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SCANNED MAY 25 2017,

Form 990-PF Department of the Treasury Internal Revenue Service

Return of Private Foundation

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

| For | cale | ndar year 2016 or tax y | ear beginning | | | , and ending | | |
|-------------------------------------|--|---|---------------------------|---------------|------------------------------------|---------------------------------------|---|---|
| Name of foundation | | | | | A Employer identification number | | | |
| HIGH MEADOWS FOUNDATION | | | | | | | | |
| (| C/O CARL FERENBACH | | | | | | 20-8521462 |) ! |
| Nu | Number and street (or P O box number if mail is not delivered to street address) Room/suite | | | | | | B Telephone number | |
| | .60 | COMMONWEA | LTH AVE | • | | <u>L5</u> | 617-536-19 | 10 |
| | | own, state or province, | - | or foreign p | ostal code | | C If exemption application is p | pending, check here |
| E | <u> 305</u> | TON, MA 0 | 2116 | | | | | |
| G | Check | kall that apply: | l înitial return | 1 | lnıtıal return of a f | ormer public charity | D 1. Foreign organization | s, check here |
| | | Ĺ | Fınal return | | Amended return | | 2 5 | |
| | | | Address cha | | Name change | | 2. Foreign organizations me check here and attach co | omputation test, |
| H_ | _ | type of organization; | | | xempt private foundation | | E If private foundation sta | tus was terminated |
| | | ection 4947(a)(1) none | | | Other taxable private found | ation | under section 507(b)(1 |)(A), check here |
| | | arket value of all assets | - 1 | | ing method: X Cash | Accrual | F If the foundation is in a | 60-month termination |
| | | Part II, col. (c), line 10 | | | ther (specify) | | under section 507(b)(1 |)(B), check here |
| | <u> \$ </u> | | | (Part I, colu | ımn (d) must be on cash | basis.) | ļ | |
| [P | art I | Analysis of Revenue (The total of amounts in necessarily equal the am | columns (b), (c), and | d (d) may not | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
| | 1 | Contributions, gifts, g | rants, etc., recen | ved | 9,636,500. | | N/A | 1 1 |
| | 2 | , —— | dation is not required to | attach Sch B | | \$ | , , , , , , , , , , , , , , , , , , , | , , , , |
| | 3 | Interest on savings and te cash investments | mporary | | 396. | 216. | | STATEMENT 1 |
| | 4 | Dividends and interest | t from securities | | 232,335. | 232,335. | | STATEMENT 2 |
| | 5a | Gross rents | | | | | ESEN/ED | , v : |
| | b Net rental income or (loss) | | | | RECEIVEL | 10 | | |
| ø | 6a | Net gain or (loss) from sale | | | 137,497. | · | | S |
| eun | b | Gross sales price for all assets on line 6a | 2,823 | <u>,261.</u> | | | MAY 2 2 201/ | \(\delta\) |
| Revenue | 7 Capital gain net income (from Part IV, line 2) | | | 137,497 | P | ٠٠٠٠ عالنا | | |
| - | 8 | Net short-term capital | gain | | | * * | OCDEN, U | |
| | 9 | Income modifications Gross sales less returns | r | | | L | | |
| | 10a | and allowances | } | | | | | |
| | l | Less Cost of goods sold | L | | 1 | | | <u> </u> |
| | Ι. | Gross profit or (loss) | | | ļ | | | |
| | 11 | Other income | | | 10 006 700 | 270 040 | | |
| | 12 | Total. Add lines 1 thro | | | 10,006,728. | 370,048. | | |
| | 13 14 | Compensation of officers, | | etc | 0. | 0. | | 0. |
| | ſ | Other employee salarie | - | | | | | |
| es | | Pension plans, employ Legal fees | tee nements | | <u> </u> | | | |
| | í | Accounting fees | STI | MT 3 | 6,500. | 3,250. | | 0. |
| ğ | I | Other professional fees | | MT 4 | 48,512. | 24,256. | | 0. |
| ē | 1 | Interest | | AI T | 30,312. | 24,200. | | · |
| aŧį |) ' | Taxes | STI | MT 5 | 2,975. | 2,975. | <u> </u> | 0. |
| IStr | | Depreciation and deple | | 3 | 2,3,3, | 2,513. | | ļ |
| Ē | | Occupancy | | | | | | |
| Ad | | Travel, conferences, ar | nd meetinas | | | | | |
| nd | | Printing and publicatio | - | | | | | |
| ğ | | Other expenses | ST | MT 6 | 106,374. | 160. | | 105,864. |
| Operating and Administrative Expens | | Total operating and a | | | | <u> </u> | | |
| ber | | expenses. Add lines 1 | | | 164,361. | 30,641. | | 105,864. |
| 0 | 25 | Contributions, gifts, gr | ants paid | | 9,850,000. | | | 9,850,000. |
| | 26 | Total expenses and di | isbursements. | | | | | |
| | | Add lines 24 and 25 | | - | 10,014,361. | 30,641. | <u></u> | 9,955,864. |
| | 27 | Subtract line 26 from li | ine 12: | | | | | |
| | a | Excess of revenue over exp | penses and disburs | sements | -7,633. | - | | |
| | b | Net investment incom | e (if negative, enter | · -0-) | | 339,407. | | |
| | C | Adjusted net income (| if negative, enter -0 | -) | | · · · · · · · · · · · · · · · · · · · | N/A | <u> </u> |

