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Form 990-PF

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.lrs.gov/form990pf.

OMB No 1545-0052

For	caler	idar year 2016 or tax year beginning		, and ending		
		foundation	A Employer identification	n number		
		State Savings Charitab	00 000055			
_		ndation, Inc.	80-0038576	<u> </u>		
		nd street (or PO box number if mail is not delivered to street Franklin Street	address)	Room/suite	B Telephone number (508) 890-	0070
		own, state or province, country, and ZIP or foreign p	actal anda			
		cester, MA 01608	ostal code		C if exemption application is p	bending, check here
_		all that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organization	s check here
•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Final return	Amended return	mior public onarity	, ,	
		Address change	Name change		Foreign organizations mi check here and attach co	eeting the 85% test, omputation
H (heck	type of organization: X Section 501(c)(3) ex			E If private foundation sta	
	Se		Other taxable private founda	tion	under section 507(b)(1	
l Fa	ur ma	arket value of all assets at end of year J Accounti	ng method: X Cash	Accrual	F If the foundation is in a	60-month termination
-		Part II, col (c), line 16)	ther (specify)		under section 507(b)(1)(B), check here 🕨 🔲
_	\$	88,724. (Part I, colu	mn (d) must be on cash t	pasis)		
Pá	rt I	Ine total of amounts in columns (b), (c), and (d) may not	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes
	-	necessarily equal the amounts in column (a)				(cash basis only)
	1 2	Contributions, gifts, grants, etc., received Check If the foundation is not required to attach Sch. B	20,500.		N/A	
	2	Check If the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments.	325.	325.		Statement 1
	4	Dividends and interest from securities	323.			Deacement 1
		Gross rents				
		Net rental income or (loss)				
e e	6a Net gain or (loss) from sale of assets not on line-10 Gross sales price for all					
Š	b	Gross sales price for all assets on lirte 6a				
Revenue	7			0.		
ш	8	Net short-term capital gain 1 0 2017 Income modifications		 ,,		
	9	Gross calos loss returno				
	10a	and allowances			 	
	l	Gross profit or (loss)				
	111	Other income		· <u>-</u>		
	12	Total. Add lines 1 through 11	20,825.	325.		
	13	Compensation of officers, directors, trustees, etc	0.	0.		0.
	14	Other employee salaries and wages	٠			
w	15	Pension plans, employee benefits				
(penses	16a	Legal fees				
Pe	b	Accounting fees Stmt 2	500.	300.		200.
ũ		Other professional fees				
Ě	17	Interest				 -
stra	18 19	Taxes Depreciation and depletion				
를	20	Occupancy				
Adr	21	Travel, conferences, and meetings				
P	22	Printing and publications				
)g a	23	Other expenses Stmt 3	54.	0.		54.
Operating and Administrative	24	Total operating and administrative				
per		expenses. Add lines 13 through 23	554.	300.		254.
0		Contributions, gifts, grants paid	24,690.			24,690.
	26	Total expenses and disbursements.				
		Add lines 24 and 25	25,244.	300.	<u> </u>	24,944.
		Subtract line 26 from line 12:		_		1
		Excess of revenue over expenses and disbursements	<4,419.	<u>25.</u>		
		Net investment income (if negative, enter -0-) Adjusted net income (if negative, enter -0-)		۵۵۰	N/A	
		nujuotou net mounte (a negative, enter -0-)			14/ 22	

623501 11-23-16 LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2016)

Bay State Savings Charitable

80-0038576 Foundation, Inc. Form 990-PF (2016) Beginning of year End of year Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (a) Book Value (b) Book Value (c) Fair Market Value 1,004 1,004. 38. -1 Cash - non-interest-bearing 93,105. 87,720. 87,720. 2 Savings and temporary cash investments 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 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments - U.S. and state government obligations b Investments - corporate stock c Investments - corporate bonds 11 Investments - land, buildings, and equipment, basis Less accumulated depreciation 12 Investments - mortgage loans 13 Investments - other 14 Land, buildings, and equipment; basis Less accumulated depreciation 15 Other assets (describe ▶ 16 Total assets (to be completed by all filers - see the 93,143 instructions. Also, see page 1, item I) 88,724. 88,724. 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe 0. 23 Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. Vet Assets or Fund Balances 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted $\triangleright [X]$ Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. 0. 27 Capital stock, trust principal, or current funds Ō. 0. 28 Paid-in or capital surplus, or land, bldg., and equipment fund 93,143. 88,724. 29 Retained earnings, accumulated income, endowment, or other funds 93,143. 88,724. 30 Total net assets or fund balances 93,143. 88,724 31 Total liabilities and net assets/fund balances Part III Analysis of Changes in Net Assets or Fund Balances Total net assets or fund balances at beginning of year - Part II, column (a), line 30 93,143 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 88,724. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 Form **990-PF** (2016)

