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Form 990-PF

Department of the Treasury
Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.
Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

OMB No 1545-0052

2017

Open to Public Inspection

For calendar year 2017, or tax year beginning 01-01-2017, and ending 12-31-2017

Name of foundation
COOLIDGE HILL FOUNDATION

A Employer identification number
04-2121312

Number and street (or P O box number if mail is not delivered to street address)
DAVID J BRUCE 75 PARK ST

Room/suite

B Telephone number (see instructions)
(413) 243-0117

City or town, state or province, country, and ZIP or foreign postal code
LEE, MA 01238

C If exemption application is pending, check here

G Check all that apply

Initial return

Initial return of a former public charity

Final return

Amended return

D 1. Foreign organizations, check here

D 2. Foreign organizations meeting the 85% test. check here and attach computation

Website address N/A

14 The books are in care of CORP CO DAVID J BRUCETelephone no (413) 243-0117

Located at 75 PARK ST LEE MAZIP+4 01238

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the year 15

16 At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

1a During the year did the foundation (either directly or indirectly)

(1) Engage in the sale or exchange, or leasing of property with a disqualified person?

YesNo

(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?

YesNo

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing			
	2 Savings and temporary cash investments	10,549	13,359	13,359
	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 (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	1,088	589	589
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)	509,146	470,058	897,820
	c Investments—corporate bonds (attach schedule)	270,973	295,673	295,302
	11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	124,973	92,257	120,219
	14 Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)	931,415	920,374	1,142,306	
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	1,848,144	1,792,310	2,469,595	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)			

1 Minimum investment return from Part X, line 6.		1	62,587
2a Tax on investment income for 2017 from Part VI, line 5.	2a 499		
b Income tax for 2017 (This does not include the tax from Part VI).	2b		
c Add lines 2a and 2b.		2c	499
3 Distributable amount before adjustments Subtract line 2c from line 1.		3	62,088
4 Recoveries of amounts treated as qualifying distributions.		4	0
5 Add lines 3 and 4.		5	62,088
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	62,088

Part XIII Qualifying Distributions (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	147,409
b Program-related investments—total from Part IX-B.	1b	0
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3 Amounts set aside for specific charitable projects that satisfy the		
a Suitability test (prior IRS approval required).	3a	
b Cash distribution test (attach the required schedule).	3b	
4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	147,409

(a) List and describe the kind(s) of property sold (e.g., real estate)	(b) How acquired	(c) Date acquired	(d) Date sold
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

1 Information Regarding Foundation Managers:

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

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

- a** The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

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Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	499
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3 Add lines 1 and 2.	3	499
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	499
6 Credits/Payments		
a 2017 estimated tax payments and 2016 overpayment credited to 2017	6a	1,088
b Exempt foreign organizations—tax withheld at source	6b	
c Tax paid with application for extension of time to file (Form 9860)		

d If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

(a) Line No.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

EIN: 04-2121312

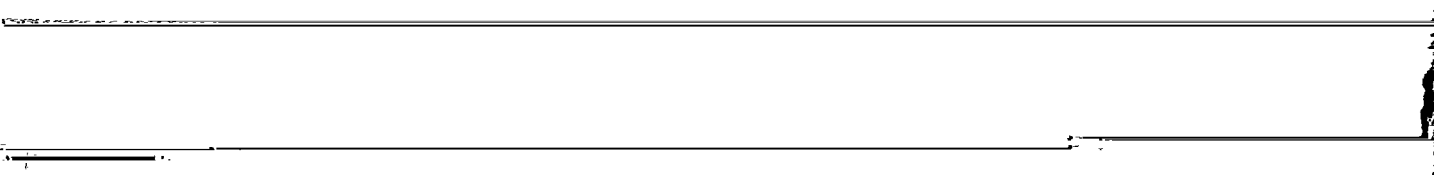

Name of Stock	End of Year Book Value	End of Year Fair Market Value
CORP STOCKS	470,058	897,820

Part VII-B **Statements Regarding Activities for Which Form 4720 May Be Required** (Continued)**5a** During the year did the foundation pay or incur any amount to**(1)** Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?☐

Yes

☒

No

(2) Influence the outcome of any specific public election (see section 4955), or to carry**(1)** 

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table				

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred compensation (d)	Expense account, (e) other allowances
NONE				

Total number of other employees paid over \$50,000. **0****3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services. **0****Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See instructions.	
3	

Total. Add lines 1 through 3. **0**

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	1,258,839
b	Average of monthly cash balances.	1b	11,954
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	1,270,793
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	1,270,793
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	19,062
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,251,731
6	Minimum investment return. Enter 5% of line 5.	6	62,587

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				62,088
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only.			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2017				
a From 2012.	73,745			
b From 2013.	86,485			
c From 2014.	75,331			
d From 2015.	73,333			
e From 2016.	77,896			
f Total of lines 3a through e.	386,790			
4 Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ 147,409				
a Applied to 2016, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2017 distributable amount.				62,088
e Remaining amount distributed out of corpus	85,321			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	472,111			
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 2016 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018				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 2012 not applied on line 5 or line 7 (see instructions). . . .	73,745			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	398,366			
10 Analysis of line 9				
a Excess from 2013.	86,485			
b Excess from 2014.	75,331			
c Excess from 2015.	73,333			
d Excess from 2016.	77,896			
e Excess from 2017.	85,321			

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling. ▶					
b Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)					
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year	Prior 3 years			(e) Total
	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c.					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(i)(3)(B)(iii).					

or Fund Balances

Foundations that follow SFAS 117, check here ▶ ☒
and complete lines 24 through 26 and lines 30 and 31.

