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For calendar year 2016, or tax year beginning 01-01-2016, and ending 12-31-2016

Name of foundation KENWOOD FOUNDATION 7569-07552021240		A Employer identification number 04-6012784	
Number and street (or P O box number if mail is not delivered to street address) 45 SCHOOL ST 5TH FLOOR		Room/suite	B Telephone number (see instructions) (617) 523-1635
City or town, state or province, country, and ZIP or foreign postal code BOSTON, MA 021083204		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <div><input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change</div>		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <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		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 346,649	J Accounting method <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	188,614			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	3,526	3,526		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	159,866			
	b Gross sales price for all assets on line 6a _____ 176,134				
	7 Capital gain net income (from Part IV, line 2)		159,866		
	8 Net short-term capital gain			0	
	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	352,006	163,392		
	13 Compensation of officers, directors, trustees, etc				
	14 Other employee salaries and wages		0	0	0
	15 Pension plans, employee benefits		0	0	
	16a Legal fees (attach schedule)				0
	b Accounting fees (attach schedule)	3,460	3,460	0	0
	c Other professional fees (attach schedule)	1,258	1,258		0
	17 Interest				0
	18 Taxes (attach schedule) (see instructions)	484	37		0
	19 Depreciation (attach schedule) and depletion	0	0		
	20 Occupancy				
	21 Travel, conferences, and meetings		0	0	
	22 Printing and publications		0	0	
	23 Other expenses (attach schedule)	11,929	70		
	24 Total operating and administrative expenses. Add lines 13 through 23	17,131	4,825	0	0
	25 Contributions, gifts, grants paid	214,315			214,315
	26 Total expenses and disbursements. Add lines 24 and 25	231,446	4,825	0	214,315
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	120,560			
	b Net investment income (if negative, enter -0-)		158,567		
c Adjusted net income (if negative, enter -0-)				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	28,747	6,177	6,177		
	3 Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____		0	0		
	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 ▶ _____ 0					
	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)	84,949	104,760	233,745		
	c Investments—corporate bonds (attach schedule)					
	11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____					
	12 Investments—mortgage loans					
	13 Investments—other (attach schedule)	106,727	106,727	106,727		
	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)	220,423	217,664	346,649			
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			
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	220,423	217,664			
	28 Paid-in or capital surplus, or land, bldg , and equipment fund					
	29 Retained earnings, accumulated income, endowment, or other funds					
30 Total net assets or fund balances (see instructions)	220,423	217,664				
31 Total liabilities and net assets/fund balances (see instructions) .	220,423	217,664				

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	220,423
2 Enter amount from Part I, line 27a	2	120,560
3 Other increases not included in line 2 (itemize) ▶ _____	3	0
4 Add lines 1, 2, and 3	4	340,983
5 Decreases not included in line 2 (itemize) ▶ _____	5	123,319
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	217,664

Part IV Capital Gains and Losses for Tax on Investment Income

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

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a See Additional Data Table			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a See Additional Data Table			
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	159,866
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))
2015	217,704	245,139	0 888084
2014	211,806	251,011	0 843812
2013	193,730	235,249	0 82351
2012	201,309	230,896	0 87186
2011	177,387	241,951	0 733153

2 Total of line 1, column (d)	2	4 160419
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 832084
4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5	4	262,817
5 Multiply line 4 by line 3	5	218,686
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	1,586
7 Add lines 5 and 6	7	220,272
8 Enter qualifying distributions from Part XII, line 4	8	214,315

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 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	3,171
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	3,171
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	3,171
6	Credits/Payments		
a	2016 estimated tax payments and 2015 overpayment credited to 2016	6a	2,012
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	0
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d.	7	2,012
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	0
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶	9	1,159
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid . . . ▶	10	
11	Enter the amount of line 10 to be Credited to 2017 estimated tax ▶ 0 Refunded ▶	11	0

Part VII-A Statements Regarding Activities

	Yes	No
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?	1a	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? 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	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 ▶ \$ _____ (2) On foundation managers ▶ \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities	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? If "Yes," attach a conformed copy of the changes	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
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? If "Yes," attach the statement required by General Instruction T	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? If "Yes," complete Part II, col (c), and Part XV	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ MA _____		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation .	8b	Yes
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV	9	No
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10	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 ►	13	Yes	
14	The books are in care of ► <u>WELCH & FORBES LLC, C/O MICHAEL P BEAN</u> Telephone no ► <u>(617) 523-1635</u>			

Located at ► 45 SCHOOL STREET BOSTON MA ZIP+4 ► 02108

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		
16	At any time during calendar year 2016, 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?	16	Yes	No
	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 ►			

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.

