NONE	EXEMPT	UNRESTRICTED	100
FRIENDS COMMITTEE 2161 MASSACHUSETTS AVE CAMBRIDGE,NY 02140	NONE	EXEMPT	UNRESTRICTED	238
FRIENDS OF YEMIN ORDE 4501 CONNECTICUT AVE WASHINGTON,DC 20008	NONE	EXEMPT	UNRESTRICTED	125,000
FRIENDSHIP CIRCLE SAN DIEGO 16934 CHABAD WAY POWAY,CA 92064	NONE	EXEMPT	UNRESTRICTED	5,000
Total ▶ 3a				5,959,155

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

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)				
a <i>Paid during the year</i>				
FROM THE TOP 295 HUNTINGTON AVE BOSTON,MA 02115	NONE	EXEMPT	UNRESTRICTED	40,000
GIVAT HAVIVA EDUCATION FOUNDATION 114 WEST 26TH STREET NEW YORK,NY 10001	NONE	EXEMPT	UNRESTRICTED	10,000
GLSEN 110 WILLIAM STREET NEW YORK,NY 10038	NONE	EXEMPT	UNRESTRICTED	100
GOOD SHEPHERD SERVICES 305 SEVENTH AVE NEW YORK,NY 10001	NONE	EXEMPT	UNRESTRICTED	85,250
GREATER BOSTON FOOD BANK 99 ATKINSON ST BOSTON,MA 02118	NONE	EXEMPT	UNRESTRICTED	52,500
Total ▶ 3a				5,959,155

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

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)				
a Paid during the year				
GREATER BOSTON LEGAL SERVICES 197 FRIEND STREET BOSTON,MA 02114	NONE	EXEMPT	UNRESTRICTED	50,000
GREENAGERS 33 ROSSETER ST GREAT BARRINGTON,MA 01230	NONE	EXEMPT	UNRESTRICTED	35,000
GROW HEALTHY 2617 BELL AVENUE MANHATTAN BEACH,CA 90266	NONE	EXEMPT	UNRESTRICTED	10,000
HALE RESERVATION 80 CARBY STREET WESTWOOD,MA 02090	NONE	EXEMPT	UNRESTRICTED	5,000
HAVEN FROM HUNGER 71 WALLIS ST PEABODY,MA 01960	NONE	EXEMPT	UNRESTRICTED	10,000
Total ▶ 3a				5,959,155

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

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)				
a <i>Paid during the year</i>				
HEALTH CARE FOR ALL 30 WINTER STREET BOSTON,MA 02108	NONE	EXEMPT	UNRESTRICTED	5,000
HEBREW SENIOR LIFE CENTER 1200 CENTRE STREET BOSTON,MA 02131	NONE	EXEMPT	UNRESTRICTED	50,000
HELP OUR WOUNDED PO BOX 1850 MIDDLEBURG,VA 20118	NONE	EXEMPT	UNRESTRICTED	100
HOLOCAUST MUSEUM 100 RAOUL WALLENBERG PLACE WASHINGTON,DC 20024	NONE	EXEMPT	UNRESTRICTED	20,000
HORIZONS FOR HOMELESS CHILDREN 1705 COLUMBUS AVE ROXBURY,MA 02119	NONE	EXEMPT	UNRESTRICTED	50,000
Total			▶ 3a	5,959,155

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

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)				
a <i>Paid during the year</i>				
HOSPICE OF GOOD SHEPHERD 2042 BEACON STREET NEWTON,MA 02468	NONE	EXEMPT	UNRESTRICTED	1,000
HOURL CHILDREN 13-07 37TH AVE NEW YORK,NY 11101	NONE	EXEMPT	UNRESTRICTED	15,000
HULL LIFE SAVING MUSEUM 1117 NANTASKET AVENUE HULL,MA 02045	NONE	EXEMPT	UNRESTRICTED	15,000
HYDE SQUARE TASK FORCE PO BOX 301871 JAMAICA PLAIN,MA 02130	NONE	EXEMPT	UNRESTRICTED	40,000
IFAR (INSTITUTE FOR AGING RESEARCH) 1200 CENTRE ST BOSTON,MA 02131	NONE	EXEMPT	UNRESTRICTED	5,000
Total ▶ 3a				5,959,155