HIGH MEADOWS FOUNDATION

| 1-0 | orm 9 | 00-PF (2016) C/O CARL FERENBACH | | | 8521462 Page 2 |
|-----------------------------|-------|--|----------------------------------|---------------------------------------|------------------------------|
| F | art | Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only | Beginning of year (a) Book Value | (b) Book Value | f year (c) Fair Market Value |
| _ | 1 | Cash - non-interest-bearing Savings and temporary cash investments | 1,007,892. | 646,396. | 646,396. |
| | 3 | Accounts receivable ► | | | |
| | 1 | Less: allowance for doubtful accounts ► Pledges receivable ► | | | |
| |] | Less: allowance for doubtful accounts | | | |
| | 5 | Grants receivable | | | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | |
| | - | disqualified persons | | | |
| | 7 | Other notes and loans receivable | | | |
| u | 8 | Less: allowance for doubtful accounts Inventories for sale or use | | | |
| Assets | 9 | Prepaid expenses and deferred charges | | | |
| As | 10a | Investments - U.S. and state government obligations | | | |
| | b | Investments - corporate stock | | | |
| | C | Investments - corporate bonds | | | · |
| | 11 | Investments - land, buildings, and equipment basis | · · · | | , |
| | 12 | Less accumulated depreciation | | | |
| | 12 | Investments - mortgage loans Investments - other STMT 7 | 6,401,220. | 6,755,083. | 8,726,738. |
| | 14 | Land, buildings, and equipment: basis | <u> </u> | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | <u> </u> |
| | } | Less accumulated depreciation | | · | |
| | 15 | Other assets (describe) | | | |
| | 16 | Total assets (to be completed by all filers - see the | T 400 110 | E 404 4E0 | 0 252 124 |
| | 17 | Instructions. Also, see page 1, item I) | 7,409,112. | 7,401,479. | |
| | 18 | Accounts payable and accrued expenses Grants payable | | | |
| g | 19 | Deferred revenue | | | , |
| Liabilities | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | * ' |
| jab | 21 | Mortgages and other notes payable | | | J |
| _ | 22 | Other liabilities (describe) | | | |
| | 23 | Total liabilities (add lines 17 through 22) | 0. | 0. | |
| _ | 120 | Foundations that follow SFAS 117, check here | ·· | | |
| | 1 | and complete lines 24 through 26 and lines 30 and 31. | | | |
| Ses | 24 | Unrestricted | | | |
| alar | 25 | Temporarily restricted | | | |
| ğ B | 26 | Permanently restricted Foundations that do not follow SFAS 117, check here | | | |
| Ĕ | 1 | Foundations that do not follow SFAS 117, check here And complete lines 27 through 31. | | | |
| Net Assets or Fund Balances | 27 | Capital stock, trust principal, or current funds | 0. | 0. | |
| set | 28 | Paid-in or capital surplus, or land, bldg., and equipment fund | 0. | 0. | |
| t As | 29 | Retained earnings, accumulated income, endowment, or other funds | 7,409,112. | 7,401,479. | |
| Š | 30 | Total net assets or fund balances | 7,409,112. | 7,401,479. | |
| | 24 | Total liabilities and ast speak found belones | 7 400 112 | 7 401 470 | • |
| _ | | Total liabilities and net assets/fund balances | 7,409,112. | 7,401,479. | L |
| P | art | Analysis of Changes in Net Assets or Fund Ba | alances | | |
| 1 | Total | net assets or fund balances at beginning of year - Part II, column (a), line 3 | 30 | | |
| | | t agree with end-of-year figure reported on prior year's return) | | 1 | 7,409,112. |
| | | amount from Part I, line 27a | | 2 | -7,633. |
| | | increases not included in line 2 (itemize) | | 3 | 7,401,479. |
| | | ases not included in line 2 (itemize) | | 5 | 7,401,479. |
| | | net assets or fund balances at end of year (line 4 minus line 5) - Part II, co | lumn (b), line 30 | 6 | 7,401,479. |
| | | | | | Form 990-PF (2016) |

| Part IV Capital Gains | and Losses for Tax on | Investmen | t Income | T | | | | |
|--|---|---|--------------------------------------|----------------|--|----------------------------|--|---|
| | ribe the kind(s) of property sold rehouse; or common stock, 200 | | | (b) I | How acquired - Purchase - Donation | (c) Date (mo., c | acquired day, yr.) | (d) Date sold (mo., day, yr.) |
| 1a | Oma mmaraam | | | | | | | |
| b SEE ATTACHED | STATEMENT | | | } | | | | |
| <u>c</u> d | | | | ├── | | | | |
| e | | | | - | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | | st or other basis expense of sale | | | | Gain or (loss is (f) minus | |
| a | | | | | | | | |
| b c | | | | | - | | | |
| d | | | | | | | | |
| e 2,823,261. | | | 2,685,76 | 4. | | | | 137,497. |
| Complete only for assets showing | g gain in column (h) and owned | by the foundation | on 12/31/69 | | | | Col. (h) gain | |
| (i) F.M.V. as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | | cess of col. (i) | | C | ol. (k), but Losses | not less that (from col. (| n -0-) or h)) |
| <u>a</u> | | | | | | | | , , , , , , , , , , , , , , , , , , , |
| <u>b</u> | | | | | | | | |
| C | | | | | | | | |
| <u>d</u> | | | | | | | | 408 408 |
| <u>e</u> | | | | | | | | 137,497. |
| 2 Capital gain net income or (net ca | | nter in Part I, line r -0- in Part I, line | | } | 2 | | | 137,497. |
| 3 Net short-term capital gain or (los | s) as defined in sections 1222(5 |) and (6): | | | 1 | | | |
| If gain, also enter in Part I, line 8, | column (c). | | | 1 | Į | | | |
| If (loss), enter -0- in Part I, line 8 | -d Cti 4040/-) | fan Dadwaad | Tan an Alak | | 3 | | N/A | |
| Part V Qualification U | | | | | | come | | |
| (For optional use by domestic private | foundations subject to the secti | on 4940(a) tax on | i net investment in | come | 1.) | | | |
| If section 4940(d)(2) applies, leave th | us part blank. | | | | | | | |
| Mara da a farmada da de la farmada de la composición dela composición dela composición de la composición dela composición dela composición de la composición de la composición dela composición de la composición de la composición dela comp | . 10101 | | | | | | | Yes X No |
| Was the foundation liable for the sect | | | • | logy | | | | Yes LA No |
| If "Yes," the foundation does not qualify. Enter the appropriate amount in example. | | | | ntriae | | | | |
| (a) | | ie ilisti dellolis be | tore making any e | | | | | (d) |
| Base period years Calendar year (or tax year beginnir | (b) Adjusted qualifying | distributions | Net value of no | (c) nchar | | ts | | oùtión ratio rided by col. (c)) |
| 2015 | | 387,330. | | | ,885,07 | | | .954273 |
| 2013 | 10, | 365,430. | | | ,648,43 | | | .926468 |
| 2013 | | 712,881. | | | ,417,82 | | | 1.035051 |
| 2012 | 7 (| 912,070. | | | ,433,09 | | | 5.520963 |
| 2011 | | 597,503. | | | 244,18 | | | 27.428436 |
| 2017 | <u>~_</u> <u>~_</u> | 03773030 | | | 232/10 | - | T | 27.120.130 |
| 2 Total of line 1, column (d) | | | | | | 2 | [| 35.865191 |
| 3 Average distribution ratio for the 5 | i-vear base period - divide the to | ital on line 2 by 5. | or by the number | of ve | ars | - | | |
| the foundation has been in exister | | | or by the names | o.,, | • | 3 | 1 | 7.173038 |
| | , , , , , , , , , , , , , , , , , , , | | | | | | | |
| 4 Enter the net value of noncharitable | le-use assets for 2016 from Part | X, line 5 | | | | 4 | ļ | 8,853,115. |
| 5 Multiply line 4 by line 3 | | | | | | 5 | 6 | 2 502 730 |
| o Multiply line 4 by line 3 | | | | | | -3- | | 3,503,730. |
| 6 Enter 1% of net investment incom | e (1% of Part I, line 27b) | | | | | 6 | ļ | 3,394. |
| - 4111 1- | | | | | | | - | 2 505 404 |
| 7 Add lines 5 and 6 | | | | | | 7 | 6 | 3,507,124. |
| 8 Enter qualifying distributions from | Part XII, line 4 | | | | | 8_ | <u> </u> | 9,955,864. |
| If line 8 is equal to or greater than See the Part VI instructions. | line 7, check the box in Part VI, | line 1b, and comp | olete that part using | g a 19 | % tax rate. | | | |