1a	During the year did the foundation (either directly or indirectly)		Yes	No
	(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)?	<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 2016?		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 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016?	<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	No
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 2016 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 2016).		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 2016?		4b	No

5a	<p>During the year did the foundation pay or incur any amount to</p> <p>(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(3) Provide a grant to an individual for travel, study, or other similar purposes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</p>	5b		
6a	<p>Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	6b	No	
7a	<p>At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	7b		

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	(e) Expense account, other allowances
See Additional Data Table				

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	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000.	0
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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	
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	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3 ►	

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	250,092
b	Average of monthly cash balances.	1b	0
c	Fair market value of all other assets (see instructions).	1c	16,727
d	Total (add lines 1a, b, and c).	1d	266,819
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	266,819
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	4,002
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	262,817
6	Minimum investment return. Enter 5% of line 5.	6	13,141

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	13,141
2a	Tax on investment income for 2016 from Part VI, line 5.	2a	3,171
b	Income tax for 2016 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	3,171
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	9,970
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	9,970
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	9,970

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	214,315
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	0
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	0
b	Cash distribution test (attach the required schedule).	3b	0
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	4	214,315
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	214,315

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 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				9,970
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only.			0	
b Total for prior years 2014, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2016				
a From 2011.	167,453			
b From 2012.	190,958			
c From 2013.	182,686			
d From 2014.	202,831			
e From 2015.	209,469			
f Total of lines 3a through e.	953,397			
4 Qualifying distributions for 2016 from Part XII, line 4 ▶ \$ 214,315				
a Applied to 2015, 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 2016 distributable amount.				9,970
e Remaining amount distributed out of corpus	204,345			
5 Excess distributions carryover applied to 2016 (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	1,157,742			
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 2015 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 2017.				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 2011 not applied on line 5 or line 7 (see instructions). . . .	167,453			
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a.	990,289			
10 Analysis of line 9				
a Excess from 2012. . . .	190,958			
b Excess from 2013. . . .	182,686			
c Excess from 2014. . . .	202,831			
d Excess from 2015. . . .	209,469			
e Excess from 2016. . . .	204,345			

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2016, enter the date of the ruling. ▶

b Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2016	(b) 2015	(c) 2014	(d) 2013	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

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 The name, address, and telephone number or email address of the person to whom applications should be addressed

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i> See Additional Data Table				
Total			▶ 3a	214,315
b <i>Approved for future payment</i>				
Total			▶ 3b	

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

1 Program service revenue

a _____

b _____

c _____

d _____

e _____

f _____

g Fees and contracts from government agencies

2 Membership dues and assessments.**3** Interest on savings and temporary cash investments**4** Dividends and interest from securities.**5** Net rental income or (loss) from real estate

a Debt-financed property.

b Not debt-financed property.

6 Net rental income or (loss) from personal property**7** Other investment income.**8** Gain or (loss) from sales of assets other than inventory**9** Net income or (loss) from special events**10** Gross profit or (loss) from sales of inventory**11** Other revenue a _____

b _____

c _____

d _____

e _____

12 Subtotal. Add columns (b), (d), and (e).**13 Total.** Add line 12, columns (b), (d), and (e). **13** 163,392

(See worksheet in line 13 instructions to verify calculations.)

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

Line No.



Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions.)

Part XVII

- | | Yes | No |
|-------|-----|----|
| 1a(1) | | No |
| 1a(2) | | No |
| 1b(1) | | No |
| 1b(2) | | No |
| 1b(3) | | No |
| 1b(4) | | No |
| 1b(5) | | No |
| 1b(6) | | No |
| 1c | | No |

[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	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.

