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Form **990-PF** 

### EXTENDED TO NOVEMBER 15, 20 Return of Private Foundation 2017

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 statisfication number    STAP FANTLY FOUNDATION   A Employer identification number   A7 - 3.24.00 8	Departn	neni Rev	of the Treasury		social security numbers on n 990-PF and its separate				Open to Public Inspection
A Employer identification number   A Employer identification number   A T - 4324008		_			nood it and its separate			<u></u>	T Open to Tubile inspection
Roamman   Roam						,		A Employer identification	number
4.06 GROVE STREET  City for trown, state or provincing, country, and 21P or foreign postal code  NEEDHAM. MA. 0.24.92  Grant Chank all that apply:				<del></del>			r <u></u>		
Check all that apply:					address)		Room/suite	•	52
Final return					ostal code -			C If exemption application is pe	ending, check here
Check byse of organization:   X section 501 (c)(3) exempt private foundation   Section 4947(a)(1) inclusioning that fable it ust.   Other teachle private foundation   F in market value of all assets at end of year (in form Part It, cold, nor 16)   Accounting method:   X cash   X cash   Accounting method:   X cash   X cas	G Che	eck	all that apply:	1		ormer public o	charity	<b>D</b> 1. Foreign organizations	, check here
Section 4947(a)(1) (nonexempt charitable trust				Address change	Name change	_		2 Foreign organizations mea check here and attach cor	eting the 85% test, nputation
Farmarket value of all assels at end of year   Accounting method:     Cash   Accounting method:     Accounting method:     Other (specify)						ation			
► S   561, 431	I Fair	ma	rket value of all assets at	end of year J Accounts	ng method: X Cash		rual	1	• •
Part     Analysis of Revenue and Expenses   (a) Revenue and expenses per tooks   (b) Net investment   (c) Adjusted net income   (d) Control (e) may not income and expenses per tooks   (b) Net investment   (c) Adjusted net   (d) Control (e) may not income   (e) Adjusted net   (						haere )		under section 507(b)(1)	(B), check here
Contributions, gifts, grants, etc., received   C7, 78.3.   N/A			Analysis of Revenue ar	nd Expenses			vestment	(c) Adjusted net	(d) Disbursements
2 Check ▶			necessarily equal the amour	nts in column (a) )	expenses per books	inci	ome	income	
Interest on abungs and temporary					67,783.		·	N/A_	
Page 2016   Construction   Constru	l		Interest on savings and temp						
Sa Gross rents   Sa Gross rents   Sample   Sam	- 1		cash investments		6 537		6 537.		<b>СТАТЕМЕНТ</b> 2
Description	- 1			on scournes	0,337.		0,551.		DITTIBITION I
				)					·
8 Net Short-refrix capital gain 9 Income modifications 10a and allowances b Less Cost of spoods sold c Gross profit or (loss) 11 Other income 12 Total Add lines 1 through 11 89,164. 66,034.  13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 15 Pension plans, employee benefits 16a Legal fees 17 Interest 18 Taxes STMT 3 1,850. 0. 1,850.  19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 5 250. 0. 250.  250. 124 Total operating and administrative expenses. Add lines 13 through 23 5,721. 0. 2,100. 26 Total expenses and disbursements. Add lines 24 and 25 30,081. 0. 26,460.  27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (inegative, enter -0-) c Adjusted net income (inegative, enter -0-) c Adjusted in come (inegative, enter -0-)	اه	6a		assets not on line 10	14,844.				STATEMENT 1
8 Net Short-refrix capital gain 9 Income modifications 10a and allowances b Less Cost of spoods sold c Gross profit or (loss) 11 Other income 12 Total Add lines 1 through 11 89,164. 66,034.  13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 15 Pension plans, employee benefits 16a Legal fees 17 Interest 18 Taxes STMT 3 1,850. 0. 1,850.  19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 5 250. 0. 250.  250. 124 Total operating and administrative expenses. Add lines 13 through 23 5,721. 0. 2,100. 26 Total expenses and disbursements. Add lines 24 and 25 30,081. 0. 26,460.  27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (inegative, enter -0-) c Adjusted net income (inegative, enter -0-) c Adjusted in come (inegative, enter -0-)	n n	b	Gross sales price for all assets on line 6a	169,768.	•				
8 Net Short-refrix capital gain 9 Income modifications 10a and allowances b Less Cost of spoods sold c Gross profit or (loss) 11 Other income 12 Total Add lines 1 through 11 89,164. 66,034.  13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 15 Pension plans, employee benefits 16a Legal fees 17 Interest 18 Taxes STMT 3 1,850. 0. 1,850.  19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 5 250. 0. 250.  250. 124 Total operating and administrative expenses. Add lines 13 through 23 5,721. 0. 2,100. 26 Total expenses and disbursements. Add lines 24 and 25 30,081. 0. 26,460.  27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (inegative, enter -0-) c Adjusted net income (inegative, enter -0-) c Adjusted in come (inegative, enter -0-)	ě	7	· · ·	•		5	9,497.		
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14 Other employee salaries and wages   15 Pension plans, employee benefits   16a Legal fees   b Accounting fees   STMT   3   1,850.   0.   1,850.	1	2	Total Add lines 1 through	gh 11	89,164.	_6	6,034.		
15   Pension plans, employee benefits   16a   Legal fees   b   Accounting fees   STMT   3   1   1,850   .     0   .     1   1,850   .     0   .     1   1,850   .     0   .     1   1,850   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .     0   .	1	3	Compensation of officers, dir	rectors, trustees, etc	· 0.		0.		0.
16a Legal fees	1			•					
26 Total expenses and disbursements.  Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A	1 رب			e benefits					
26 Total expenses and disbursements.  Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A	eg 1		-	Cmwm 2	1 050				1 950
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26 Total expenses and disbursements.  Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A	<u>ا ا</u>		•						
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26 Total expenses and disbursements.  Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A	era	4			5 721		Λ		2 100
26 Total expenses and disbursements.  Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A	ಕಿ ,	5		-					
Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A									
27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A		_	•		30,081.		0.		26,460.
b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A	2	7		e 12:	•				
c Adjusted net income (if negative, enter -0-)			·		59,083.		<u> </u>		
						6	6,034.	37/3	
								N/A	Form 000-DE (2010)