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)				(6)1	low acquired - Purchase - Donation	(c) Date (mo., d	acquired lay, yr.)	(d) Date sold (mo., day, yr.)
18								
b NOI	NE							
c				t				
d								
е							-	
(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis xpense of sale				ain or (loss) s (f) minus (
a				i				
b			<u>_</u>					
_ c								
d								
е								
Complete only for assets showin	g gain in column (h) and owned by	the foundation	on 12/31/69		(1) Gains (C	ol. (h) gain	minus
(i) F.M.V. as of 12/3 1/69	(j) Adjusted basis as of 12/31/69		cess of col. (i) col (j), if any		col		not less than (from col. (
a								
b								
С								
d	-							
e								
2 Capital gain net income or (net ca	opital loss) { If gain, also enter the loss of the los	er in Part I, line O- in Part I, line	7 7	}	2			
3 Net short-term capital gain or (los If gain, also enter in Part I, line 8, i	s) as defined in sections 1222(5) a							
If (loss), enter -0- in Part I, line 8 Part V Qualification U		r Reduced	Tax on Net	Inv	3 estment Inc	ome		
(For optional use by domestic private								
If section 4940(d)(2) applies, leave the Was the foundation liable for the sect If "Yes," the foundation does not qualify. Enter the appropriate amount in e	ion 4942 tax on the distributable ar ify under section 4940(e). Do not c	omplete this pa	rt.					Yes X No
(a) Base period years				(c)		T		(d) ution ratio
Base period years Calendar year (or tax year beginnir 2015	ng in) Adjusted qualifying dis	stributions 27,679.	Net value of no		table-use assets		Distrib (col. (b) div	ution ratio ided by col. (c)) . 294614
2013		29,068.			93,249			.311725
		8,035.			116,039			.155422
2013		25,554.			136,839			.186745
2012		27,350.			163,411			
2011		17,350.			163,411	+		.167369
2 Total of line 1, column (d)		b 0 b 5	h th th	-¢		2		1.115875
3 Average distribution ratio for the 5 the foundation has been in existen	•	on line 2 by 5,	or by the number	or yea	ars	3		.223175
4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5					4		84,983.	
5 Multiply line 4 by line 3				5		18,966.		
6 Enter 1% of net investment income (1% of Part I, line 27b)				6		0.		
7 Add lines 5 and 6						7		18,966.
8 Enter qualifying distributions from	8 Enter qualifying distributions from Part XII, line 4					8		24,944.
	line 7, check the box in Part VI, line	e 1b, and comp	lete that part using	g a 19	6 tax rate.		<u> </u>	
623521 11-23-16				_			F	orm 990-PF (2016)

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Bay State Savings Charitable