HIGH MEADOWS FOUNDATION

| Form 990-PF (2016) C/O CARL FERENBACH Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or | | 85214 | | | Page 4 |
|---|----------|--|-------------|---|------------|
| 1a Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. | 1515 | Jee III | 30 0 | | |
| Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) | | | | c 7 | 88. |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☐ and enter 1% | 1_1_ | | | 0,/ | 00. |
| of Part I, line 27b | | | | | |
| 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 | 1 | | | 0. |
| 3 Add lines 1 and 2 | 3 | | | 6,7 | |
| 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 4 | | | 0,, | 0. |
| 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | 5 | | | 6,7 | |
| 6 Credits/Payments: | - | | ······ | <u>, , , , , , , , , , , , , , , , , , , </u> | <u> </u> |
| a 2016 estimated tax payments and 2015 overpayment credited to 2016 6a 10,844 | | | | | |
| b Exempt foreign organizations - tax withheld at source | • | | | | |
| c Tax paid with application for extension of time to file (Form 8868) 6c | - | 1 | | | |
| d Backup withholding erroneously withheld 6d | - | } | | | |
| 7 Total credits and payments. Add lines 6a through 6d | 7 | , | 1 | റ മ | 44. |
| 8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached | 8 | | ٠ طه | 0,0 | 33. |
| 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 | · | | <u>/ </u> | 56. |
| 11 Enter the amount of line 10 to be: Credited to 2017 estimated tax | 11 | | | - , o | 0. |
| Part VII-A Statements Regarding Activities | <u> </u> | <u> </u> | | | |
| 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervel | ne in | | ,,, | Yes | No |
| any political campaign? | 10 111 | ľ | 1a | | |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition | n)? | | 1b | | X |
| If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials public | | r | | | - <u>-</u> |
| distributed by the foundation in connection with the activities. | 0,,00 | | , | <i>i</i> . | 1 |
| c Did the foundation file Form 1120-POL for this year? | | | 10 | <i>∕</i> 6. ' | X |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | | Į. | | `. \$ | |
| (1) On the foundation. ► \$ O . (2) On foundation managers. ► \$ O | | | | 3 | |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation | <u> </u> | } | 1000 | | |
| managers. > \$ 0. | | | ű | ~ | |
| 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? | | | 2 | | X |
| If "Yes," attach a detailed description of the activities. | | | | | 5 |
| 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation | . or | - | ٠, | | 1 |
| bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | , | | 3 | į | X |
| 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | Γ | 4a | | X |
| b If "Yes," has it filed a tax return on Form 990-T for this year? | N | 1/A [| 4b | | |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | | 5 | | X |
| If "Yes," attach the statement required by General Instruction T | | | | | |
| 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | | | | | ļ |
| 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 of the state | ate law | | | | |
| remain in the governing instrument? | | | 6 | _X_ | |
| 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part 2 | (V | | 7 | _X | |
| | | | | | |
| 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 | | | 8ь | х | l |
| 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for call | lendar | | | | |
| year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV | | | 9 | | <u>x</u> |
| 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses | | ľ | 10 | | X |
| 1 Tes, ditach a Schedule fishing tries and your in Tes, ditach a Schedule fishing tries names allo doutesses | | | |) DE | _==_ |

623531 11-23-16

| P | rt VII-A Statements Regarding Activities (continued) | | | | | |
|----|--|--|------------|----------|--|--|
| | | | Yes | No | | |
| 11 | 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) | | | | | |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? | 1 | \ . | | | |
| 40 | If "Yes," attach statement (see instructions) | 12 | X | | | |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address WWW.HIGHMEADOWSFOUNDATION.ORG | 13 | X | L | | |
| 14 | The books are in care of \(\subseteq \text{LYNNE BALL, SECRETARY/TREASURER} \) Telephone no. \(\subseteq 617 - \) | 536-1 | 910 | | | |
| | Located at > 160 COMMONWEALTH AVE, SUITE L5, BOSTON, MA ZIP+4 | | | | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here | | • | | | |
| | and enter the amount of tax-exempt interest received or accrued during the year | N | I/A | | | |
| 16 | At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank, | | Yes | No | | |
| | securities, or other financial account in a foreign country? | 16 | | X | | |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the | | | | | |
| _ | foreign country | | | <u> </u> | | |
| P | t VII-B Statements Regarding Activities for Which Form 4720 May Be Required | | 12.2 | | | |
| | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | 2 7 2 | Yes | No | | |
| 1: | 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? | - 1 | | | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) | | | ` | | |
| | a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No | - 1 | , | | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X 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)? | 3 | | | | |
| | (6) Agree to pay money or property to a government official? (Exception. Check "No" | | 1 | | | |
| | if the foundation agreed to make a grant to or to employ the official for a period after | 1 3 4 | | Çs | | |
| | termination of government service, if terminating within 90 days.) | * | Ť | ** | | |
| ı | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations | · . | 5. | | | |
| | section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? | 1b | | X | | |
| | Organizations relying on a current notice regarding disaster assistance check here |] , , , , | | ٠ | | |
| (| 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 | ļ | X. | | |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation | | | | | |
| | defined in section 4942(j)(3) or 4942(j)(5)): | | 1 | | | |
| i | 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? Yes X No | | | | | |
| | | | 1 | | | |
| ŀ | If "Yes," list the years — | | | | | |
| - | valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach | | | ļ | | |
| | statement - see instructions.) N/A | 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. | | Ţ | | | |
| | > | | | | | |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time | - 1 | | | | |
| | during the year? | | | 1 | | |
| t | f "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after | Į | | | | |
| | 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.) N/A | _ <u>3b</u> | ┼─ | 77 | | |
| | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4 <u>a</u> | ╁─┈ | X | | |
| Q | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that and not been removed from jeopardy before the first day of the tax year beginning in 2016? | 4b | 1 | x | | |
| | and not occurrently to the property before the first day of the lax year beginning in 20 10. | Form 99 | 0-PF | | | |
| | | | ~ | (4010) | | |

623551 11-23-16

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

Form 990-PF (2016)

| Form 990-PF (2016) C/O CARL FERENBACH | | <u> -8521462 Page 7</u> |
|---|-----------------------------------|-------------------------|
| Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued) | dation Managers, Highly | |
| 3 Five highest-paid independent contractors for professional services. If none, en | ter "NONE." | |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| KELSEY LEAHY | | |
| 160 COMMONWEALTH AVE. L5, BOSTON, MA 02116 | GRANT MONITORIN | G 69,770. |
| KNL CONSULTING | | |
| 160 COMMONWEALTH AVE. L5, BOSTON, MA 02116 | GRANT MONITORIN | G 28,340. |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities | | <u>▶</u> 0 |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant sta | itistical information such as the | <u></u> |
| number of organizations and other beneficiaries served, conferences convened, research papers p | | Expenses |
| 1 <u>N/A</u> | - | _ |
| | | - |
| 2 | | |
| | | _ |
| 3 | | |
| | | |
| 4 | | |
| | | |
| Part IX-B Summary of Program-Related Investments | | |
| Describe the two largest program-related investments made by the foundation during the tax year | on lines 1 and 2. | Amount |
| 1 <u>N/A</u> | | _ |
| | | |
| 2 | | |
| | | \dashv |
| All other program-related investments. See instructions. | | |
| 3 | | _ |
| | | \dashv |
| | | |
| | | _ |
| | | l . |