JSPFOUN1

For	m 99	0-PF (2016) JSP FAMILY FOUNDATION	. <del>.</del>	47-4	1324008 Page 2
P	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	
	aı į	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	31,160.	26,929.	
	2	Savings and temporary cash investments	226,835.	40,769.	40,769.
	3	Accounts receivable ►			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ►			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	-	disqualified persons			
	7	Other notes and loans receivable			
	'	Less: allowance for doubtful accounts			
s	8	Inventories for sale or use			
Assets	٩	Prepaid expenses and deferred charges			
As	102	Investments - U.S. and state government obligations			
	l	Investments - corporate stock STMT 6	121,500.	47,365.	59,759.
	l	Investments - corporate bonds STMT 7	20,068.	378,017.	432,996.
	i	investments - land, buildings, and equipment basis	20,000	37070171	-
	[''			İ	
	10	Less accumulated depreciation			
	12	Investments - mortgage loans Investments - other			
	13				
	14	Land, buildings, and equipment: basis			
			81,909.	47,475.	978.
	15	· — — — — — — — — — — — — — — — — — — —	01,000.	21,213.	570.
	16	Total assets (to be completed by all filers - see the	481,472.	540,555.	561,431.
_	47	Instructions Also, see page 1, item I)	401,472.	340,333.	<u> </u>
	17	Accounts payable and accrued expenses			
	18	Grants payable			
Liabilıties	19	Deferred revenue			
þi	20	Loans from officers, directors, trustees, and other disqualified persons			
Lia	21	Mortgages and other notes payable			
	22	Other liabilities (describe )			
	00	Total liabilities (add lines 17 through 22)	0.	0.	
_	23	Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
es S	24	Unrestricted			
Juc	25	Temporarily restricted			
3als	26	Permanently restricted			
Net Assets or Fund Balances	20	Foundations that do not follow SFAS 117, check here			
Ē		and complete lines 27 through 31			
ō	27	Capital stock, trust principal, or current funds	0.	0.	
ets	28	Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.	
Ass	29	Retained earnings, accumulated income, endowment, or other funds	481,472.	540,555.	
e f	30	Total net assets or fund balances	481,472.	540,555.	
Z	30	Total liet assets of fully baranees	202/2/21	0.07.000	
	31	Total liabilities and net assets/fund balances	481,472.	540,555.	
	art		<u> </u>		
1		I net assets or fund balances at beginning of year - Part II, column (a), line 3	30		401 470
	•	st agree with end-of-year figure reported on prior year's return)		1	481,472.
		r amount from Part I, line 27a		2	59,083.
-		er increases not included in line 2 (itemize)	<del> </del>	3	540 555
		lines 1, 2, and 3		4	<u>540,555.</u> 0.
5		reases not included in line 2 (itemize)  I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (h) line 30	5	540,555.
<u>6</u>	i Ula	in not assets of fund valances at end of year find 4 finitus line of - Fatt II, Co	idinii (O), iiilo OO		Form <b>990-PF</b> (2016)