	n 990-PF (2016) Foundation, Inc.		<u>-00385</u>			Page 4
Pa	irt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e),	or 4948	- see in:	stru	ctio	ns)
18	Exempt operating foundations described in section 4940(d)(2), check here \(\bigcup \) and enter "N/A" on line 1.	T T				
	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 🕨 🗶 and enter 1%] 1]			0.
	of Part I, line 27b		1			
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	İ			0.
3	Add lines 1 and 2	3				0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5				0.
6	Credits/Payments:		†			
	2016 estimated tax payments and 2015 overpayment credited to 2016	Ì				
	Exempt foreign organizations - tax withheld at source					
	Tax paid with application for extension of time to file (Form 8868) 6c		1			
	Backup withholding erroneously withheld 6d					
	Total credits and payments. Add lines 6a through 6d					0.
_	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				<u> </u>
8			+			0.
40	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	├			<u> </u>
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	 			
	Enter the amount of line 10 to be: Credited to 2017 estimated tax	d ▶ 11	┸			
	art VII-A Statements Regarding Activities				V	NI-
18	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or integrate or integra	rvene in	L	$\overline{}$	Yes	
	any political campaign?		-	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the def	•	<u> </u>	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials p	ublished o	r	l l		
	distributed by the foundation in connection with the activities					
C	Did the foundation file Form 1120-POL for this year?		L	1c		_X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		1	- 1		
	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$	0.	İ			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			- 1		
	managers. ► \$ 0 .]		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		1	2		X
	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 incorpora	tion, or		1		
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
48	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
b	olf "Yes," has it filed a tax return on Form 990-T for this year?	1	N/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
-	If "Yes," attach the statement required by General Instruction T			\dashv		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		1			1
-	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 	e state law				
	remain in the governing instrument?	o outo ium		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 Pa	art VI/	F	7	X	
′	bid the following in make at least \$6,000 in assets at any time during the year in thes, complete Fait in, con (c), and Fi	3/1 /V	<u></u> ⊢	- 		
0-	File the state to which the ferrodetics are de-					
ōa	Enter the states to which the foundation reports or with which it is registered (see instructions)			1		
	MA			1		
b	of 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		\vdash	86	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for	or calendar	-			
	year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV		L	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10		X
			Form	990	-PF	(2016)

Pa	rt VH-A Statements Regarding Activities (continued)			
			Yes	No
11	-At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		<u>X</u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?	, 1		
	If "Yes," attach statement (see instructions)	12		<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► www.baystatesavingsbank.com	000	0.0	
14		890	-90	78
	Located at ▶ 28 Franklin Street, Worcester, MA ZIP+4 ▶01	608		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	1.7	/3▶	· [
	and enter the amount of tax-exempt interest received or accrued during the year		/A Yes	No
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank,	$\overline{}$	tes	
	securities, or other financial account in a foreign country?	16		<u>x</u>
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
De	foreign country The triangle of the form the fo			
		1	Yes	No
4.	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. During the year did the foundation (either directly or indirectly):		.03	-100
16	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(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?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(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)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
t	o If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? N/A	1b_		<u> </u>
	Organizations relying on a current notice regarding disaster assistance check here			
(Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	1		ł
	before the first day of the tax year beginning in 2016?	1c		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)):			
8	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			
	If "Yes," list the years			
ı	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	l		ŀ
	statement - see instructions.) N/A	2b	_	Ь—
(c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			İ
3:	[77]			
١	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	1		
	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	3b		ł
	,	4a		X
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 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		x
		rm 99 0)-PF	
	· ·		-	/

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

3 Five highest-paid independent contractors for professional services. If none, enter "I	NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(5) 1) po 01 001100	(0)
HONE		
		
		
		
		
otal number of others receiving over \$50,000 for professional services		•
Part IX-A Summary of Direct Charitable Activities		
	Lucia manda a suab a a Ab	
.ist the foundation's four largest direct charitable activities during the tax year. Include relevant statistica number of organizations and other beneficiaries served, conferences convened, research papers produci		Expenses
37/3		
N/A		
		
		
Part IX-B Summary of Program-Related Investments	L	
Describe the two largest program-related investments made by the foundation during the tax year on line	es 1 and 2	Amount
NONE		- Timedin
HONE	·	
		0
	_	
Ill other program related investments. Con instructions		
Ill other program-related investments. See instructions.		
NONE		
		
		^
		0
otal. Add lines 1 through 3	▶	0

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	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	0.
	Average of monthly cash balances	16	86,277.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	86,277.
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	86,277.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,294.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	84,983.
6	Minimum investment return. Enter 5% of line 5	6	4,249.
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	4,249.
2a	t 1		
b	Income tax for 2016. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	4,249.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	4,249.
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	4,249.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	T	
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	24,944.
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:		
а	Surtability 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	24,944.
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	6	24,944.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies for t	he section
	4940(e) reduction of tax in those years.		

Form **990-PF** (2016)

Bay State Savings Charitable Foundation, Inc.