☒ Yes ☐ No

Phone no (617) 523-1635

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

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)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
25 ABBOTT LABS		1973-06-13	2016-10-04
25 ABBOTT LABS		1973-06-13	2016-10-31
1919 ABBOTT LABS		1973-06-13	2016-11-16
78 ABBOTT LABS		1973-06-13	2016-11-30
50 ABBVIE INC COM		1973-06-13	2016-10-04
100 ABBVIE INC COM		1973-06-13	2016-10-06
478 ABBVIE INC COM		1973-06-13	2016-11-16
25 CARMAX INC		2004-07-08	2016-10-31
75 FORTIVE CORP COM		2005-06-14	2016-10-06
25 IDEXX LABORATORIES INC		2008-04-24	2016-10-31

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
1,056		6	1,050
982		6	976
76,835		452	76,383
3,012		18	2,994
3,154		13	3,141
6,231		26	6,205
29,609		122	29,487
1,234		249	985
3,800		1,004	2,796
2,621		637	1,984

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(I) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			1,050
			976
			76,383
			2,994
			3,141
			6,205
			29,487
			985
			2,796
			1,984

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

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)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
49 383 IRON MTN INC COM		2004-02-10	2016-10-06
3 617 IRON MTN INC COM		2014-11-04	2016-10-06
178 JOHNSON & JOHNSON		1979-03-06	2016-05-26
25 MICROSOFT CORP		1994-02-23	2016-10-06
250 STERICYCLE INC		2006-03-16	2016-11-16
25 STRYKER CORP		2006-05-16	2016-10-31
25 TRACTOR SUPPLY CO		2015-06-25	2016-10-04
25 WELLS FARGO & CO		2012-04-03	2016-10-04

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
1,673		851	822
123		124	-1
20,106		251	19,855
1,442		63	1,379
18,652		8,175	10,477
2,829		1,092	1,737
1,685		2,317	-632
1,090		862	228

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			822
			-1
			19,855
			1,379
			10,477
			1,737
			-632
			228

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(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
EDITH L DABNEY	TRUSTEE 1	0		
45 SCHOOL STREET 5TH FLOOR BOSTON, MA 02108				
JOHN H KNOWLES JR	TRUSTEE 1	0		
45 SCHOOL STREET 5TH FLOOR BOSTON, MA 02108				
EDITH K WILLIAMS	TRUSTEE 1	0		
45 SCHOOL STREET 5TH FLOOR BOSTON, MA 02108				
THOMAS M WILLIAMS	TRUSTEE 1	0		
45 SCHOOL STREET 5TH FLOOR BOSTON, MA 02108				
JEAN KNOWLES HEDLUND	TRUSTEE 1	0		
45 SCHOOL STREET 5TH FLOOR BOSTON, MA 02108				
JAMES T KNOWLES	TRUSTEE 1	0		
45 SCHOOL STREET 5TH FLOOR BOSTON, MA 02108				
ROBERT M KNOWLES	TRUSTEE 1	0		
45 SCHOOL STREET 5TH FLOOR BOSTON, MA 02108				
THEODORE E OBER	TRUSTEE 1	0		
45 SCHOOL STREET 5TH FLOOR BOSTON, MA 02108				

Form 990FP 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				
ACORD Food Pantry 69 WILLOW STREET Hamilton, MA 01982	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	250
American Red Cross of Mass 139 MAIN STREET SUITE 1 CAMBRIDGE, MA 02142	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	1,500
Animal Rescue League of BOSTON 10 CHANDLER ST BOSTON, MA 02116	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	1,000
Annisquam Village Church 820 WASHINGTON STREET Annisquam, MA 01930	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	150
Belmont Hill School 350 PROSPECT STREET BELMONT, MA 02178	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	750
Beverly Bootstraps Food Pantry Inc 371 CABOT STREET Beverly, MA 01915	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	500
BOSTON SYMPHONY ORCHESTRA 301 MASSACUHSSETTS AVENUE BOSTON, MA 02115	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	12,000
Brookwood School PO BOX 1429 Manchester, MA 01944	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	250
Buckingham Browne & Nichols School 80 GERRYS LANDING ROAD CAMBRIDGE, MA 02138	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	250
Buckley School 113 EAST 73RD STREET New York, NY 01121	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	250
Campaign For A Commercial-Free CHILDHOOD 53 PARKER HILL AVENUE BOSTON, MA 02120	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	250
CARE USA 151 ELLIS STREETNE ATLANTA, GA 30303	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	1,000
CASPAR Inc 315 HIGHLAND AVENUE SOMMERVILLE, MA 02144	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	1,000
Children's Cancer Research Fund PO BOX 7006 ALBERT LEA, MN 56007	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	1,000
Children's Home of Poughkeepsie 10 CHILDRENS WAY Poughkeepsie, NY 12601	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	500
Total ► 3a				214,315