2 Total of line 1, column (d) 22,355. 5 Multiply line 4 by line 3 660. 6 Enter 1% of net investment income (1% of Part I, line 27b) 7 23,015. Add lines 5 and 6 26,460. 8 Enter qualifying distributions from Part XII, line 4

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

Form **990-PF** (2016)

623521 11-23-16

Form 990-PF (2016) JSP FAMILY FOUNDATION 47-4324 Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see in	008 1stru	ction	age 4
1a Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ 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 X and enter 1%		6	60.
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-)			0.
3 Add lines 1 and 2		6	<u>60.</u>
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			<u>0.</u>
5 Tax based on investment income Subtract line 4 from line 3 If zero or less, enter -0-		6	<u>60.</u>
6 Credits/Payments:			
a 2016 estimated tax payments and 2015 overpayment credited to 2016 6a 6a			
b Exempt foreign organizations - tax withheld at source 6b			
c Tax paid with application for extension of time to file (Form 8868) 6c 3,000.			
d Backup withholding erroneously withheld 6d 6			
7 Total credits and payments. Add lines 6a through 6d			00.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			<u> 20.</u>
9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed			
10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		<u>2,3</u>	
11 Enter the amount of line 10 to be: Credited to 2017 estimated tax ▶ 2,320 • Refunded ▶ 11			0.
Part VII-A Statements Regarding Activities			
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	
any political campaign?	1a		<u>X</u>
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?	1b		<u>X</u>
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			
c Did the foundation file Form 1120-POL for this year?	1c		<u>X</u>
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
(1) On the foundation. ► \$ O . (2) On foundation managers. ► \$ O .			
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
managers. ► \$O.			
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		<u>X</u>
If "Yes," attach a detailed description of the activities			
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or	_		•••
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	-	X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b If "Yes," has it filed a tax return on Form 990-T for this year? N/A	4b		37
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:			
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			37
remain in the governing instrument?	6	37	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 XV	7	X	
O Carrollo and a decidad decidad decidad and the second and the se			
8a Enter the states to which the foundation reports or with which it is registered (see instructions)			
MA  If the account is "Ver" to line 7 has the foundation formulated a convent Form 200 DF to the Atternay Constal for designate.			
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)	。	x	
of each state as required by General Instruction G? If "No," attach explanation	8b		
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			v
year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV  10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses  STMT 9	9	X	<u> </u>
	m <b>990</b>		(2016)

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

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Form 4720, to determine if the foundation had excess business holdings in 2016)

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,

during the year?

Form 990-PF (2016)

X

N/A

3b

4a

orm 990-PF (2016) JSP FAMILY FOUNDATION			47-432400	08 Page <b>6</b>
Part VII-B   Statements Regarding Activities for Which I	Form 4720 May Be I	Required (continu	ued)	<del></del>
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Ye	s 🗶 No	
(2) Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly or indir			
any voter registration drive?		Ye	s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	9	Ye	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organizatio	in described in section			
4945(d)(4)(A)? (see instructions)		Ye	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	, or educational purposes, or	for		
the prevention of cruelty to children or animals?		Ye	s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un-	der the exceptions described	ın Regulations		
section 53.4945 or in a current notice regarding disaster assistance (see instru	uctions)?		N/A 5	b
Organizations relying on a current notice regarding disaster assistance check h	nere		▶□	ĺ
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f	rom the tax because it mainta	uned		
expenditure responsibility for the grant?	Ŋ	<b>J/A</b> 🔲 Ye	s No	
If "Yes," attach the statement required by Regulations section 53.494	5-5(d)			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			
a personal benefit contract?		Ye	s X No	
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a g	personal benefit contract?		6	b X
If "Yes" to 6b, file Form 8870				
7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?	Ye	s X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu	utable to the transaction?		N/A 7	b
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	anagers, Highly	/	
Paid Employees, and Contractors				
1 List all officers, directors, trustees, foundation managers and their	T		(-1) 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
/-> Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	(e) Expense account, other
(a) Name and address	to position	enter -0-)	and deferred compensation	allowances
DOMENIC COLASACCO	TRUSTEE			
426 GROVE STREET				
NEEDHAM, MA 02492	1.00	0.	0.	0.
MARSHA C. SALETT	TRUSTEE			
426 GROVE STREET				
NEEDHAM, MA 02492	1.00	0.	0.	0.
2 Compensation of five highest-paid employees (other than those inc		, enter "NONE."	(-1\0	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other allowances
(a) Hamo and address of sach employee para more than \$\phi \text{sach}	hours per week devoted to position	(O) Componibution	compensation	allowances
NONE				
	]			
···				
	_			
•				
				· · · · · · · · · · · · · · · · · · ·
Total number of other employees paid over \$50,000			<b>&gt;</b>	0
			Form !	<b>990-PF</b> (2016)