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

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)				
a <i>Paid during the year</i>				
INTERNATIONAL FELLOWSHIP HOUSE 386 MARLBOROUGH ST BOSTON,MA 02115	NONE	EXEMPT	UNRESTRICTED	200
INTERNATIONAL RESCUE COMMITTEE 122 EAST 42ND STREET NEW YORK,NY 10168	NONE	EXEMPT	UNRESTRICTED	200
JEWISH COMMUNITY CENTERS OF GREATER BOSTON 333 NAHANTON STREET NEWTON,MA 02459	NONE	EXEMPT	UNRESTRICTED	75,000
JEWISH COMMUNITY HOUSING FOR ELDERLY 30 WALLINGFORD ROAD BRIGHTON,MA 02135	NONE	EXEMPT	UNRESTRICTED	25,000
JEWISH FAMILY AND CHILDREN'S SERVICE 1430 MAINE STREET WALTHAM,MA 02451	NONE	EXEMPT	UNRESTRICTED	40,000
Total ▶ 3a				5,959,155

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

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)				
a <i>Paid during the year</i>				
JULIE'S FAMILY LEARNING PROGRAM 133 DORCHESTER STREET SOUTH BOSTON,MA 02127	NONE	EXEMPT	UNRESTRICTED	50,000
KESTREL LAND TRUST 284 N PLEASANT ST AMHERST,MA 01002	NONE	EXEMPT	UNRESTRICTED	20,000
KEY STEPS PO BOX 300766 BOSTON,MA 02130	NONE	EXEMPT	UNRESTRICTED	15,000
KIDS WISH NETWORK 4060 LOUIS AVE HOLIDAY,FL 34691	NONE	EXEMPT	UNRESTRICTED	100
KISHORIT VILLAGE PO BOX 370362 WEST HARTFORD,CT 06137	NONE	EXEMPT	UNRESTRICTED	25,000
Total ▶ 3a				5,959,155

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

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)				
a <i>Paid during the year</i>				
LAND'S SAKE 90 WELLESLEY ST WESTON,MA 02493	NONE	EXEMPT	UNRESTRICTED	5,000
LEHMAN COLLEGE 250 BEDFORD PARK BLVD BRONX,NY 10468	NONE	EXEMPT	UNRESTRICTED	10,000
LIGHTHOUSE INTERNATIONAL 15 W 65TH STREET NEW YORK,NY 10023	NONE	EXEMPT	UNRESTRICTED	100
LOVELANE 40 BAKER BRIDGE ROAD LINCOLN,MA 01773	NONE	EXEMPT	UNRESTRICTED	1,000
LUPUS FOUNDATION 40 SPEEN ST 101 FRAMINGHAM,MA 01701	NONE	EXEMPT	UNRESTRICTED	150
Total ▶ 3a				5,959,155

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

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)				
a <i>Paid during the year</i>				
MACULAR DEGENERATION RESEARCH 22512 GATEWAY CENTER DRIVE CLARKSBURG,MD 20871	NONE	EXEMPT	UNRESTRICTED	200
MANHATTAN SCHOOL 120 CLAREMONT AVE NEW YORK,NY 10027	NONE	EXEMPT	UNRESTRICTED	10,000
MASSACHUSETTS GENERAL HOSPITAL 165 CAMBRIDGE STREET BOSTON,MA 02114	NONE	EXEMPT	UNRESTRICTED	31,000
MATCH BEYOND 50 MILK ST BOSTON,MA 02110	NONE	EXEMPT	UNRESTRICTED	25,000
MERCY CORPS 9 WATERHOUSE ST CAMBRIDGE,MA 02138	NONE	EXEMPT	UNRESTRICTED	200
Total ▶ 3a				5,959,155

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

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)				
a Paid during the year				
METROPOLITAN WIND SYMPHONY 62 MOSSDALE ROAD JAMAICA PLAIN, MA 02130	NONE	EXEMPT	UNRESTRICTED	2,000
MORE THAN WORDS 376 MOODY ST WALTHAM, MA 02453	NONE	EXEMPT	UNRESTRICTED	5,000
MOTHER CAROLINE ACADEMY 515 BLUE HILL AVE DORCHESTER, MA 02121	NONE	EXEMPT	UNRESTRICTED	35,000
MT EVERETT FFA 491 BERKSHIRE ROAD SHEFFIELD, MA 01257	NONE	EXEMPT	UNRESTRICTED	550
MUSCULAR DYSTROPHY 33 LYMAN ST WESTBOROUGH, MA 01581	NONE	EXEMPT	UNRESTRICTED	100
Total ▶ 3a				5,959,155