Form 990-PF (2016)

Part XIII Undistributed Income (s	ee instructions)			
•	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				4,249.
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only			0.	
b Total for prior years:		· · · · · ·		
		0.		
3 Excess distributions carryover, if any, to 2016:				
a From 2011 19,202.				
b From 2012 18,730.				
c From 2013 12,243.				
dFrom 2014 24,414.				
e From 2015 22, 981.				
f Total of lines 3a through e	97,570.			
4 Qualifying distributions for 2016 from	3.73.01			
Part XII, line 4: ►\$ 24,944.				
			0.	
a Applied to 2015, but not more than line 2a			0.	
b Applied to undistributed income of prior		0.		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	o.			
(Election required - see instructions)	0.			1 210
d Applied to 2016 distributable amount	20 605			4,249.
e Remaining amount distributed out of corpus	20,695.			0.
5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount	0.			<u> </u>
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	118,265.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable				
amount - see instructions		0.		
e Undistributed income for 2015. Subtract line				
4a from line 2a. Taxable amount - see 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				
_	19,202.			
not applied on line 5 or line 7	19,404.			
9 Excess distributions carryover to 2017.	99,063.			
Subtract lines 7 and 8 from line 6a	33,003.			
10 Analysis of line 9:				
a Excess from 2012 18,730.				
b Excess from 2013 12, 243.				
c Excess from 2014 24,414.				
d Excess from 2015 22,981.				
e Excess from 2016 20,695.				F 000 DE (0046)

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Form **990-PF** (2016)

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Part XIV Private Operating F		American and Dest VIII	A supplies (I)		1383/6 Fage 10		
			-A, question 9)	N/A			
1 a If the foundation has received a ruling of			_				
foundation, and the ruling is effective for 2016, enter the date of the ruling							
b Check box to indicate whether the found		ig toundation described i		4942(j)(3) or 49	942(1)(5)		
2 a Enter the lesser of the adjusted net	Tax year (a) 2016	(b) 2015	Prior 3 years (c) 2014	(d) 2013	(e) Total		
income from Part I or the minimum	(a) 20 10	(0)2013	(6) 20 14	(0) 2013	(6) 10(4)		
investment return from Part X for							
each year listed				ļ			
b 85% of line 2a			<u> </u>	 	<u> </u>		
c Qualifying distributions from Part XII,							
line 4 for each year listed				<u> </u>	<u> </u>		
d Amounts included in line 2c not					1		
used directly for active conduct of	·						
exempt activities							
e Qualifying distributions made directly							
for active conduct of exempt activities.							
Subtract line 2d from line 2c							
3 Complete 3a, b, or c for the alternative test relied upon:	-						
a "Assets" alternative test - enter:			}		1		
(1) Value of all assets							
(2) Value of assets qualifying							
under section 4942(j)(3)(B)(i)							
b "Endowment" alternative test - enter							
2/3 of minimum investment return shown in Part X, line 6 for each year listed							
c "Support" alternative test - enter:							
(1) Total support other than gross							
investment income (interest,							
dividends, rents, payments on							
securities loans (section 512(a)(5)), or royalties)							
(2) Support from general public			-				
and 5 or more exempt			İ				
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 Info	rmation (Comple	te this part only	if the foundation	had \$5 000 or m	ore in assets		
at any time during t			ii tiic iodiidatioi	11100 40,000 01 111	ore in assets		
1 Information Regarding Foundatio							
a List any managers of the foundation who	•	than 2% of the total cont	ributions received by the	foundation before the clo	se of any tax		
year (but only if they have contributed in			neutiono roccivos by the	Touristantin Boloro ino olo	oo or any ax		
None	, .						
b List any managers of the foundation who	o own 10% or more of th	e stock of a corporation (or an equally large ports	on of the ownership of a p	artnership or		
other entity) of which the foundation has		, ,	or an equally large perm	on or the eventuriship of a p	arthoromp or		
None	•						
2 Information Regarding Contributi	on Grant Gift Loan	Scholarship etc. Pr	oorame:				
Check here if the foundation o				not accept uncollected real	usete for funds. If		
the foundation makes gifts, grants, etc.							
a The name, address, and telephone num							
		ile person to whom appir	Callotts Sticulo de adule:	sseu.			
Cheri E. Carty, 508-890-9078 Bay State Savings Bank, 28 Franklin Street, Worcester, MA 01608							
b The form in which applications should be submitted and information and materials they should include:							
See Statement 5							
c Any submission deadlines: See Statement 5							
d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:							
See Statement 5							