Form 990-PF (2016) JSP FAMILY FOUNDATION	<u> </u>	4324008 Page 7
Part VIII   Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)		· · · · · · · · · · · · · · · · · · ·
3 Five highest-paid independent contractors for professional services. If none, enti-	er "NONE "	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
MARC A. ELFMAN, ESQ.	(2) 1)	.,
50 CONGRESS STREET, #925, BOSTON, MA 02109	TAX PREPARATION	1,750.
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 stati number of organizations and other beneficiaries served, conferences convened, research papers pro	stical information such as the	Expenses
1 N/A	Jauceu, 616.	
2		
3		
4		
· · · · · · · · · · · · · · · · · · ·		
Part IX-B Summary of Program-Related Investments	1	
Describe the two largest program-related investments made by the foundation during the tax year of N/A	nines rand z.	Amount
1 21/ 22		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	▶	0.

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, s	ee instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	294,237.
	Average of monthly cash balances	1b	294,237. 204,999.
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	499,236.
	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	499,236.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	7,489.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	491,747.
6	Minimum investment return Enter 5% of line 5	6	24,587.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here ▶ □ and do not complete this part.)	id certain	
1	Minimum investment return from Part X, line 6	1	24,587.
2a	Tax on investment income for 2016 from Part VI, line 5		
b	Income tax for 2016. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	660.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	23,927.
4	Recoveries of amounts treated as qualifying distributions •	4	0.
5	Add lines 3 and 4	5	23,927.
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	23,927.
P	art XII Qualifying Distributions (see instructions)	1	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		26 460
а		1a	26,460.
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		3a	
b		3b	06 460
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	26,460.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		660
	income. Enter 1% of Part I, line 27b	5	660.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	25,800.
	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.		

Form **990-PF** (2016)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	( <b>d)</b> 2016
1 Distributable amount for 2016 from Part XI,	Corpus	10010 prior to 2010		
line 7				23,927.
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2015 only	•		0.	
<b>b</b> Total for prior years:				1
		0.		
3 Excess distributions carryover, if any, to 2016:				1
a From 2011				
<b>b</b> From 2012				
c From 2013 d From 2014				
e From 2015 11, 479.				
f Total of lines 3a through e	11,479.			
4 Qualifying distributions for 2016 from	11/1/50			
Part XII, line 4: ►\$ 26,460.	-	= -		
a Applied to 2015, but not more than line 2a			0.	
<b>b</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				23,927.
e Remaining amount distributed out of corpus	2,533.			
5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount	0.			0.
must be shown in column (a))  6 Enter the net total of each column as				
indicated below:	14 012			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	14,012.	·		
<b>b</b> Prior years' undistributed income. Subtract		0.		_
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 instr.			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	0.			
9 Excess distributions carryover to 2017.	14 010			
Subtract lines 7 and 8 from line 6a	14,012.			
10 Analysis of line 9				
a Excess from 2012				
b Excess from 2013 c Excess from 2014				
d Excess from 2015 11,479.				
e Excess from 2016 2,533.				
© LAUGOO II GIII 20 10   2,333 •	· ·	t	<del></del>	5 000 PE (0046)

623581 11-23-16

Form **990-PF** (2016)

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)  1 a If the foundation has received a ruling or determination letter that it is a private operating	
1 a If the foundation has received a ruling or determination letter that it is a private contrating	
foundation, and the ruling is effective for 2016, enter the date of the ruling	
	42(1)(5)
2 a Enter the lesser of the adjusted net Tax year Prior 3 years	(a) Tatal
income from Part I or the minimum (a) 2016 (b) 2015 (c) 2014 (d) 2013	(e) Total
investment return from Part X for	
each year listed	
<b>b</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	<del></del>
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	<del></del>
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 foundation had \$5,000 or mo	ore in assets
at any time during the year-see instructions.)	
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	se of any tax
year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)	
ONE	
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 page	artnership or
other entity) of which the foundation has a 10% or greater interest.	
IONE ·	·
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 requ	
the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and	l 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:	
23601 11-23-16	Form <b>990-PF</b> (2016