Total. Add lines 1 through 3

| For | rm 990-PF (2016) C/O CARL FERENBACH | 20-852 | 1462 | Page 8 |
|-----|---|---------------------------------------|-------------|--------------|
| P | Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign four | ndations, see ins | tructions.) | |
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | | - |
| а | Average monthly fair market value of securities | 1 <u>a</u> | 8,209 | |
| b | Average of monthly cash balances | 1b | 778 | 921. |
| C | Fair market value of all other assets | 10 | | |
| d | Total (add lines 1a, b, and c) | 1d | 8,987 | 934. |
| е | Reduction claimed for blockage or other factors reported on lines 1a and | | | |
| | 1c (attach detailed explanation) | | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | | 0. |
| 3 | Subtract line 2 from line 1d | 3 | 8,987 | 934. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 134 | 819. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 8,853 | 115. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | | 656. |
| P | art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an | id certain | | |
| | foreign organizations check here and do not complete this part.) | | | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 442 | 656. |
| 2a | Tax on investment income for 2016 from Part VI, line 5 | <u> </u> ` | | |
| b | Income tax for 2016. (This does not include the tax from Part VI.) | | | |
| C | | 2c | | <u>,788.</u> |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | <u>435</u> | <u>,868.</u> |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | | 0. |
| 5 | Add lines 3 and 4 | 5 | 435 | ,868. |
| 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 | 435 | ,868. |
| P | art XII Qualifying Distributions (see instructions) | | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | * * * * * * * * * * * * * * * * * * * | | |
| а | Expenses, contributions, gifts, etc total from Part I, column (d), line 26 | 1a | 9,955 | <u>,864.</u> |
| 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 | 9,955 | 864. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment | | | |
| | income. Enter 1% of Part I, line 27b | 5 | | 0. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | | 9,955 | 864. |
| | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of | | | |
| | 4940(e) reduction of tax in those years. | | | |

Form **990-PF** (2016)

C/O CARL FERENBACH

Form 990-PF (2016) Page 9 Part XIII Undistributed Income (see instructions) (a) (b) (d) (c) 2015 2016 Corpus Years prior to 2015 1 Distributable amount for 2016 from Part XI. line 7 435,868. 2 Undistributed income, if any, as of the end of 2016 0 a Enter amount for 2015 only **b** Total for prior years: 0 3 Excess distributions carryover, if any, to 2016: a From 2011 **b** From 2012 410,323. 8,335,475. c From 2013 9,422,981. d From 2014 10,387,330. e From 2015 28,556,109 f Total of lines 3a through e 4 Qualifying distributions for 2016 from Part XII, line 4: ► \$ 9,955,864 0 a Applied to 2015, but not more than line 2a b Applied to undistributed income of prior 0 years (Election required - see instructions) c Treated as distributions out of corpus 864 (Election required - see instructions) d Applied to 2016 distributable amount 0 30 e Remaining amount distributed out of corpus ,868 435 868 Excess distributions carryover applied to 2016 f an amount appears in column (d), the same amount must be shown in column (a)) 6 Enter the net total of each column as indicated below: & Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income. Subtract 0 line 4b from line 2b 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 0 assessed d Subtract line 6c from line 6b. Taxable 0 amount - see instructions e Undistributed income for 2015. Subtract line 0 4a from line 2a. Taxable amount - see instr. f Undistributed income for 2016. Subtract lines 4d and 5 from line 1. This amount must 0. be distributed in 2017 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election 9,636,500 may be required - see instructions) 8 Excess distributions carryover from 2011 not applied on line 5 or line 7 9 Excess distributions carryover to 2017 28,439,605 Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2012 b Excess from 2013 8,096,411 c Excess from 2014 10,387,330

623581 11-23-16

d Excess from 2015

e Excess from 2016

SEE STATEMENT 9

Form **990-PF** (2016)

,955,864

other entity) of which the foundation has a 10% or greater interest.

NONE

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

Check here LX 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 e-mail 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:

Form **990-PF** (2016)

| 3 Grants and Contributions Paid During the | | 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 Paid during the year | Of Substantial Contributor | recipient | | |
| AH HAA SCHOOL FOR THE ARTS P.O. BOX 1590 TELLURIDE, CO 81435 | NONE | 501(C)(3) | PAYMENT TO CARRY ON CHARITABLE ACTIVITIES | 200,00 |
| CAF AMERICA .800 DIAGONAL ROAD, SUITE 150 .LEXANDRIA, VA 22314 | NONE | 501(C)(3) | PAYMENT TO CARRY ON CHARITABLE ACTIVITIES | 225,00 |
| CLIMATE CENTRAL, INC. ONE PALMER SQUARE, SUITE 330 PRINCETON, NJ 08542 | NONE | 501(C)(3) | PAYMENT TO CARRY ON CHARITABLE ACITITIES | 350,000 |
| CONSERVATION LAW FOUNDATION 62 SUMMER STREET BOSTON, MA 02110 | NONE | 501(C)(3) | PAYMENT TO CARRY ON CHARITABLE ACTIVITIES | 25,000 |
| ENVIRONMENTAL DEFENSE FUND 157 PARK AVENUE SOUTH NEW YORK NY 10010 | NONE | 501(C)(3) | PAYMENT FOR CONTINUING SUPPORT OF ENVIRONMENTAL RESEARCH | 3_000_00 |
| | ONTINUATION SHE | ET(S) | ▶ 3a | 9,850,00 |
| h Approved for future payment NONE | | | | |
| | | | | |
| Total | | | ▶ 3b | |

| Form 990-PF (2016) C/O CARL F | 'ERENBACH | | | 20-8 | 521462 Page 12 |
|--|---------------------------------------|-----------------|--|-----------------------------|-----------------------------------|
| Part XVI-A Analysis of Income | -Producing Activiti | es | | | |
| Enter gross amounts unless otherwise indicated. | Unrelated | business income | | by section 512, 513, or 514 | (e) |
| 1 Program service revenue: | (a) Business code | (b) Amount | Exclu- sion code | (d) Amount | Related or exempt function income |
| a | | | | | |
| b | 3 1 | | | | |
| G | | | | | |
| d | | | | | · |
| e | | | | | |
| g Fees and contracts from government agencie | s | | + | | |
| 2 Membership dues and assessments | | | | | |
| 3 Interest on savings and temporary cash | | | | | <u> </u> |
| investments | | | 14 | 396. | |
| 4 Dividends and interest from securities | | | 14 | 232,335. | · |
| 5 Net rental income or (loss) from real estate: | <u> </u> | | <u> </u> | | |
| a Debt-financed property | | | | | |
| b Not debt-financed property | ļ <u>-</u> | | | | |
| 6 Net rental income or (loss) from personal | | | | | |
| property 7 Other investment income | - | | ╂┼ | | |
| 8 Gain or (loss) from sales of assets other | | | | | |
| than inventory | | | 18 | 137,497. | |
| 9 Net income or (loss) from special events | | | - | | |
| 10 Gross profit or (loss) from sales of inventory | | | | | |
| 11 Other revenue: | | | | | |
| a | | | | | |
| b | | | | | |
| c | | | + | | |
| d | | | | | |
| 12 Subtotal. Add columns (b), (d), and (e) | | 0. | | 370,228. | 0. |
| 13 Total Add line 12, columns (b), (d), and (e) | <u>l*_ *, </u> | <u>U</u> | <u> </u> | 13 | |
| (See worksheet in line 13 instructions to verify calcu | lations.) | | | 10 | 3101220 |
| Part XVI-B Relationship of Acti | | nnlishment of F | vemnt P | urnoses | |
| Line No. Explain below how each activity for v | | · | <u> </u> | <u> </u> | lishment of |
| the foundation's exempt purposes (| | | - COMMINUTE | s importantly to the accomp | isimicity of |
| | · · · · · · · · · · · · · · · · · · · | | | | |
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Form **990-PF** (2016)