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

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)				
a <i>Paid during the year</i>				
MUSEUM OF FINE ARTS 465 HUNTINGTON AVE BOSTON,MA 02115	NONE	EXEMPT	UNRESTRICTED	200
MUSEUM OF MODERN ART 11 W 53RD ST NEW YORK,NY 10019	NONE	EXEMPT	UNRESTRICTED	200
MUSICCONNECTS 20 BELGRADE AVENUE 1 ROSLINDALE,MA 02131	NONE	EXEMPT	UNRESTRICTED	10,000
NATIONAL BRAILLE PRESS 88 ST STEPHEN STREET BOSTON,MA 02115	NONE	EXEMPT	UNRESTRICTED	10,000
NATIONAL CHILDREN'S ALLIANCE 516 C ST NE 100 WASHINGTON,DC 20002	NONE	EXEMPT	UNRESTRICTED	200
Total ▶ 3a				5,959,155

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

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)				
a <i>Paid during the year</i>				
NATIONAL CHORAL COUNCIL 1650 BROADWAY 301 NEW YORK,NY 10019	NONE	EXEMPT	UNRESTRICTED	15,000
NATIONAL FOUNDATION FOR CANCER RESEARCH 4600 EAST WEST HIGHWAY SUITE 525 BETHESDA,MD 20814	NONE	EXEMPT	UNRESTRICTED	200
NATIONAL GEORGRAPHIC SOCIETY 1145 17TH ST WASHINGTON,DC 20090	NONE	EXEMPT	UNRESTRICTED	100
NATIONAL JEWISH HISTORY MUSEUM 101 S INDEPENDENCE MALL PHILADELPHIA,PA 19106	NONE	EXEMPT	UNRESTRICTED	100
NATIONAL MULTIPLE SCLEROSIS SOCIETY 101A FIRST AVE WALTHAM,MA 02451	NONE	EXEMPT	UNRESTRICTED	2,500
Total ▶ 3a				5,959,155

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

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)				
a <i>Paid during the year</i>				
NATIONAL MUSEUM 10TH ST WASHINGTON,DC 20560	NONE	EXEMPT	UNRESTRICTED	150
NATIONAL PARK FOUNDATION 1110 VERMONT AVE WASHINGTON,DC 20005	NONE	EXEMPT	UNRESTRICTED	150
NATIONAL PARKINSON FOUNDATION 200 SE 1ST STREET SUITE 800 MIAMI,FL 33131	NONE	EXEMPT	UNRESTRICTED	200
NATIONAL RESOURCES DEFENSE COUNCIL 40 WEST 20TH STREET NEW YORK,NY 10011	NONE	EXEMPT	UNRESTRICTED	200
NATIONAL SPEECH & DEBATE ASSOCIATION 125 WATSON STREET RIPON,WI 54971	NONE	EXEMPT	UNRESTRICTED	250
Total ▶ 3a				5,959,155

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

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)				
a Paid during the year				
NATIONAL VETERANS FOUNDATION 5777 WEST CENTURY BOULEVARD LOS ANGELES,CA 90045	NONE	EXEMPT	UNRESTRICTED	100
NATURE CONSERVANCY 99 BEDFORD ST BOSTON,MA 02111	NONE	EXEMPT	UNRESTRICTED	200
NAVAJO RELIEF FUND 1310 E RIVERVIEW DRIVE PHOENIX,AZ 85034	NONE	EXEMPT	UNRESTRICTED	200
NEIGHBORHOOD HOUSE CHARTER SCHOOL 21 QUEEN STREET DORCHESTER,MA 02122	NONE	EXEMPT	UNRESTRICTED	20,000
NEW ART CENTER 61 WASHINGTON PARK NEWTONVILL,MA 02460	NONE	EXEMPT	UNRESTRICTED	20,000
Total ▶ 3a				5,959,155