3 Grants and Contributions Paid During the Y	ear or Approved for Future	Payment		
Recipient	If recipient is an individual		, ,	
Name and address (home or business)	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	G Substantial Contributor	roupient		
ARBARA POPPER MEMORIAL FOUNDATION	NONE	N/A	UNRESTRICTED GIFT FOR	
7 NEWBURY PARK	,	,,,,	ITS GENERAL PURPOSES	
IEEDHAM, MA 02492				5,00
BROADMOOR WILDLIFE SANCTUARY (MASS AUDUBON)	NONE	N/A	UNRESTRICTED GIFT FOR ITS GENERAL PURPOSES	
280 ELIOT STREET				F 00
NATICK, MA 01760			-	5,00
	•			
CASA MYRNA VAZQUEZ	NONE	N/A	UNRESTRICTED GIFT FOR	
PO BOX 180019			ITS GENERAL PURPOSES	EO
BOSTON, MA 02118		-		50
COMMUNITY SERVINGS	NONE	N/A	UNRESTRICTED GIFT FOR	
18 MARBURY TERRACE JAMAICA PLAIN, MA 02130	•		ITS GENERAL PURPOSES	50
SIMILE I I I I I I I I I I I I I I I I I I				
·	NONE	N/A	UNRESTRICTED GIFT FOR	
	<u> </u>		ITS GENERAL PURPOSES	
	NTINUATION SHE	ET(S)	<b>▶</b> 3a	24_36
<b>b</b> Approved for future payment				
NONE				
				<u></u>
	•			
	•	1		

# Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	T T	d business income		ded by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	<b>(b)</b> Amount	Exclu- sion code	(d) Amount	Related or exempt function income
-	Code				
a b	•		1		
C					
d					
е					<del></del>
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		·	14	6,537.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
<b>b</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			14	14,844.	
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)		0.	<u>.                                    </u>	21,381.	
13 Total. Add line 12, columns (b), (d), and (e)				13	21,381.
(See worksheet in line 13 instructions to verify calculations )					
Part XVI-B Relationship of Activities to	the Acco	omplishment of E	xemp	t Purposes	
Line No Explain below how each activity for which incor	no is reported i	n column (a) of Part V/I-	A contrib	outed importantly to the accom	nlichment of
the foundation's exempt purposes (other than b			- COTTO	outed importantly to the accom	phoninont of
	, p	,			
	•				
	<del></del> -	<del></del>			
•	<del></del>				
	<del>-</del>				
	<del> · -</del>				
			-		
1					

623621 11-23-16

Part XVII			and Transactions a	nd Relationships With	Noncharitable	<b>)</b>
1 Did the or	Exempt Organization discoults as under		ng with any other organization	n described in section E01(a) of		Yes No
		ectly engage in any of the following (3) organizations) or in section 5.				163 140
		tion to a noncharitable exempt or	= :	Zations		
(1) Cash	irom the reporting loandal	non to a nonchamable exempt of	gamzation of.		1a(1)	x
(2) Other	202010				1a(2)	X
<b>b</b> Other tran					14(2)	
	of assets to a noncharitab	le exempt organization *			1b(1)	x
		charitable exempt organization			1b(2)	X
	l of facilities, equipment, o				1b(3)	X
	oursement arrangements	. Unior about			1b(4)	X
	s or loan guarantees				1b(5)	X
		nbership or fundraising solicitation	ons		1b(6)	X
		ing lists, other assets, or paid en			1c	X
		- · · · · · · · · · · · · · · · · · · ·	· -	ays show the fair market value of	the goods, other ass	
				e in any transaction or sharing arr		,
		ther assets, or services received.				
(a) Line no	(b) Amount involved	(c) Name of noncharitabl	e exempt organization	(d) Description of transfers, tran	isactions, and sharing an	rangements
		N/A				
		•				
			···			
			<del> </del>			
				<u> </u>		
	•	y affiliated with, or related to, one		ations described		
		than section 501(c)(3)) or in sec	etion 527?		Yes	X No
<b>b</b> If "Yes," co	implete the following sche		T.a			
	(a) Name of orga	inization	(b) Type of organization	(c) Description	of relationship	
	N/A					
				<del></del>		
				at the best of my know	· · · · · · · · · · · · · · · · · · ·	
				statements, and to the best of my know ation of which preparer has any knowle		discuss this
Sign And Here	A	<i>-</i>	10017	Trylog	shown below	/ (see instr )?
1/4	rature of officer or trustee	1	<u> </u>	Title		No No
		Droporosia (	Date		ıf PTIN	
	Print/Type preparer's nar 	me Preparer's s	oigirature (	Date Check self- employe		
Paid	MADO A DI	EMAN IIOM	-6.20	' '	!	320
Preparer	MARC A. ELI Firm's name ► MAR(			08/31/17	P00044 ► 20-40045	
Use Only	rimismame PMAR	C A. ELFMAN, LI		FILLE S EIN	- 20-40043	0.5
200 Omy	Firm's address - En	CONGRESS STREE	ET, #925			
		STON, MA 02109	11 T 74J	Phone no.	(617) 227	-3400
	ь о	JION, PIR UZIUS		i r iiulie iiu.		0-PF (2016)
					101111 501	(2010)