623621 11-23-16

Firm's address > ONE MONARCH PLACE, STE 900

SPRINGFIELD, MA 01144-4011

Form 990-PF (2016) 20-8521462 C/O CARL FERENBACH Page 13 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Yes No 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? a Transfers from the reporting foundation to a noncharitable exempt organization of: X 1a(1) (2) Other assets 1a(2) **b** Other transactions: (1) Sales of assets to a noncharitable exempt organization X X (2) Purchases of assets from a noncharitable exempt organization 1b(2) Х (3) Rental of facilities, equipment, or other assets 1b(3) (4) Reimbursement arrangements 1b(4) (5) Loans or loan guarantees X 1b(5) X (6) Performance of services or membership or fundraising solicitations 1b(6) c Sharing of facilities, equipment, mailing lists, other assets, or paid employees 1c 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. (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described Yes X No in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of period this return, includ anying schedules and statements, and to the best of my knowledge May the IRS discuss this ver) is based on all information of which preparer has any knowledge return with the preparer shown below (see instr)? Sign Here X Yes TRUSTEE Signature of officer or trustee Date Title Print/Type preparer's name Preparer's signature Check (self- employed Paid DOUGLAS THEOBALD P00368792 Preparer Firm's name ► MORIARTY & PRIMACK, Firm's EIN $\triangleright 04 - 3191789$ Use Only

Form **990-PF** (2016)

Phone no. (413) 739-1800

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2016

Employer identification number Name of the organization HIGH MEADOWS FOUNDATION C/O CARL FERENBACH 20~8521462 Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 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 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 33 1/3% 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization
HIGH MEADOWS FOUNDATION
C/O CARL FERENBACH

Employer identification number

20-8521462

| Part I | Contributors | (See instructions). Use duplicate copies of Part I if additional space is needed |
|--------|--------------|--|
|--------|--------------|--|

| rail i | Contributors (See instructions). Use duplicate copies of Part I in | i additional space is needed | |
|--------------|--|------------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | CARL FERENBACH 160 COMMONWEALTH AVE. L5 BOSTON, MA 02116 | \$\$\$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | CARL FERENBACH 160 COMMONWEALTH AVE. L5 BOSTON, MA 02116 | \$\$\$\$ | Person X Payroli |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | CARL FERENBACH 160 COMMONWEALTH AVE. L5 BOSTON, MA 02116 | \$\$. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | CARL FERENBACH 160 COMMONWEALTH AVE. L5 BOSTON, MA 02116 | \$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | CARL FERENBACH 160 COMMONWEALTH AVE. L5 BOSTON, MA 02116 | \$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 623452 10-18 | CARL FERENBACH 160 COMMONWEALTH AVE. L5 BOSTON, MA 02116 | \$\$. | Person X Payroll Noncash (Complete Part II for noncash contributions) 990, 990-EZ, or 990-PF) (2016) |

623452 10-18-16

Name of organization
HIGH MEADOWS FOUNDATION
C/O CARL FERENBACH

Employer identification number

20-8521462

| 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 |
| 7 | CARL FERENBACH 160 COMMONWEALTH AVE. L5 BOSTON, MA 02116 | \$6,500. | Person X Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Onncash Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Oncash Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | | Person Payroll Noncash (Complete Part II for noncash contributions) |

Name of organization

Employer identification number

HIGH MEADOWS FOUNDATION

C/O CARL FERENBACH

20-8521462

| Part II | Noncash Property (See instructions) Use duplicate copies of F | Part II if additional space is needed | |
|------------------------------|---|--|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | | |
| 453 10-18- | *** | Schedule R (Form | |

09530512 784859 7780129

(e) Transfer of gift

| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|---|--|
| | |
| | |
| | |

| | sses for Tax on Investment Income | , | (h) How soonsed | , , , , , , , , , , , , , , , , , , , | |
|---|---|--|------------------------------|---|----------------------------------|
| | describe the kind(s) of property solick warehouse; or common stock, 2 | | P - Purchase D - Donation | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) |
| 1a JP MORGAN #1 - | | ABLE UPON REQUEST | P | 01/01/16 | |
| b JP MORGAN #2 - | | ABLE UPON REQUEST | P | | 07/01/16 |
| c JP MORGAN #1 - | | ABLE UPON REQUEST | P | | 07/01/16 |
| d JP MORGAN #2 - | | ABLE UPON REQUEST | P | 01/01/15 | 07/01/16 |
| <u>e</u> | | | | ļ | |
| <u>f</u> | | | | ļ | |
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| k | | | | | |
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| <u>m</u> | | | | | |
| <u>n</u> | | | | | |
| 0 | (f) Depreciation allowed | (g) Cost or other basis | |) Gain or (loss) | |
| (e) Gross sales price | (or allowable) | plus expense of sale | | olus (f) minus (g) | |
| a 1,821,761. | | 2,055,604. | | | 233,843. |
| b 2,798. | | 2,558. | | | 240. |
| <u>c</u> 937,813. | | 551,787. | | | 386,026. |
| d 60,889. | | 75,815. | | | <u>-14,926.</u> |
| <u>e</u> | | | | | |
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| <u>k</u> | | | | | |
| m | | | | | |
| n i | | | | | |
| 0 | | | | | |
| Complete only for assets showin | g gain in column (h) and owned by | | | sses (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. (I), If any | | of col. (h) gain over not less than "-0-") | |
| <u>a</u> | | | | - | 233,843. |
| <u>b</u> | | | | | 240. |
| c d | | | | | 386,026. -14,926. |
| e | | | | | 11/520. |
| f | | | | | |
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| | - | <u> </u> | | | |
| k | | | | | |
| ï i | | | | | |
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| n | | | | | |
| 0 | | L | | | |
| 2 Capital gain net income or (net cap | pital loss) { If gain, also enter 1/10 (loss), enter 1/10 (loss), enter 1/10 (loss) | r in Part I, line 7)-* in Part I, line 7 | 2 | | 137,497. |
| 3 Net short-term capital gain or (los: | s) as defined in sections 1222(5) ar | | | | |
| If gain, also enter in Part I, line 8, of (loss), enter "-0-" in Part I, line 8 | |) | 3 | N/A | |