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

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)				
a <i>Paid during the year</i>				
NEW ENGLAND AQUARIUM CENTRAL WHARF BOSTON,MA 02110	NONE	EXEMPT	UNRESTRICTED	10,000
NEW ENGLAND CONSERVATORY 290 HUNTINGTON AVE BOSTON,MA 02115	NONE	EXEMPT	UNRESTRICTED	30,000
NEW ISRAEL FUND 6 EAST 39TH STREET SUITE 301 NEW YORK,NY 10016	NONE	EXEMPT	UNRESTRICTED	400
NEW MEXICO LAND CONSERVANCY PO BOX 6759 SANTE FE,NM 87502	NONE	EXEMPT	UNRESTRICTED	30,000
NEW SCHOOL UNIVERSITY 72 5TH AVE NEW YORK,NY 10011	NONE	EXEMPT	UNRESTRICTED	50,000
Total ▶ 3a				5,959,155

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

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)				
a <i>Paid during the year</i>				
NEW YORK BOTANICAL GARDEN 2900 SOUTHERN BLVD BRONX,NY 10458	NONE	EXEMPT	UNRESTRICTED	10,000
NEWTON COMMUNITY SERVICE CENTERS 492 WALTHAM STREET WEST NEWTON,MA 02465	NONE	EXEMPT	UNRESTRICTED	35,000
NEWTON FREE LIBRARY 330 HOMER STREET NEWTON CENTER,MA 02459	NONE	EXEMPT	UNRESTRICTED	2,500
NEWTON WELLESLEY HOSPITAL 2014 WASHINGTON STREET NEWTON,MA 02462	NONE	EXEMPT	UNRESTRICTED	10,000
NORTH AMERICAN FRIENDS OF ISRAEL OLR PO BOX 699 NEW YORK,NY 11702	NONE	EXEMPT	UNRESTRICTED	25,000
Total ▶ 3a				5,959,155

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

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)				
a <i>Paid during the year</i>				
NORTHEAST ORGANIC FARMING 411 SHELDON ROAD BARRE,MA 01005	NONE	EXEMPT	UNRESTRICTED	10,000
NOTRE DAME EDUCATION CENTER 200 OLD COLONY AVENUE BOSTON,MA 02127	NONE	EXEMPT	UNRESTRICTED	5,000
OPERATION SMILE 3641 FACULTY BOULEVARD VIRGINIA BEACH,VA 23453	NONE	EXEMPT	UNRESTRICTED	240
OPPORTUNITY NETWORK 85 BROAD STREET 6TH FLOOR NEW YORK,NY 10004	NONE	EXEMPT	UNRESTRICTED	25,000
ORCHARD COVE 1 DEL POND DR CANTON,MA 02021	NONE	EXEMPT	UNRESTRICTED	5,000
Total ▶ 3a				5,959,155

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

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)				
a <i>Paid during the year</i>				
PETRUCCI MUSIC LIBRARY ONE COMMERCE CENTER WILMINGTON,DE 19801	NONE	EXEMPT	UNRESTRICTED	5,000
PFLAG 85 RIVER ST WALTHAM,MA 02453	NONE	EXEMPT	UNRESTRICTED	200
PHYSICIANS FOR SOCIAL RESPONSIBILITY 1111 14TH STREET WASHINGTON,DC 20005	NONE	EXEMPT	UNRESTRICTED	200
PINE STREET INN 444 HARRISON AVE BOSTON,MA 02118	NONE	EXEMPT	UNRESTRICTED	150,000
PLAN INTERNATIONAL 155 PLAN WAY WARWICK,RI 02886	NONE	EXEMPT	UNRESTRICTED	200
Total ▶ 3a				5,959,155

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

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)				
a <i>Paid during the year</i>				
PLANNED PARENTHOOD 1055 COMMONWEALTH AVE BOSTON,MA 02215	NONE	EXEMPT	UNRESTRICTED	11,000
PMC JIMMY FUND 77 FOURTH AVENUE NEEDHAM,MA 02494	NONE	EXEMPT	UNRESTRICTED	4,000
PRINTED MATTER INC 231 11TH AVE NEW YORK,NY 10001	NONE	EXEMPT	UNRESTRICTED	5,000
PROJECT HOPE 550 DUDLEY STREET ROXBURY,MA 02119	NONE	EXEMPT	UNRESTRICTED	75,000
PROJECT STEP 301 MASSACHUSETTS AVE BOSTON,MA 02115	NONE	EXEMPT	UNRESTRICTED	30,000
Total ▶ 3a				5,959,155