Form 990FP 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				
Children Incorporated 4205 DOVER ROAD Richmond, VA 23221	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	1,000
Christian Children's Fund 2821 EMERYWOOD PKWYBOX 26484 Richmond, VA 26484	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	1,000
Christopher and Dana Reeve Foundation 636 MORRIS TURNPIKESUITE 3A Short Hills, NJ 07078	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	1,000
Coalition for Buzzards Bay 620 BELLEVILLE AVENUE NEW BEDFORD, MA 02745	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	250
Columbia University 622 W 113TH ST MAIL CODE 4524 new york, NY 10025	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	150
Conservation Law Foundation 62 SUMMER STREET BOSTON, MA 02210	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	1,500
Dexter School 20 NEWTON STREET BROOKLINE, MA 02445	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	650
Doctors Without Borders 333 SEVENTH AVE 2ND FLOOR New York, NY 10001	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	1,000
Environmental Defense Fund 1875 CONNECTICUT AVENW Washington, DC 20009	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	500
Epilepsy Foundation 8301 PROFESSIONAL PLACE Landover, MD 20785	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	1,000
Esperanza Academy 198 GARDEN STPO BOX 4175 Lawrence, MA 01843	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	200
Essex County Greenbelt 82 EASTERN AVENUE Essex, MA 01929	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	350
First Church in Chestnut Hill 26 SUFFOLK ROAD CHESTNUT HILL, MA 02467	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	2,500
Food Bank of the Hudson Valley 195 HUDSON STREET CornwallonHudson, NY 12520	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	500
Habitat for Humanity 121 HABITAT STREET Americus, GA 31709	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	500
Total ► 3a				214,315

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>				
Harvard College 124 MOUNT AUBURN STREET CAMBRIDGE, MA 02138	NONE	PUBLIC	CLASS ENDOWMENT PROGRAM	1,250
Home for Little Wanderers 271 HUNTINGTON AVENUE BOSTON, MA 02115	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	1,000
Horizons for Homeless Children 1705 COLUMBUS AVENUE Roxbury, MA 02119	NONE	PUBLIC	UNRESTRICTED	500
Ipswich River Watershed Assn Inc PO BOX 576 Ipswich, MA 01938	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	250
Jackson Laboratory 610 MAIN STREET BAR HARBOR, ME 04609	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	1,500
Landmark School 429 HALE STREET Prides Crossing, MA 01965	NONE	PUBLIC	ANNUAL FUND \$250 AND	20,250
Leukemia & Lymphoma Society PO BOX 4072 PITTSFIELD, MA 01202	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	1,000
Make-a-Wish Foundation of the HUDSON VALLEY PO BOX 97104 Washington, DC 20090	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	500
Manchester Community Center BOX 212HARBORS POINT Manchester, MA 01944	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	100
Manchester Public Library 15 UNION STREET MANCHESTER, MA 01944	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	100
Massachusetts Audubon Society 208 SOUTH GREAT ROAD Lincoln, MA 01773	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	1,250
Massachusetts General Hospital 165 CAMBRIDGE STSUITE 600 BOSTON, MA 02114	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	1,000
Massachusetts Society for the Prevention of Cruelty to Children 99 SUMMER STREET BOSTON, MA 02110	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	250
McLean Hospital 115 MILL STREET BELMONT, MA 02478	NONE	PUBLIC	ANNUAL FUND \$5,000 CAPITAL	10,000
Memorial Sloan-Kettering Cancer Cen 633 THIRD AVENUE 28TH FLOOR NEW YORK, NY 10017	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	1,000
Total ► 3a				214,315