Part XV | Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Purpose of grant or contribution Foundation show any relationship to Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year A Worcester Schubertiad N/A PC General Operating Support 6 Laconia Road Worcester, MA 01609 500. Barton Center for Diabetes Education N/A PC General Operating 30 Ennis Road Support North Oxford MA 01537 1,210. Bethany Hill Place N/A PC General Operating 89 Bethany Road Support Framingham, MA 01702 1,000. Boys and Girls Club of Worcester N/A PC General Operating 65 Tainter Street Support Worcester, MA 01610 2,000. PC General Operating Community Harvest Project, Inc. N/A 37 Wheeler Road Support North Grafton, MA 01536 2,000. See continuation sheet(s) 24,690. Total ▶ 3a **b** Approved for future payment None Total

Part XVI-A	Analysis of	Income-Producing	Activities
I GILATIA	Allanisis VI	THEOTHE-1 TOUGHT	ACHTINGS

Enter-gross amounts unless otherwise indicated.	(a) Business				
		(b)	(C) Exclu-	(d)	(e) Related or exempt
1 Program service revenue:	Rusiness	Amount	sion	Amount	function income
8					
b				· · · · · · · · · · · · · · · · · · ·	
C			1		
d			— —		
e					
1					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash			1.4	325.	
Investments			14	343.	
4 Dividends and interest from securities	\ -		├		
5 Net rental income or (loss) from real estate:			├ ──		
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal	j				
property			<u> </u>		
7 Other investment income					
8 Gain or (loss) from sales of assets other	1				
than inventory			<u> </u>		
9 Net income or (loss) from special events	<u> </u>				
10 Gross profit or (loss) from sales of inventory			ļ		
11 Other revenue:					
a					
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		325.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	325.
(See worksheet in line 13 instructions to verify calculations.)	<u> </u>				

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

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplish the foundation's exempt purposes (other than by providing funds for such purposes).	shment of
	<u>. </u>	
		
	. <u></u>	
		Form 000 DE (0010)

0-PF (2016	Foundation,	Inc.		80-0038576	Page 13
XVII	Information Regarding	Transfers	To and Transactions and Relationships	With Noncharitable	

	Exempt Organ	iizations							
1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of								Yes	No
the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?									
a Transfers	from the reporting found:	ation to a noncharitable exen	npt or	ganization of:					
(1) Cash)						1a(1)		Х
(2) Othe							1a(2)		X
b Other trai									
	s of assets to a noncharita	hle evennt organization					16(1)		х
									X
• •		ncharitable exempt organiza	шон				1b(2)		X
• •	al of facilities, equipment,						1b(3)		
(4) Reim	nbursement arrangements						1b(4)	_	Х
(5) Loan	is or loan guarantees						1b(5)		Х
(6) Performance of services or membership or fundraising solicitations									X
c Sharing o	of facilities, equipment, ma	uling lists, other assets, or pa	ud em	ployees			1c		X
d If the ans	wer to any of the above is	"Yes," complete the following	g sche	dule. Column (b) should alv	vays show the fair r	narket value of the goods,	other ass	ets,	
or service	es given by the reporting fo	oundation. If the foundation i	receive	ed less than fair market valu	e in any transaction	or sharing arrangement, s	how in		
column (d) the value of the goods,	other assets, or services rec	eived.						
(a)Line no	(b) Amount involved	(c) Name of noncha	rıtable	e exempt organization	(d) Description	of transfers, transactions, and	sharing ar	rangeme	nts
		N	/A					_	
	 -				<u> </u>				
					 				
									
					-				
									
	_ 				 	 			
				<u> </u>					
					<u> </u>				
									
									_
						· · · · · · · · · · · · · · · · · · ·			
					-	-			
2a Is the four	indation directly or indirect	tly affiliated with, or related to	о опе	or more tax-exempt organiz	rations described			-	
	-	r than section 501(c)(3)) or i	-	· -		Γ	Yes	X	No
	omplete the following sch		11 3001	1011 027		_	103		_ 110
<u> </u>	(a) Name of org			(b) Type of organization		(c) Description of relations	hin		
	<u>``</u>			(B) Type of organization		(d) Description of relations	<u> </u>		
	N/A								
	<u>-</u>								
						·- 			
		·						_	
1 4 6		that I have examined this return, i mplete Declaration of preparer (ot				Ma	y the IRS o	iscuss	his
Sign 👢	delicit, it is and con	Apricio decida attori di preparati (ot	ilei uiai	in taxpayer) is basep on all inform	- Tropa of		irn with the	e prepar (see ins	er tr)?
Here	("MONR Y	P (roak 100	21 L	NOA 1 4/3/17	1.10	MALLADA [X Yes		No
Sig	nature of officer or trustee	- Company		Date	Title				
	Print/Type preparer's na	ame Prepar	er s si	gņature	Date	Check If PTIN			
		ſ		/ ^		self- employed			
Paid	Nicholas E	. Porto	//	$A \cup A \cup A$	03/22/17	P0:	1310	283	
Preparer	Firm's name ► BAK		YON			Firm's EIN ▶ 01 – 0			
Use Only		Lillianii W. I				, am Jeni P J Z O	10		
- 40 Only	Firm's address ▶ 17	ב בפוספום א	REE	T, SUITE 970		 			
				I, BUITE 3/0		Dhoma - /6171	556	_ 20	0.0
		STON, MA 021	LU			Phone no. (617)			_
						Fe	orm 99 0)-PF	(2016)