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

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)				
a <i>Paid during the year</i>				
QUEST ADVENTURES 67 ALLEGHANY ST BOSTON,MA 02120	NONE	EXEMPT	UNRESTRICTED	10,000
RAILROAD STREET YOUTH PROJECT 60 BRIDGE ST GREAT BARRINGTON,MA 01230	NONE	EXEMPT	UNRESTRICTED	25,250
RED GATE FARM 4 NORMAN ROAD ASHFIELD,MA 01330	NONE	EXEMPT	UNRESTRICTED	20,000
REEL WORKS 357 NINTH STREET BROOKLYN,NY 11215	NONE	EXEMPT	UNRESTRICTED	30,000
RIVERSIDE COMMUNITY HEALTH CENTER 450 WASHINGTON STREET WALTHAM,MA 02452	NONE	EXEMPT	UNRESTRICTED	20,000
Total ▶ 3a				5,959,155

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

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)				
a Paid during the year				
ROCA 101 PARK STREET CHELSEA,MA 02150	NONE	EXEMPT	UNRESTRICTED	25,000
ROGERSON COMMUNITIES ONE FLORENCE STREET BOSTON,MA 02131	NONE	EXEMPT	UNRESTRICTED	40,000
ROMANIAN CHILDREN'S RELIEF PO BOX 493 PEPPERELL,MA 01463	NONE	EXEMPT	UNRESTRICTED	1,000
ROSIE'S PLACE 889 HARRISON AVE BOSTON,MA 02118	NONE	EXEMPT	UNRESTRICTED	100,000
SAMARITANS OF BOSTON 141 TREMONT ST BOSTON,MA 02111	NONE	EXEMPT	UNRESTRICTED	10,000
Total ▶ 3a				5,959,155

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

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)				
a Paid during the year				
SAVE THE CHILDREN FOUNDATION 501 KINGS HIGHWAY FAIRFIELD,CT 06825	NONE	EXEMPT	UNRESTRICTED	100
SCHWARTZ CENTER 226 S STATE STREET DOVER,DE 19901	NONE	EXEMPT	UNRESTRICTED	10,000
SEA SHEPHERD INC 2226 EASTLAKE AVENUE SEATTLE,WA 98102	NONE	EXEMPT	UNRESTRICTED	10,000
SECOND STEP PO BOX 600213 NEWTONVILLE,MA 02460	NONE	EXEMPT	UNRESTRICTED	15,000
SENIOR CITIZENS FUND OF NEWTON INC 345 WALNUT STREET NEWTONVILLE,MA 02460	NONE	EXEMPT	UNRESTRICTED	2,000
Total ▶ 3a				5,959,155

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

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)				
a Paid during the year				
SERVE RHODE ISLAND 655 BROAD ST SUITE 202 PROVIDENCE,RI 02909	NONE	EXEMPT	UNRESTRICTED	25,000
SHAKE-A-LEG MIAMI 2620 SOUTH BAYSHORE DRIVE MIAMI,FL 33133	NONE	EXEMPT	UNRESTRICTED	25,000
SISTERS FOR PEACE PO BOX 473 GREAT BARRINGTON,MA 01230	NONE	EXEMPT	UNRESTRICTED	7,500
SMALL CAN BE BIG 260 CHARLES ST WALTHAM,MA 02453	NONE	EXEMPT	UNRESTRICTED	15,000
SOCIEDAD LATINA 1530 TREMONT ST ROXBURY,MA 02120	NONE	EXEMPT	UNRESTRICTED	10,000
Total ▶ 3a				5,959,155

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

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)				
a <i>Paid during the year</i>				
SOJOURNER HOUSE 85 ROCKLAND STREET ROXBURY,MA 02119	NONE	EXEMPT	UNRESTRICTED	25,000
SOPHIA ACADEMY 979 BRANCH AVE PROVIDENCE,RI 02904	NONE	EXEMPT	UNRESTRICTED	20,000
SOUTHERN BERKSHIRE REGIONAL SCHOOL DISTRICT 441 BERKSHIRE SCHOOL ROAD SHEFFIELD,MA 01257	NONE	EXEMPT	UNRESTRICTED	32,295
SOUTHERN POVERTY LAW CENTER 400 WASHINGTON AVE MONTGOMERY,AL 36104	NONE	EXEMPT	UNRESTRICTED	200
SPAULDING REHABILITATION HOSPITAL 125 NASHUA STREET BOSTON,MA 02114	NONE	EXEMPT	UNRESTRICTED	10,000
Total ▶ 3a				5,959,155