| Part XV Supplementary Information 3 Grants and Contributions Paid During the | | | | |
|--|---|----------------------|--|-----------|
| Recipient | If recipient is an individual, show any relationship to | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | any foundation manager or substantial contributor | recipient | Contribution | |
| | | | | |
| GRACE COTTAGE FOUNDATION | NONE | 501(C)(3) | PAYMENT TO CARRY ON | |
| 185 GRAFTON RD | | | CHARITABLE ACTIVITIES | |
| TOWNSHEND, VT 05353 | | _ | | 50,000 |
| | | | | |
| HARVARD BUSINESS SCHOOL | NONE | 501(C)(3) | PAYMENT FOR CONTINUING | |
| 124 MOUNT AUBURN STREET | | | SUPPORT OF THE BAKER | |
| CAMBRIDGE, MA 02138 | | | LIBRARY | 250,000 |
| HIGH MEADOWS FELLOWS INSTITUTE | NONE | 503 (0) (3) | PAYMENT TO CARRY ON | |
| 129 NEWBURY STREET, SUITE 400 | NONE | 501(C)(3) | CHARITABLE ACTIVITIES | |
| BOSTON, MA 02116 | | | | 750,000 |
| HIGH MEADOWS FELLOWS PROGRAM AT | NONE | 501(C)(3) | PAYMENT FOR CONTINUING | |
| PRINCETON | | | SUPPORT FROM THE HIGH | |
| THREE COURT STREET PO BOX 30 | | 1 | MEADOWS FOUNDATION | |
| MIDDLEBURY VT 05753 | | | | 300,000 |
| | | | | |
| HIGH MEADOWS FUND AT VCF PHREE COURT STREET PO BOX 30 | NONE | 501(C)(3) | PAYMENT TO CARRY ON CHARITABLE ACTIVITIES | |
| MIDDLEBURY, VT 05753 | | | CHARITABLE ACTIVITIES | 500,000 |
| HIGH MEADOWS PRECEPTORSHIP FUND AT | NONE | 501(C)(3) | PAYMENT FOR CONTINUING | |
| PRINCETON | | | SUPPORT FROM THE HIGH | |
| 330 ALEXANDER STREET | | İ | MEADOWS FOUNDATION | |
| PRINCETON, NJ 08540 | | | | 1,100,000 |
| | | | | |
| SLES, INC LO WOOD STREET | NONE | 501(C)(3) | PAYMENT FOR SUPPORT FOR THEIR EDUCATIONAL | |
| PRENTON, NJ 08618 | | | PROGRAMS | 50,000 |
| | | | | |
| ORTH BENNET STREET SCHOOL | NONE | 501(C)(3) | PAYMENT FOR SUPPORT OF | |
| 39 NORTH BENNET ST. | | | THEIR EDUCATIONAL | 255 44 |
| OSTON, MA 02113 | + | | PROGRAMS | 375,000 |
| PACE CENTER AT PRINCETON UNIVERSITY | NONE | 501(C)(3) | PAYMENT FOR CONTINUING | |
| 330 ALEXANDER STREET | | | SUPPORT FROM THE HIGH | |
| RINCETON, NJ 08540 | | | MEADOWS FOUNDATION | 100,000 |
| PERMANENT FUND FOR THE WELL-BEING OF | NONE | 501(C)(3) | PAYMENT TO SUPPORT | |
| ERMONT CHILDREN AT VCF | | | HEALTHY & HAPPY | |
| P.O. BOX 216 | | | CHILDREN AND FAMILIES | |
| MONTPELIER VT 05601 | | | | 300,000 |
| Total from continuation sheets | | | | 6,050,000 |

| 3 Grants and Contributions Paid During the | Year (Continuation) | | | |
|---|--|----------------------|---|----------|
| Daggerant | | | | |
| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| | or substantial contributor | recipient | | |
| PRINCETON UNIVERSITY ANDLINGER CENTER 330 ALEXANDER STREET PRINCETON, NJ 08540 | NONE | 501(C)(3) | PAYMENT FOR CONTINUING SUPPORT FROM THE HIGH MEADOWS FOUNDATION | 200,000, |
| PRINCETON UNIVERSITY ANNUAL GIVING FUND 330 ALEXANDER STREET PRINCETON, NJ 08540 | NONE | 501(C)(3) | PAYMENT FOR CONTINUING SUPPORT FROM THE HIGH MEADOWS FOUNDATION | 200,000. |
| PRINCETON UNIVERSITY STEP PROGRAM WITH WWS 330 ALEXANDER STREET PRINCETON, NJ 08540 | NONE | 501(C)(3) | PAYMENT FOR CONTINUING SUPPORT FROM THE HIGH MEADOWS FOUNDATION | 300,000. |
| REAL FOOD CHALLENGE 555 DUDLEY STREET BOSTON, MA 02119 | NONE | 501(C)(3) | PAYMENT TO CARRY ON CHARITABLE ACTIVITIES | 100,000, |
| SHEEP MOUNTAIN ALLIANCE P.O. BOX 389 TELLURIDE, CO 81435 | NONE | 501(C)(3) | PAYMENT FOR GENERAL SUPPORT OF THEIR OUTREACH PROGRAM | 25,000, |
| SUSTAINABLE ENDOWMENT INSTITUTE 18 TREMONT STREET BOSTON, MA 02108 | NONE | 501(C)(3) | PAYMENT TO CARRY ON CHARITABLE ACTIVITIES | 80,000. |
| TEACH FOR AMERICA 60 CANAL STREET, 3RD FLOOR BOSTON, MA 02114 | NONE | 501(C)(3) | PAYMENT TO SUPPORT TEACH FOR AMERICA | 200,000. |
| TELLURIDE FOUNDATION 220 E. COLORADO AVENUE, SUITE 106 TELLURIDE, CO 81435 | NONE | 501(C)(3) | PAYMENT TO CARRY ON CHARITABLE ACTIVITIES | 100,000. |
| THE FOOD PROJECT 10 LEWIS STREET LINCOLN, MA 01773 | NONE | 501(C)(3) | PAYMENT FOR SUPPORT OF PROGRAM TO GROW HEALTHY CROPS | 250,000, |
| THE FOUNDATION FOR STUDENT COMMUNICATION, INC 48 UNIVERSITY PLACE STE 305 PRINCETON, NJ 08540 | NONE | 501(C)(3) | PAYMENT FOR SUPPORT FOR THEIR EDUCATIONAL PROGRAMS | 20,000. |

| Part XV Supplementary Information | | | | |
|---|---|---------------------|--|-------------|
| 3 Grants and Contributions Paid During the | | | | |
| Recipient | If recipient is an individual, show any relationship to | Foundation | Purpose of grant or | |
| Name and address (home or business) | any foundation manager or substantial contributor | status of recipient | Purpose of grant or contribution | Amount |
| THE HILL SCHOOL | NONE | 501(C)(3) | PAYMENT TO CARRY ON | |
| 717 EAST HIGH STREET | | | CHARITABLE ACTIVITIES | |
| POTTSTOWN, PA 19464 | | | | 250,00 |
| THE WILDERNESS SOCIETY | NONE | 501(C)(3) | PAYMENT TO CARRY ON | |
| 1615 M STREET, NW | | | CHARITABLE ACTIVITIES | 250.00 |
| WASHINGTON, DC 20036 | | | | 250,00 |
| THE WOODROW WILSON NATIONAL FELLOWSHIP FOUNDATION | NONE | 501(C)(3) | PAYMENT FOR CONTINUING SUPPORT FROM THE HIGH | |
| 5 VAUGHN DRIVE, SUITE 300 | | | MEADOWS FOUNDATION | |
| PRINCETON, NJ 08540 | | | _ | 250,00 |
| TRUMAN NATIONAL SECURITY PROJECT | NONE | 501(C)(3) | PAYMENT TO CARRY ON | |
| 1050 17TH STREET | | | CHARITABLE ACTIVITIES | |
| WASHINGTON, DC 20036 | | | | 50,00 |
| | | | | |
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| | | | | |
| Total from continuation sheets | | | | |