623622 11-23-16

3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	- Contribution	
Edward Street Child Services, Inc.	N/A	PC	General Operating	
34 Cedar Street			Support	
Worcester, MA 01609				1,000
Girl Scouts of Central and Western	N/A	PC	General Operating	
Massachusetts	N/A	PC	Support	
81 Gold Star Boulevard			Buppore	
Worcester, MA 01606				2,000
,				2,000
Music Worcester	N/A	PC	General Operating	
319 Main Street			Support	
Worcester, MA 01608				2,000
Regional Environmental Council, Inc.	N/A	PC	General Operating	
P.O. Box 255			Support	ļ
Worcester, MA 01613	<u> </u>			2,000
Rise Above Foundation, Inc.	N/A	PC	General Operating	
P.O. Box 174			Support	
Northbridge, MA 01534				2,000
Straight Ahead Ministries, Inc.	N/A	PC	General Operating	
791 Main Street			Support	
Worcester, MA 01610				2,000
Volley Posidents for Improvement	1/2			
Valley Residents for Improvement, Inc.	N/A	PC	General Operating	
40 Belmont Street			Support	
Worcester, MA 01605				2,000
Worcester Community Action Council,	N/A	PC	General Operating	
Inc.			Support	
484 Main Street, Suite 2				
Worcester, MA 01608				2,000
Worcester County 4-H Center, Inc.	N/A	PC	General Operating	
92 McCormick Road			Support	
Spencer, MA 01562	 			980
Worcester Interfaith	N/A	PC	General Operating	
111 Park Avenue			Support	
Worcester, MA 01609			<u> </u>	2,000
Total from continuation sheets				17,980

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.

2016

OMB No 1545-0047

Name of the organization

Bay State Savings Charitable Foundation, Inc.

Employer identification number

80-0038576

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	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
•	s covered by the General Rule or a Special Rule. 1(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions					
General Rule						
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or 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-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						
_	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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					

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)

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization
Bay State Savings Charitable
Foundation, Inc.

Employer identification number

80-0038576

Part I	Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed				
(a)	(b)	(c)			

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Bay State Savings Bank 28 Franklin Street Worcester, MA 01606	\$\$	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 Payroli 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
		Total contributions	Person Payroll Noncash Complete Part II for
No.	Name, address, and ZIP + 4	\$(c)	Person Payroll Complete Part II for noncash contributions (d)
No.	Name, address, and ZIP + 4	\$	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (d) Type of contribution Person Payroll Noncash (Complete Part II for

623452 10-18-16

Employer identification number

Bay State Savings Charitable Foundation, Inc.

80-0038576

(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
_]=			

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

623454 10-18-16

Form 990-PF Interest on Savi	ngs and Tem	porary Cash	Investments	Statement 1
Source	(a Reve Per B	nue Net	(b) Investment Income	(c) Adjusted Net Income
Interest		325.	325.	
Total to Part I, line 3	325.		325.	-
Form 990-PF	Accounti	ng Fees		Statement 2
Description	(a) Expenses Per Books	(b) Net Investment Income	-	
Accounting Fees	500.	30	0.	200.
To Form 990-PF, Pg 1, ln 16b	500.	30	0.	200.
Form 990-PF	Other E	xpenses		Statement 3
Description	(a) Expenses Per Books	(b) Net Investa	-	
State Fees	54.		0.	54.
To Form 990-PF, Pg 1, ln 23	54.	·	0.	54.