JSP FAMILY FOUNDATION

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient NONE N/A UNRESTRICTED GIFT FOR ITS GENERAL PURPOSES NEWTON WELLESLEY HOSPITAL NONE N/A UNRESTRICTED GIFT FOR 2014 WASHINGTON STREET ITS GENERAL PURPOSES 500, NEWTON, MA 02462 ACADEMY OF THE PACIFIC RIM N/A UNRESTRICTED GIFT FOR NONE: 1 WESTINGHOUSE PLAZA ITS GENERAL PURPOSES 500. HYDE PARK, MA 02136 MASSACHUSETTS AUDUBON SOCIETY NONE UNRESTRICTED GIFT FOR N/A ITS GENERAL PURPOSES 208 S GREAT ROAD LINCOLN, MA 01773 250, UNRESTRICTED GIFT FOR NONE N/A SIMMONS COLLEGE ITS GENERAL PURPOSES 300 FENWAY 1,000. BOSTON, MA 02115 PLAYWORKS NONE N/A UNRESTRICTED GIFT FOR 67 KEMBLE STREET, SUITE 3.6 ITS GENERAL PURPOSES 1,500. BOSTON, MA 02119 UNRESTRICTED GIFT FOR JEWISH COMMUNITY HOUSING NONE N/A 30 WALLINGFORD ROAD ITS GENERAL PURPOSES 1,360, BOSTON, MA 02135 UNRESTRICTED GIFT FOR HARBOR TO THE BAY NONE N/A ITS GENERAL PURPOSES PO BOX 990243 250. BOSTON, MA 02199 CRADLES TO CRAYONS NONE ' N/A UNRESTRICTED GIFT FOR 155 NORTH BEACON STREET ITS GENERAL PURPOSES BOSTON, MA 02135 1,000. UNRESTRICTED GIFT FOR CONCORD LAND CONSERVATION NONE N/A PO BOX 141 ITS GENERAL PURPOSES 500. CONCORD MA 01742 Total from continuation sheets 13 360. JSP FAMILY FOUNDATION

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	
AIDS ACTION	NONE	N/A	UNRESTRICTED GIFT FOR	
75 AMORY STREET BOSTON, MA 02119			ITS GENERAL PURPOSES	5.0
BUSTON, MA UZII9				50
APCC	NONE	N/A	UNRESTRICTED GIFT FOR	
482 MAIN STREET			ITS GENERAL PURPOSES	
DENNIS, MA 02638				50
DOGMORG LITHWOLLD PORDER	NONE	NT / T	UNRESTRICTED GIFT FOR	
DOCTORS WITHOUT BORDERS 333 7TH AVENUE	NONE	N/A	ITS GENERAL PURPOSES	
NEW YORK, NY 10001				_50
PLANNED PARENTHOOD	NONE	N/A	UNRESTRICTED GIFT FOR	
286 BLEEKER STREET			ITS GENERAL PURPOSES	1 00
NEW YORK, NY 10012	•			1,00
DANA FARBER JIMMY FUND	NONE	N/A	UNRESTRICTED GIFT FOR	
10 BROOKLINE PLACE WEST, 6TH FLOOR			ITS GENERAL PURPOSES	
BROOKLINE, MA 02445				1,00
BOSTON CHILDREN'S HOSPITAL	NONE	N/A	UNRESTRICTED GIFT FOR	
300 LONGWOOD AVENUE	•		ITS GENERAL PURPOSES	
BOSTON, MA 02115				1,00
			CHANGE COMPANY OF THE FOR	
BABY QUEST FOUNDATION 149 S. BARRINGTON AVENUE, #112	NONE	N/A	UNRESTRICTED GIFT FOR ITS GENERAL PURPOSES	
LOS ANGELES, CA 90049				1,00
PENCILS OF PROMISE 37 WEST 28TH STREET, 3RD FL.	NONE .	N/A	UNRESTRICTED GIFT FOR ITS GENERAL PURPOSES	
NEW YORK, NY 10001			TID GRADING TONE ODD	1,00
		<del></del>		