| FORM 990-PF INTERE | ST ON SAVI | NGS AND TEM | PORARY | CASH IN | VESTMENTS | STATEMENT | 1 |
|----------------------------------|-------------------|------------------------------|---------------|--------------------------|-------------------------------|-----------|----|
| SOURCE | REVE | REVENUE NET IN | | (B) VESTMENT COME | (C) ADJUSTED NET INCOM | | |
| J.P. MORGAN #1 J.P. MORGAN #2 | | 350. 46. | | 193. 23. | | | |
| TOTAL TO PART I, LI | NE 3 | | 396. | | 216. | | |
| FORM 990-PF | DIVIDEND | S AND INTER | EST FRO | OM SECUR | ITIES | STATEMENT | 2 |
| SOURCE | GROSS AMOUNT | CAPITAL GAINS DIVIDEND | RI | (A) EVENUE R BOOKS | (B) NET INVES MENT INCO | | |
| J.P. MORGAN #1 J.P. MORGAN #2 | 207,271 25,064 | | 0. 2 | 207,271. 25,064. | 207,27 25,06 | | |
| TO PART I, LINE 4 | 232,335 | • | 0 | 232,335. | 232,33 | 35. | |
| FORM 990-PF | | ACCOUNTI | NG FEE | 5 | | STATEMENT | 3 |
| DESCRIPTION | | (A) EXPENSES PER BOOKS | NET IN | 3) NVEST- INCOME | (C) ADJUSTED NET INCOM | | |
| TAX PREP FEES | | 6,500. | · | 3,250. | | | 0. |
| TO FORM 990-PF, PG | 1, LN 16B = | 6,500. | | 3,250. | | | 0. |
| FORM 990-PF | 0 | THER PROFES | SIONAL | FEES | | STATEMENT | 4 |
| DESCRIPTION | | (A) EXPENSES PER BOOKS | NET I | 3) NVEST- INCOME | (C) ADJUSTED NET INCOM | | |
| INVESTMENT MANAGEME | NT FEES | 48,512. | | 24,256. | | | 0. |
| TO FORM 990-PF, PG | 1, LN 16C | 48,512. | | 24,256. | | | 0. |
| | _ | ~ | : | | | | = |

| FORM 990-PF | TAX | ES | STATEMENT | | | |
|---|---|-----------------------------|------------------------------|------------------------------|--|--|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVE MENT INC | | (C) ADJUSTEI NET INCOM | | |
| FOREIGN TAXES | 2,975. | 2, | 975. | | 0 | |
| TO FORM 990-PF, PG 1, LN 18 | 2,975. | 2, | 975. | | 0 | |
| FORM 990-PF | OTHER E | XPENSES | | | STATEMENT | |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVE MENT INC | | (C) ADJUSTEI NET INCOM | | |
| BANK FEES MA PC FILING FEE TRAVEL REIMBURSEMENT WEBMASTER FEES TICKET EXPENSES GRANT MONITORING MISCELLANEOUS EXPENSE | 160. 500. 4,906. 2,100. 350. 98,110. 248. | | 160. 0. 0. 0. 0. | | 0 500 4,906 2,100 0 98,110 248 | |
| TO FORM 990-PF, PG 1, LN 23 | 106,374. | | 160. | | 105,864 | |
| FORM 990-PF | OTHER INV | ESTMENTS | -, -, - - | | STATEMENT ' | |
| DESCRIPTION | | LUATION ETHOD | вос | OK VALUE | FAIR MARKET VALUE | |
| EQUITIES | | COST | 6,755,083. | | 8,726,738 | |
| TOTAL TO FORM 990-PF, PART I | | | 6,755,083. 8,726,7 | | | |

| FORM 990-PF PART VIII - LIST TRUSTEES AND | STATEMENT | | | |
|--|--------------------------|----------------|---------------------------------|----|
| NAME AND ADDRESS | TITLE AND AVRG HRS/WK | | EMPLOYEE BEN PLAN CONTRIB | |
| CARL FERENBACH 160 COMMONWEALTH AVE, SUITE L5 BOSTON, MA 02116 | TRUSTEE 40.00 | 0. | 0. | 0. |
| JEFFREY BERENSON 160 COMMONWEALTH AVE, SUITE L5 BOSTON, MA 02116 | TRUSTEE 1.00 | 0. | 0. | 0. |
| DANIEL P. CARBONNEAU C/O CASTLE ROCK ADVISORS 200 CLARENDON STREET BOSTON, MA 02116 | TRUSTEE | 0. | 0. | 0. |
| JANE BROCK-WILSON C/O BERKSHIRE PTRS 200 CLARENDON STREET BOSTON, MA 02116 | TRUSTEE | 0. | 0. | 0. |
| LYNNE BALL 160 COMMONWEALTH AVE, SUITE L5 BOSTON, MA 02116 | SECRETARY / TH | REASURER 0. | 0. | 0. |
| ELIZABETH BANKOWSKI 160 COMMONWEALTH AVE, SUITE L5 BOSTON, MA 02116 | TRUSTEE 1.00 | 0. | 0. | 0. |
| TOTALS INCLUDED ON 990-PF, PAGE 6, | PART VIII | 0. | 0. | 0. |

GENERAL EXPLANATION

STATEMENT 10

FORM/LINE IDENTIFIER

FORM 990-PF, PART VII-A, LINE 12

EXPLANATION:

THE FOUNDATION TREATED THE DISTRIBUTION AS A QUALIFYING DISTRIBUTION AS IT WAS USED EXCLUSIVELY FOR THE PURPOSE STIPULATED UNDER IRC 170(C)(2)(B) TO FURTHER BENEFIT A 501(C)(3) ORGANIZATION.

Realized Gain/Loss

TIP We display transactions on the Realized Gain Loss report if we have complete cost basis information Learn more

| Selected View [| _ |
|---|---|
| Show Details V from Prior Calendar Year V View Tax Lots | |