Form 990FP 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				
MGH INSTITUTE OF HEALTH PROFESSIONALS 36 FIRST AVENUE BOSTON, MA 02129	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	22,850
Museum of Science SCIENCE PARK BOSTON, MA 02114	NONE	PUBLIC	ANNUAL FUND \$2,500 CAPITAL	2,500
Nativity Preparatory School 39 LAMARTINE STREET Jamaica Plain, MA 02130	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	500
Nature Conservancy 205 PORTLAND STREETSUITE 4000 BOSTON, MA 02114	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	250
NORTH SHORE UNITED WAY 248 CABOT STREET BEVERLY, MA 01915	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	500
Ohio Wesleyan University 61 S SANDUSKY STREET Delaware, OH 43015	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	250
Phillips Brooks House HARVARD UNIVERSITY CAMBRIDGE, MA 02138	NONE	PUBLIC	UNRESTRICTED	250
PINGREE SCHOOL 537 HIGHLAND STREET SOUTH HAMILTON, MA 01982	NONE	PUBLIC	ANNUAL FD \$2,000 AND CAP	6,000
PLAN INTERNATIONAL USA 155 PLAN WAY WARWICK, RI 02886	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	1,000
Poughkeepsie Day School 260 BOARDMAN ROAD Poughkeepsie, NY 12603	NONE	PUBLIC	CAPITAL FUND \$2,000	5,000
Salvation Army 147 BERKELEY STREET BOSTON, MA 02116	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	1,000
Scenic Hudson Inc ONE CIVIC CENTER PLAZASUITE 200 Poughkeepsie, NY 12601	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	500
Shore Country Day School 545 CABOT STREET BEVERLY, MA 01915	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	3,500
Smith College 33 ELM STREET Northampton, MA 01063	NONE	PUBLIC	THE SMITH FUND	2,500
Spaulding Education Fund PO BOX 192 Manchester, MA 01944	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	100
Total ►				214,315
3a				

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				
St John's EPISCOPAL Church 705 HALE STREET Beverly, MA 01915	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	250
St Lawrence University 23 ROMODA DRIVE CANTON, NY 13617	NONE	PUBLIC	PARENTS FUND	3,500
St Luke's Hospital SouthCoast Health System 101 PAGE STREET NEW BEDFORD, MA 02740	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	1,000
Trustees of Reservations 572 ESSEX STREET BEVERLY, MA 01915	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	2,500
United Way of Massachusetts Bay 51 SLEEPER STREET BOSTON, MA 02210	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	6,000
US Fund for UNICEF 125 MAIDEN LANE NEW YORK, NY 10038	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	1,500
Veterans of Foreign Wars of the US 200 MARYLAND AVENUE NE WASHINGTON, DC 20002	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	1,000
WBGH Educational Foundation 125 WESTERN AVENUE BOSTON, MA 02134	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	12,000
WBUR Radio Station Boston UNIVERSITY 890 COMMONWEALTH AVENUE BOSTON, MA 02215	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	365
Wellspring House 302 ESSEX AVENUE Gloucester, MA 01930	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	6,250
Wenham Museum 132 MAIN STREET WENHAM, MA 01984	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	250
Westminster School PO BOX 337 SIMSBURY, CT 06070	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	250
Winsor School PO BOX 414068 BOSTON, MA 02241	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	3,250
CAMP KIEVE PO BOX 169 NOBLEBORO, ME 04555	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	500
THE FOOD PROJECT 10 LEWIS STREET LINCOLN, MA 01773	NONE	EXEMPT	UNRESTRICTED FOR GENERAL	200
Total ► 3a				214,315