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

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)				
a <i>Paid during the year</i>				
SPIRIT OF HARMONY 3536 N WILTON AVE CHICAGO,IL 60657	NONE	EXEMPT	UNRESTRICTED	5,000
ST JUDE CHILDREN'S HOSPITAL 12365 LEWIS ST GARDEN GROVE,CA 92840	NONE	EXEMPT	UNRESTRICTED	200
ST LABRE INDIAN SCHOOL E TONGUE RIVER ROAD ASHLAND,MT 59003	NONE	EXEMPT	UNRESTRICTED	200
ST FRANCIS HOUSE PO BOX 120499 BOSTON,MA 02112	NONE	EXEMPT	UNRESTRICTED	20,000
ST MARY'S WOMEN & CHILDREN'S CENTER 90 CUSHING AVE DORCHESTER,MA 02125	NONE	EXEMPT	UNRESTRICTED	15,000
Total			▶ 3a	5,959,155

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

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)				
a <i>Paid during the year</i>				
ST PETER (TEEN CENTER) 278 BOWDOIN STREET DORCHESTER,MA 02125	NONE	EXEMPT	UNRESTRICTED	105,000
STANTON HOME 205 N PLAIN RD GREAT BARRINGTON,MA 01230	NONE	EXEMPT	UNRESTRICTED	25,000
STEPS TO SUCCESS 115 GREENOUGH ST BROOKLINE,MA 02445	NONE	EXEMPT	UNRESTRICTED	15,000
SUMMER FUND 55 COURT STREET BOSTON,MA 02108	NONE	EXEMPT	UNRESTRICTED	15,000
SUMMER SEARCH 555 AMORY STREET JAMAICA PLAIN,MA 02130	NONE	EXEMPT	UNRESTRICTED	70,000
Total ▶ 3a				5,959,155

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

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)				
a <i>Paid during the year</i>				
SUSAN G KOMEN FOUNDATION 5005 LBJ FREEWAY DALLAS,TX 75244	NONE	EXEMPT	UNRESTRICTED	200
TENACITY 367 WESTERN AVENUE BRIGHTON,MA 02135	NONE	EXEMPT	UNRESTRICTED	25,000
THE BOSTON FOUNDATION 75 ARLINGTON STREET BOSTON,MA 02116	NONE	EXEMPT	UNRESTRICTED	150,000
THE BOTTOM LINE 500 AMORY STREET SUITE 3 JAMAICA PLAIN,MA 02130	NONE	EXEMPT	UNRESTRICTED	111,000
THE FAMILY CENTER (SOMERVILLE) 366 SOMERVILLE AVE SOMERVILLE,MA 02143	NONE	EXEMPT	UNRESTRICTED	10,000
Total ▶ 3a				5,959,155

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

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)				
a <i>Paid during the year</i>				
THE FAMILY VAN 1542 TREMONT STREET ROXBURY,MA 02120	NONE	EXEMPT	UNRESTRICTED	20,000
THE FLEA THEATER 41 WHITE STREET NEW YORK,NY 10013	NONE	EXEMPT	UNRESTRICTED	10,000
THE GIFFORD SCHOOL 177 BOSTON POST ROAD WESTON,MA 02493	NONE	EXEMPT	UNRESTRICTED	15,000
THE GUIDE DOG FOUNDATION FOR THE BLIND 371 JERICHO TURNPIKE SMITHTOWN,NY 11787	NONE	EXEMPT	UNRESTRICTED	5,000
THE JACOB BURNS FILM CENTER 405 MANVILLE ROAD PLEASANTVILLE,NY 10570	NONE	EXEMPT	UNRESTRICTED	20,000
Total ▶ 3a				5,959,155

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

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)				
a <i>Paid during the year</i>				
THE NUTRITION CENTER PO BOX 1082 GREAT BARRINGTON,MA 01230	NONE	EXEMPT	UNRESTRICTED	25,000
THE PHILANTHROPIC INITIATIVE INC 12230 WILKINS AVENUE ROCKVILLE,MD 20852	NONE	EXEMPT	UNRESTRICTED	561,547
THE WILDERNESS SOCIETY 1615 M STREET WASHINGTON,DC 20036	NONE	EXEMPT	UNRESTRICTED	200
TREEHOUSE FOUNDATION ONE TREEHOUSE CIRCLE EASTHAMPTON,MA 01027	NONE	EXEMPT	UNRESTRICTED	15,000
UNITED STATES DEPARTMENT OF THE INTERIOR 1849 C STREET WASHINGTON,DC 20240	NONE	EXEMPT	UNRESTRICTED	150
Total ▶ 3a				5,959,155