| Description | Security ID | Quantity | Proceeds | Cost Bass' | Short-Term Realized Gam/Loss ² | Long-Term Realized Gain/Loss ² | FX Realized Gain/Loss | Ordinary Income Gain | Total Realized Gain/Loss Amount | Total Realized Gain/Loss % |
|----------------------|-------------|-----------|--------------|----------------|--|---|--------------------------|-------------------------|------------------------------------|-------------------------------|
| HIGH MEADOWS | | | | | | | | | | |
| ACCENTURE PLC-CL A | ACN | -276 00 | 32 516 92 | 22 137 91 | 0 00 | 10 379 01 | 0 00 | 0.00 | 10 379 01 | 46 88 |
| BB&T CORP | BBT | -1 163 00 | 39 127 70 | 41 888 31 | 0 00 | 2 760 61 | 0.00 | 0.00 | -2 760 61 | -6 59 |
| | BA | -2,128 00 | 229 879 33 | 275 628 05 | -45 748 72 | 0 00 | 0 00 | 0.00 | -45 748 72 | -16 80 |
| CARDINAL HEALTH INC | CAH | -3 729 00 | 293 237 17 | 325 818 05 | -32 580 88 | 0 00 | 0.00 | 0.00 | -32 580 88 | -10 00 |
| COLGATE-PALMOLIVE CO | CL | -1 629 00 | 116 702.48 | 18 313 44 | 0.00 | 44 117 10 | 0.00 | 0.00 | 44 117 10 | 240 90 |
| CVS HEALTH CORP | cvs | -3 738 00 | 294 378.42 | 385 443 95 | -91 065 53 | 0 00 | 0.00 | 0 00 | -91 065 53 | 23 63 |
| | GIS | -6 238 00 | 385 885 00 | 196 544 61 | 0 00 | 149 574 27 | 0 00 | 0 00 | 149 574 27 | 76 10 |
| HOME DEPOT INC | HD | -384 00 | 51 507 05 | 30 982.42 | 0.00 | 20 524 63 | 0 00 | 0,00 | 20 524 63 | 60 25 |
| | iTW | -633 00 | 75 766 44 | 30 932 62 | 0.00 | 44 833 82 | 0.00 | 0.00 | 44 833 82 | 144 94 |
| JOHNSON & JOHNSON | TNJ | -336 00 | 39 381 21 | 21 667 70 | 0.00 | 17 713 51 | 0.00 | 0.00 | 17 713 51 | 81 75 |
| MCDONALD S CORP | MCD | -552 00 | 68 172 09 | 59 351 36 | 1 658 53 | 7 162 20 | 0.00 | 0 00 | 8 820 73 | 1486 |
| | MSFT | -561 00 | 32 304 74 | 29 134 18 | 3 170 56 | 0.00 | 0.00 | 0 00 | 3 170 56 | 10 88 |
| | NEE | -875 00 | 105 626 40 | 47 289 85 | 0.00 | 58 336 55 | 0.00 | 0.00 | 58 336 55 | 123 36 |
| | PEP | -873 00 | 91 299 14 | 14 025 41 | 0.00 | 36 145 18 | 0.00 | 0.00 | 36 145 18 | 257 71 |
| | PFE | -8 716 00 | 261 382.50 | 308 759 25 | -47 376 75 | 0.00 | 0.00 | 0.00 | -47 378 75 | -15 34 |
| | осом | -727 00 | 48 736 15 | 38 743 10 | 9 993 05 | 0 00 | 0 00 | 0.00 | 9 993 05 | 25 79 |
| US BANCORP | USB | -6 532 00 | 272 718 21 | 153 481 29 | -22 142 70 | 0 00 | 0.00 | 0.00 | -22 142 70 | -14 43 |
| WELLS FARGO & CO | WFC | -7 025 00 | 320 962.77 | 330 703 27 | -9 750 50 | 0.00 | 0.00 | 0 00 | -9 750 50 | -2 95 |
| Total in USD | | | 2,759,573 72 | \$2,330,844.77 | -\$233,842.94 | \$386,025 66 | \$0.00 | \$0.00 | \$152,182 72 | |

Showing Details from the Prior Calendar Year

These figures are not official for income tax reporting purposes and should not be relied upon for such purposes including the determination of income cost basis, or gain/loss. Such information, which may be inaccurate incomplete or subject to updating, should be confirmed with your records and your tax advisor.

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EQUAL HOUSING LENDER

Not a commitment to lend. All extensions of credit are subject to credit approval

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¹ Note: Cost basis for certain fixed income instruments may not reflect adjustments for amortization or accretion

² We will not display short and long term realized gain/loss values when the acquisition date is not available. These values may also reflect special calculations for gifted securities

Realized Gain/Loss

We display transactions on the Realized Gain Loss report if we have complete cost basis information Learn more

| Selected View . | | |
|---|------|--|
| Show Details V from Prior Calendar Year View Tax Lots | _ | |

| Description | Security ID | Quantity | Proceeds | Cost Basis¹ | Short-Term Realized Gain/Loss ² | Long-Term Realized Gain/Loss | FX Restized Gain/Loss | Ordinary Income Gain | Total Realized Gain/Loss Amount | Total Realized Gain/Loss % |
|------------------------------|-------------|---------------|-------------|-------------|---|---------------------------------|--------------------------|-------------------------|---------------------------------|-------------------------------|
| HIGH MEADOWS FDN- | 7 | | | | | | | | | |
| SCHi .) | | | | | | | | | · | |
| BAE S cmo flu -ofun aun | BAESY | -5 00 | 140 32 | 140 05 | 0.00 | 0 27 | | 0.00 | 0 27 | 0 19 |
| BALL CORP | BLL | -33 055 | 2 797 95 | 2 427 26 | 303 67 | 68 82 | 0 00 | 0 00 | 370 69 | 15 27 |
| BAYER AG-SPONSORED ADR | BAYRY | -80 00 | 7 679 97 | 9 764 59 | 0.00 | -2 084 62 | 0.00 | 0 00 | -2 084 62 | -21 35 |
| DEUTSCHE POST AG-SPON ADR | DPSGY | -225 00 | 7 198 20 | 7 296 48 | 0.00 | -100 28 | 0.00 | 0.00 | -100 28 | -1 37 |
| DEUTSCHE TELEKOM AG-SPON ADR | DTEGY | -680 00 | 11 051 52 | 10 810 10 | 0.00 | 241 42 | 0.00 | 0.00 | 241 42 | 2 23 |
| HONDA MOTOR CO LTD-SPONS ADR | HMC | -175 00 | 4 704 05 | 1 515 49 | 0 00 | 1,259 50 | 000 | 0.00 | -1 259 50 | -83 11 |
| MTN GROUP LTD-SPONS ADR | MTNOY | -680 00 | 5 844 87 | 5 448 60 | 0.00 | -7 877 53 | 0.00 | 0.00 | -7 877 53 | -144 58 |
| REXAM PLC-SPONSORED ADR | REXMY | -168 00 | 7 294 98 | 8 328 79 | 0.00 | -1 033 81 | 0.00 | 0 00 | -1 033 61 | -12.41 |
| RIOCAN REAL ESTATE INVST TR | RIOCF | -270 00 | 5 796 77 | 6 350 40 | 0.00 | -553 63 | 0.00 | 0.00 | -553 63 | -6 72 |
| SSE PLC-SPN ADR | SSEZ Y | 420 00 | 8 222.82 | 10 677 02 | 0.00 | -2 454 20 | 0.00 | 0.00 | -2 454 20 | -22,99 |
| UNILEVER N V-NY SHARES | UN | -75 00 | 2 957 42 | 2 827 93 | 0.00 | 129 49 | 0 00 | 0.00 | 129 49 | 4 58 |
| Total in USD | | | \$63,686 87 | \$65,586 71 | \$303 67 | -\$14,925 57 | \$0.00 | \$0.00 | -\$14,621 70 | |

Showing Details from the Pnor Calendar Year

These figures are not official for income tax reporting purposes and should not be relied upon for such purposes, including the determination of income, cost basis, or gain/loss. Such information, which may be inaccurate, incomplete or subject to updating, should be confirmed with your records and your tax advisor.

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¹ Note. Cost basis for certain fixed income instruments may not reflect adjustments for amortization or accretion.

² We will not display short and long term realized gain/loss values when the acquisition date is not available. These values may also reflect special calculations for gifted securities