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>				
FUND TO PREVENT HOMELESSNESS PO BOX 17 MANCHESTER, MA 01944	NONE	EXEMPT	UNRESTRICTED FOR GENERAL	100
EVELYN LILLY LUTZ FOUNDATION BEVERLY HOSPITAL BEVERLY, MA 01915	NONE	EXEMPT	UNRESTRICTED FOR GENERAL	500
NATIONAL RELIEF CHARITIES PARTNERSHIP IN GIVING PO BOX 118 ELKWOOD, VA 22718	NONE	EXEMPT	UNRESTRICTED FOR GENERAL	1,000
NATONAL WILDLIFE FEDERATION 11000 WILDLIFE CENTER DRIVE RESTON, VA 20190	NONE	EXEMPT	UNRESTRICTED FOR GENERAL	500
GEORGE WASHINGTON UNIVERSITY 2100 M STREET 310 WASHINGTON, DC 20052	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	250
YMCA OF THE NORTH SHORE 245 CABOT STREET BEVERLY, MA 01915	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	500
Stop Handgun Voilence 1 BRIDGE STREET Newton, MA 02458	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	250
ESSEX COUNTY COMMUNITY FOUNDATION 175 ANDOVER ST Danvers, MA 01923	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	1,500
MARITIME GLOUCESTER 23 HARBOR LOOP Gloucester, MA 01930	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	500
PROCTOR ACADEMY 204 MAIN ST ANDOVER, NH 03216	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	23,500
CHANGE IS SIMPLE INC 8 ENON STREET BEVERLY, MA 01915	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	23,000
POLICE ASSISTED ADDICTION AND RECOVERY INITIATIVE ONE BRIDGE STREET NEWTON, MA 02458	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	4,000
WOUNDED WARRIOR PROJECT PO BOX 758540 TOPEKA, KS 66675	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	500
Total ▶ 3a				214,315

TY 2016 Accounting Fees Schedule**Name:** KENWOOD FOUNDATION 7569-07552021240**EIN:** 04-6012784

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TAX PREPARATION FEE	3,460	3,460		

TY 2016 Distribution from Corpus Election

Name: KENWOOD FOUNDATION 7569-07552021240

EIN: 04-6012784

Election: IN ACCORDANCE WITH SECTIONS 4942(h)(2) AND REG 53-4942 (a)-3(d)(2), OF THE INTERNAL REVENUE CODE, THE KENWOOD FOUNDATION HEREBY ELECTS TO TREAT CERTAIN CURRENT-YEAR QUALIFYING DISTRIBUTIONS IN EXCESS OF THE IMMEDIATELY PRECEDING TAX YEAR'S UNDISTRIBUTED INCOME AS BEING MADE FROM CORPUS. IN 2016 THE FOUNDATION RECEIVED \$188,614 IN CONTRIBUTIONS OF SECURITIES AND CASH FROM VARIOUS INDIVIDUALS. THE FOUNDATION'S DISTRIBUTABLE AMOUNT FOR 2016 WAS \$9,968. THE FOUNDATION MADE QUALIFYING DISTRIBUTIONS IN 2016 IN THE AMOUNT OF \$214,315. WITH RESPECT TO 2016 CONTRIBUTIONS RECEIVED, \$204,347 WAS DISTRIBUTED OUT OF CORPUS, TO WHICH THIS ELECTION APPLIES. THE EXCESS DISTRIBUTION CARRYOVER TO 2017 TOTALS \$990,291

TY 2016 Investments Corporate Stock Schedule

Name: KENWOOD FOUNDATION 7569-07552021240
EIN: 04-6012784

Name of Stock	End of Year Book Value	End of Year Fair Market Value
100 SHS ABBOTT LAB	24	3,841
225 SHS CARMAX INC	2,245	14,488
150 SHS DANAHER CORP	3,083	11,676
100 SHS EXPEDITORS INTERNATIONAL	1,952	5,296
53 SHS IRON MOUNTAIN INC PA		
100 SHS JOHNSON & JOHNSON	141	11,521
175 SHS MICROSOFT CORP	444	10,874
100 SHS PEPSICO INC	3,528	10,463
100 SHS STRYKER CORP	4,368	11,981
150 SHS ANSYS INC	4,180	13,874
125 SHS IDEXX LABORATORIES INC	3,183	14,659
100 SHS PROCTER & GAMBLE CO	1,032	8,408
100 SHS STERICYCLE INC	3,270	7,704
75 SHS PRAXAIR	5,424	8,789
100 SHS AFLAC	4,320	6,960
100 SHS ECHOLAB INC	4,529	11,722
100 SHS LANCASTER COLONY CORP	5,351	14,139
150 SHS TORONTO DOMINION BANK	4,925	7,401
150 SHS WELLS FARGO & CO	5,175	8,267
125 SHS ABBVIE INC COM		
25 SHS FACEBOOK INC CLASS A	2,199	2,876
10 SHS METTLER TOLEDO INTERNAT	3,433	4,186
25 SHS MIDLEBY CORP	2,834	3,220
25 SHS ROPER TECHNOLOGIES INC	4,394	4,577
25 SHS TRACTOR SUPPLY		
50 SHS VISA CLASS A SHARES	3,437	3,901
100 SHS CHURCH & DWIGHT CO INC	4,143	4,419
5 SHS ALPHABET INC CAP STK C	3,695	3,859
40 SHS CELEGEN CORP	4,029	4,630
35 SHS FISERV INC	3,498	3,720