#### 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.lrs.gov/form990.

OMB No 1545-0047

2016

Name of the organization

Employer identification number

	SP FAMILY FOUNDATION	47-4324008
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	
	is covered by the <b>General Rule</b> or <b>a Special Rule.</b> c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R	tule See instructions
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor.	
Special Rules		
sections 509(a)(1 any one contribu	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16 tor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount of the complete Parts I and II	a, or 16b, and that received from
year, total contrib	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from outions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or edulative for the children or animals. Complete Parts I, II, and III	
year, contributior is checked, entei purpose Don't c	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from sexclusively for religious, charitable, etc., purposes, but no such contributions totaled in there the total contributions that were received during the year for an exclusively religious omplete any of the parts unless the <b>General Rule</b> applies to this organization because in ble, etc., contributions totaling \$5,000 or more during the year	more than \$1,000 If this box us, charitable, etc ,
but it must answer "No" o	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its 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

Employer identification number

## JSP FAMILY FOUNDATION

47-4324008

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	DOMENIC COLASACCO  426 GROVE STREET  NEEDHAM, MA 02492	\$\$.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	DOMENIC COLASACCO  426 GROVE STREET  NEEDHAM, MA 02492	\$\$,307.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	•	\$	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
4	•	\$	Person X Payroli
(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

# JSP FAMILY FOUNDATION

47-4324008

art 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
1	800 SHS CINCINNATI FINL CORP		
		s62,476.	12/08/16
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
2	200 SHS CHEMOURS COMPANY		
		\$\$	12/08/16
(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
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(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		s	

	(Form 990, 990-EZ, or 990-PF) (2016)	· · · · · · · · · · · · · · · · · ·	
ne of orga	nization		Employer identification number
SP FAI art III	the year from any one contributor. Complete	columns (a) through (e) and the following	47-4324008 section 501(c)(7), (8), or (10) that total more than \$1,000 for the original section section in the original section is the original section section in the original section is the original section in the original section in the original section is the original section in the original section in the original section is the original section in the origina
	completing Part III, enter the total of exclusively religion Use duplicate copies of Part III if addition	us, charitable, etc., contributions of \$1,000 or less nal space is needed	for the year (Enterthis info once)
n) No. rom 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, a	nd ZIP + 4	Relationship of transferor to transferee
) No. rom	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		• (e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
	Transfer et a Harrie, duda esa, d		
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_			
-		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

(B) (C) (D) (E) GROSS COST OR EXPENSE OF DEPREC.  99. 100. 0. 0.    MANNER ACQUIRED ACQUIRED COST OR EXPENSE OF SALES PRICE OF ACQUIRED SALES OF SALES PRICE OTHER BASIS SALE OF SALES PRICE OTHER BASIS SALE DEPREC.    (A)	DESCRIPT	(A) FION OF PROPERTY				ANNER QUIRED		TE IRED	DATE S	OLD
GROSS SALES PRICE OTHER BASIS EXPENSE OF OTHER BASIS SALE DEPREC.  99. 100. 0. 0.  DESCRIPTION OF PROPERTY ACQUIRED ACQUIRED OTHER BASIS SALE DEPREC.  (B) (C) (D) (E) (E) (D) (E) (D) (E) (D) (E) (D) (E) (D) (D) (E) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D	CHUBB		_		PUR	CHASED	01/1	5/16	01/20	/16
CHUBB  (A)  DESCRIPTION OF PROPERTY  (B)  (C)  GROSS  COST OR  SALES PRICE  OTHER BASIS  (A)  DESCRIPTION OF PROPERTY  (A)  DESCRIPTION OF PROPERTY  (B)  (C)  (C)  (D)  (E)  EXPENSE OF  DEPREC.  MANNER  DEPREC.  ACQUIRED  OTHER  ACQUIRED  ACQUIRE		GROSS	COST OR	EXPENSE	OF		c.	GAIN	(F) OR LOS	S
CHUBB  (B) (C) (D) (E)  GROSS COST OR EXPENSE OF SALES PRICE OTHER BASIS SALE DEPREC.  32,900. 33,324. 0. 0. 0.  (A) MANNER ACQUIRED ACQUIRED  (A) PURCHASED VARIOUS OF ACQUIRED ACQUIR		99.	100.		0.		0.			-1.
(B) (C) (D) (E)  GROSS COST OR EXPENSE OF SALES PRICE OTHER BASIS SALE DEPREC.  32,900. 33,324. 0. 0. 0.  (A) DESCRIPTION OF PROPERTY  CHUBB  (B) (C) (D) (E) PURCHASED VARIABLE  (B) (C) (D) (E) GROSS COST OR EXPENSE OF	DESCRIPT							TE VIRED	DATE S	OLI
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CHUBB  (A)  DESCRIPTION OF PROPERTY  CHUBB  (B)  (C)  GROSS  (C)  (D)  (E)  GROSS  COST OR  EXPENSE OF		GROSS	COST OR	EXPENSE	OF		c.	GAIN	(F) OR LOS	s
CHUBB  (B)  (C)  GROSS  (C)  (D)  (E)  GROSS  COST OR  EXPENSE OF		32,900.	33,324.		0.		0.		-4	24
(B) (C) (D) (E) GROSS COST OR EXPENSE OF	DESCRIP		•					TE JIRED	DATE S	OLI
GROSS COST OR EXPENSE OF	CHUBB		_		PUR	CHASED	VARI	ous	01/14	/16
		GROSS	COST OR	EXPENSE	OF		c.	GAIN	(F)	ss
129,789. 121,500. 0. 0.	_	129,789.	121,500.		0.		0.		8,2	89
	mar m	O FORM 990-PF, P.							14,8	