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

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)				
a <i>Paid during the year</i>				
URBAN SCHOLARS 100 MORRISSEY BOULEVARD BOSTON,MA 02215	NONE	EXEMPT	UNRESTRICTED	30,000
VERTILE FOUNDATION 6681 ARAPAHOE ROAD SUITE 1 BOULDER,CO 80303	NONE	EXEMPT	UNRESTRICTED	11,000
VICTORY PROGRAMS 965 MASSACHUSETTS AVE BOSTON,MA 02118	NONE	EXEMPT	UNRESTRICTED	90,000
WALKER HOME AND SCHOOL 1968 CENTRAL AVE NEEDHAM,MA 02492	NONE	EXEMPT	UNRESTRICTED	15,000
WAMC PO BOX 66600 ALBANY,NY 12206	NONE	EXEMPT	UNRESTRICTED	10,000
Total ▶ 3a				5,959,155

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

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)				
a <i>Paid during the year</i>				
WBUR 890 COMMONWEALTH AVE BOSTON,MA 02215	NONE	EXEMPT	UNRESTRICTED	7,500
WELCOME PROJECT 530 MYSTIC AVE 111 SOMERVILLE,MA 02145	NONE	EXEMPT	UNRESTRICTED	10,000
WGBH 125 WESTERN AVE BOSTON,MA 02134	NONE	EXEMPT	UNRESTRICTED	7,500
WINDHAM CHILD CARE ASSOCIATION 130 BIRGE STREET BRATTLEBORO,VT 05301	NONE	EXEMPT	UNRESTRICTED	5,000
WNYC 160 VARICK STREET NEW YORK,NY 10013	NONE	EXEMPT	UNRESTRICTED	5,000
Total ▶ 3a				5,959,155

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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)				
a <i>Paid during the year</i>				
YEAR UP 93 SUMMER STREET BOSTON,MA 02110	NONE	EXEMPT	UNRESTRICTED	25,000
YOUNG HEART CHORUS 28 N MAPLE STREET FLORENCE,MA 01062	NONE	EXEMPT	UNRESTRICTED	20,000
YOUNG WOMEN EMPOWERED 316 4TH AVE SOUTH KIRKLAND,WA 98033	NONE	EXEMPT	UNRESTRICTED	22,000
ZAKIM CENTER 450 BROOKLINE AVENUE BOSTON,MA 02215	NONE	EXEMPT	UNRESTRICTED	45,000
ZUMIX 260 SUMNER ST EAST BOSTON,MA 02128	NONE	EXEMPT	UNRESTRICTED	15,000
Total ▶ 3a				5,959,155

TY 2015 Accounting Fees Schedule

Name: JANEY FUND CHARITABLE TRUST
C/O C&R MANAGEMENT

EIN: 11-2836564

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING	5,250	2,625		2,625

TY 2015 Investments Corporate Bonds Schedule

Name: JANEY FUND CHARITABLE TRUST
C/O C&R MANAGEMENT

EIN: 11-2836564

Name of Bond	End of Year Book Value	End of Year Fair Market Value
CORPORATE BONDS	28,373,101	29,158,716

TY 2015 Other Expenses Schedule

Name: JANEY FUND CHARITABLE TRUST
C/O C&R MANAGEMENT

EIN: 11-2836564

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INSURANCE	41,316	0		41,316
OFFICE	1,699	850		849
FILING FEE - MASS	500	500		0

TY 2015 Other Professional Fees Schedule

Name: JANEY FUND CHARITABLE TRUST
C/O C&R MANAGEMENT

EIN: 11-2836564

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT FEES	24,075	24,075		0
MANAGEMENT	6,000	3,000		3,000

TY 2015 Taxes Schedule

Name: JANEY FUND CHARITABLE TRUST
C/O C&R MANAGEMENT

EIN: 11-2836564

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PAYROLL	6,692	0		6,692
TAXES - FEDERAL	61,321	0		0