Name of Stock	End of Year Book Value	End of Year Fair Market Value
30 SHS HOME DEPOT INC	3,918	4,022
15 SHS OREILLY AUTOMOTIVE INC	4,133	4,176
55 SHR TJX COS INC	4,284	4,132
30 SHS CHUBB LIMITED	3,589	3,964

TY 2016 Investments - Other Schedule

Name: KENWOOD FOUNDATION 7569-07552021240

EIN: 04-6012784

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
SAVINGS BANK LIFE INS POLICY	AT COST	106,727	106,727

TY 2016 Other Decreases Schedule

Name: KENWOOD FOUNDATION 7569-07552021240

EIN: 04-6012784

Description	Amount
ADJUST 2016 CONTRIBUTIONS TO TAX COST	123,319

TY 2016 Other Expenses Schedule**Name:** KENWOOD FOUNDATION 7569-07552021240**EIN:** 04-6012784**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FORM PC FILING FEE	70	70		0
LIFE INSURANCE EXPENSE	11,859	0		0

TY 2016 Other Professional Fees Schedule**Name:** KENWOOD FOUNDATION 7569-07552021240**EIN:** 04-6012784

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT MANAGEMENT FEES	1,258	1,258		

TY 2016 Taxes Schedule**Name:** KENWOOD FOUNDATION 7569-07552021240**EIN:** 04-6012784

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES	37	37		0
FEDERAL ESTIMATED TAX	447	0		0

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .	OMB No 1545-0047 2016
	Name of the organization KENWOOD FOUNDATION 7569-07552021240	Employer identification number 04-6012784

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization KENWOOD FOUNDATION 7569-07552021240	Employer identification number 04-6012784
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Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	EDITH L DABNEY C/O WELCH FORBES LLC 45 SCHOOL STREET BOSTON, MA 02108	\$ 18,724	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
2	JAMES T KNOWLES C/O WELCH FORBES LLC 45 SCHOOL STREET BOSTON, MA 02108	\$ 21,149	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
3	JEAN KNOWLES HEDLUND C/O WELCH FORBES LLC 45 SCHOOL STREET BOSTON, MA 02108	\$ 9,118	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
4	JOHN H KNOWLES C/O WELCH FORBES LLC 45 SCHOOL STREET BOSTON, MA 02108	\$ 21,783	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
5	ROBERT M KNOWLES C/O WELCH FORBES LLC 45 SCHOOL STREET BOSTON, MA 02108	\$ 61,564	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
6	EDITH L DABNEY C/O WELCH FORBES LLC 45 SCHOOL STREET BOSTON, MA 02108	\$ 56,276	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization KENWOOD FOUNDATION 7569-07552021240	Employer identification number 04-6012784
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Part II Noncash Property			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	250 SHS STERICYCLE INC	\$ 18 724	2016-11-11
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	334 SHS ABBVIE INC	\$ 21 146	2016-11-11
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	144 SHS ABBVIE INC	\$ 9 118	2016-11-11
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4	542 SHS ABBOTT LABORTORIES	\$ 21 783	2016-11-11
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
5	178 SHS JOHNSON & JOHNSON 78 SHS ABBOTT LABORATORIES 1377 SHS ABBOTT LABORATORIES	\$ 61 564	2016-11-11
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of organization KENWOOD FOUNDATION 7569-07552021240	Employer identification number 04-6012784
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Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____ Use duplicate copies of Part III if additional space is needed
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	