FORM 990-PF	DIVIDENDS	AND INTER	EST FROM SECU	RITIES ST	CATEMENT	2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	REVENUE	(B) NET INVEST- MENT INCOME	(C) ADJUSTE NET INCC	
DIVIDENDS - STATE STREET DIVIDENDS - US	1,800.		0. 1,800.	1,800.		
BANK	11,717.	6,98	0. 4,737.	4,737.		
TO PART I, LINE 4	13,517.	6,98	0. 6,537.	6,537.		<del></del>
FORM 990-PF		ACCOUNTI	NG FEES	Si	PATEMENT	3
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAE PURPOSE	
MARC A. ELFMAN LLC US BANK		1,750. 100.	0.		1,75	50.
TO FORM 990-PF, PG	1, LN 16B	1,850.	0.		1,85	;0.
FORM 990-PF		· TAX	ES	Si	TATEMENT	4
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAE PURPOSE	
UNITED STATES TREAS	URY	3,621.	0.			0.
TO FORM 990-PF, PG	1, LN 18	3,621.	0.			0.

FORM 990-PF	OTHER EXPENSES				STATEMEN	r 5
DESCRIPTION	(A) EXPENSES PĒR BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		TABLE
COMMONWEALTH OF MASSACHUSETTS FILING FEE	250.		0.			250.
TO FORM 990-PF, PG 1, LN 23	250.		0.			250.
FORM 990-PF	CORPORAT	E STOCK			STATEMENT	r 6
DESCRIPTION			вос	OK VALUE	FAIR MARI VALUE	KET
250 SHS CAMBRIDGE BANCORP 200 SHS CHEMOURS COMPANY 301 SHS CHUBB LTD				12,005. 1,925. 33,435.	4	,573. ,418. ,768.
TOTAL TO FORM 990-PF, PART I	I, LINE 10B			47,365.	59	,759.
FORM 990-PF	CORPORAT	E BONDS			STATEMEN	ր 7
DESCRIPTION			вос	OK VALUE	FAIR MAR	KET
800 SHS CINCINNATI FINL CORP 3,420.508 SHS BOSTON TRUST M 1,017.186 SHS VANGUARD 500 II 2,656.797 SHS BOSTON TRUST AS	NDEX ADMIRAL			17,676. 54,974. 200,000. 105,367.	52 210	,600. ,471. ,120.
TOTAL TO FORM 990-PF, PART I	I, LINE 10C			378,017.	432	,996.

FORM 990-PF	OTHER ASSETS		STATEMENT	
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE	
ADJUSTMENT FOR BOOK TO TAX ACCRUED INCOME CASH IN TRANSIT - MOODY'S STOCK.	31,501.	0. 978.	0 978	
SALE ADJUSTMENT FOR BOOK TO TAX -	50,408.	0.	0	
CHUBB MERGER	0.	46,497.	0	
TO FORM 990-PF, PART II, LINE 15	81,909.	47,475.	978	
	STANTIAL CONTRIE VII-A, LINE 10	BUTORS	STATEMENT	
NAME OF CONTRIBUTOR	ADDRESS			
DOMENIC COLASACCO	426 GROVE STREET NEEDHAM, MA 02492			
MARSHA SALETT .	426 GROVE STE			