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Schedule B (Form 890, 890-EZ, or 890-PF)

## **Schedule of Contributors**

OMB No. 1645-0047

201R

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Name of the organization EASTERN BANK CHARIS	TABLE FOUNDATION		tion numbé			
Demonstration time (about a	-A)	22-3317340				
Organization type (chack o	<del>10)</del> ;					
Filera of:	Section:					
Form 990 or 990-EZ	501(c)( ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a pr	rivate foundation				
	527 political organization					
Form 990-PF	X 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private	e foundation				
	501(c)(3) texable private foundation					
	s covered by the General Rule or a Special Rule.					
Note: Only a section 501(c) natructions.	(7), (8), or (10) organization can check boxes for both the General Rul	le and a Special Rule. See				
General Rule						
For an organization or more (in more contributors total	on filing Form 990, 990-EZ, or 990-PF that raceived, during the year, y or property) from any one contributor. Complete Parts I and II. See I contributions.	contributions totaling \$5,000 instructions for determining a	0 a			
Special Rules						
regulations under 13, 16a, or 16b, s	on described in section 501(c)(3) filing Form 990 or 990-EZ that met sections 509(s)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Found that received from any one contributor, during the year, total control of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ,	orm 990 or 990-EZ), Part II, I tributions of the greater of (1	ilne I)			
contributor, durin	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990- g the year, total contributions of more than \$1,000 exclusively for reli Bonal purposes, or for the prevention of cruelty to children or animals.	glous, charitable, scientific,	<del>le</del>			
contributor, during contributions total during the year for General Rule app	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.,,					
Ceution: An organization th	eat isn't covered by the General Rule and/or the Special Rules doesn't nust answer "No" on Part IV, line 2, of its Form 990, or check the box , to certify that it doesn't meet the filing requirements of Schedute B (F	t file Schedule B (Form 990, con line H of its Form 990-Ei	Z or on its ").			
For Paparwork Reduction Act No	tice, see the instructions for Form 880, 860-EZ, or 990-PF.	Bohedule B (Fonn 990, 990-62, o	r 980-PF) (20			
JBA						

	(Form 890, 890-EZ, or 890-PF) (2018)		Page 2
Name of 6	rganization EASTERN BANK CHARITABLE FOUNDAT		Employer Identification number
Part I	Contributors (See instructions). Use duplicate cop	ies of Part I if additional space is r	needed.
(a) No.	(b) Name, addre <u>ss, and ZIP + 4</u>	(c) Total contributions	(d) Type of contribution
1_	EASTERN BANK		Person X
	265 FRANKLIN STREET	\$ 5,300,000.	Psyroti Noncash
	BOSTON, MA 02110		(Complete Pert II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroli Noncash (Complete Parl II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroli Noncesh (Complete Part II for noncesh contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Honcash (Complete Part II for noncash contributions.)
(a) No.	(b) Nume, eddress, 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
		<b>s</b>	Person Payroll Noncash (Complete Part II for noncesh contributions.)
	<del></del> _ • <del></del> _ •	Schedul	B (Form 990, 990-EZ, or 980-PP) (201)

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iwe of o	Form 990, 990-E2, or 990-PF) (2016) rganization EASTERN BANK CHARITABLE FOUNDATION		redmun nettestitinet
art II	Noncash Property (See Instructions). Use duplicate copies of	Part II if additional space is ne	eded.
(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) (8ee instructions)	(d) Date received
<del></del>		\$	
(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) (\$ee instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or setimate) (8ee instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

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Schedule & (Form \$95, 950-EZ, or \$90-PF) (2016)

Name of o	(Form 990, 990-EZ, or 990-PF) (2018) Piganization EASTERN BANK CHARITABLE		Employer Identification number  22 -3317340			
	Exclusively religious, charitable, etc., c (10) that total more than \$1,000 for the the following line entry. For organization contributions of \$1,000 or less for the y Use duplicate copies of Part III if addition	<ul> <li>year from any one contrib s completing Part III, enter the ear. (Enter this information or</li> </ul>	utor. Complete columns (a) through (e) and a total of exclusively religious, charitable, etc.			
(e) 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 transferee					
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I						
		(e) Transfer of gift				
	Transferec's name, address, and Z					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is hald			
Part 1	(0) Furbose at Bar	(e) ded at gire	(a) contributed at the Sirie ties.			
		<del></del>				
	(e) Transfer of gift					
	Transferee's name, address, and Z	IP+4	Relationship of transferor to transferse			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is hold			
	(e) Transfer of gift					
	Transferse's name, address, and Z	1P + 4	Relationship of transferor to transferee			
		<b> </b>				
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