24	Unrestricted	876,109	831,316
25	Temporarily restricted		
26	Permanently restricted	972,035	960,994

Foundations that do not follow SFAS 117, check here ▶ ☐
and complete lines 27 through 31.

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total			3a	137,400
b <i>Approved for future payment</i>				
Total			3b	0

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1	Program service revenue					
a	_____					
b	_____					
c	_____					
d	_____					
e	_____					
f	_____					
g	Fees and contracts from government agencies					
2	Membership dues and assessments. . . .					
3	Interest on savings and temporary cash investments					
4	Dividends and interest from securities. . . .			14	25,637	
5	Net rental income or (loss) from real estate					
a	Debt-financed property.					
b	Not debt-financed property.					
6	Net rental income or (loss) from personal property					
7	Other investment income.					
8	Gain or (loss) from sales of assets other than inventory			18	35,761	
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		61,398	0
13	Total. Add line 12, columns (b), (d), and (e).			13		61,398

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

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of			
(1) Cash.	1a(1)		No
(2) Other assets.	1a(2)		No
b Other transactions			
(1) Sales of assets to a noncharitable exempt organization.	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization.	1b(2)		No
(3) Rental of facilities, equipment, or other assets.	1b(3)		No
(4) Reimbursement arrangements.	1b(4)		No
(5) Loans or loan guarantees.	1b(5)		No
(6) Performance of services or membership or fundraising solicitations.	1b(6)		No

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years: Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2016	137,960	1,215,365	0.113513
2015	135,856	1,279,066	0.106215
2014	138,612	1,319,430	0.105054
2013	146,394	1,237,810	0.118269
2012	129,562	1,147,535	0.112905
2 Total of line 1, column (d)			2 0.555956
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			3 0.111191
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5			4 1,251,731
5 Multiply line 4 by line 3			5 139,181
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 499
7 Add lines 5 and 6			7 139,680
8 Enter qualifying distributions from Part XII, line 4			8 147,409

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** (2017)

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
ANNE MCINERNY PINKSTON	PRESIDENT	0	0	0
311 GREAT BARRINGTON ROAD HOUSATONIC, MA 01236	0 00			
DAVID J BRUCE	TREASURER	0	0	0
LEE BANK 75 PARK STREET LEE, MA 01238	0 00			
JOHN C DONNA	VICE PRESIDENT	0	0	0
PO BOX 561 PITTSFIELD, MA 01202	0 00			
ANN MARIE MILLER	SECRETARY	0	0	0
9 KATHY WAY PITTSFIELD, MA 01201	0 00			
JAMES B ART	DIRECTOR	0	0	0
	0 00			

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

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
KATHLEEN TISDALE BERKSHIRE/GUARDIAN LIFE INSURANCE COMPANY 700 SOUTH STREET PITTSFIELD, MA 01201	DIRECTOR 0 00	0	0	0
SAMUEL P HAUPT BERKSHIRE/GUARDIAN LIFE INSURANCE COMPANY 700 SOUTH STREET				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BERKSHIRE CHILDREN AND FAMILIES INC 480 WEST STREET PITTSFIELD, MA 01201	NONE	CHARITABLE	TO BENEFIT PROGRAMS THAT PROVIDE SERVICES TO AID CHILDREN AND HANDICAPPED RESIDENTS OF BERKSHIRE COUNTY	15,000
BERKSHIRE COUNTY KIDS' PLACE AND VIOLENCE PREVENTION CENTER INC 63 WENDELL AVE PITTSFIELD, MA 01201	NONE	CHARITABLE	TO BENEFIT PROGRAMS THAT PROVIDE SERVICES TO AID CHILDREN AND HANDICAPPED RESIDENTS OF BERKSHIRE COUNTY	15,000
BERKSHIRE SOUTH REGIONAL COMMUNITY CENTER 15 CRISSEY ROAD GREAT BARRINGTON, MA 01230	NONE	CHARITABLE	TO BENEFIT PROGRAMS THAT PROVIDE SERVICES TO AID CHILDREN AND HANDICAPPED RESIDENTS OF BERKSHIRE COUNTY	2,000
BLUE RIDER STABLES INCPO BOX 924 GREAT BARRINGTON, MA 01230	NONE	CHARITABLE	TO BENEFIT PROGRAMS THAT PROVIDE SERVICES TO AID CHILDREN AND HANDICAPPED RESIDENTS OF BERKSHIRE COUNTY	8,400
CHILD CARE OF THE BERKSHIRES INC 210 STATE STREET NORTH ADAMS, MA 01247	NONE	CHARITABLE	TO BENEFIT PROGRAMS THAT PROVIDE SERVICES TO AID CHILDREN AND HANDICAPPED RESIDENTS OF BERKSHIRE COUNTY	10,000
Total 3a				137,400

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
COMMUNITY ACCESS TO THE ARTS INC 40 RAILROAD STREET SUITE 6 GREAT BARRINGTON, MA 01230	NONE	CHARITABLE	TO BENEFIT PROGRAMS THAT PROVIDE SERVICES TO AID CHILDREN AND HANDICAPPED RESIDENTS OF BERKSHIRE COUNTY	10,000
ELIZABETH FREEMAN CENTER 43 FRANCIS AVENUE PITTSFIELD, MA 01201	NONE	CHARITABLE	TO BENEFIT PROGRAMS THAT PROVIDE SERVICES TO AID CHILDREN AND HANDICAPPED RESIDENTS OF BERKSHIRE COUNTY	5,000
EXTRA SPECIAL TEAS2 ELM STREET GREAT BARRINGTON, MA 01230	NONE	CHARITABLE	TO BENEFIT PROGRAMS THAT PROVIDE SERVICES TO AID CHILDREN AND HANDICAPPED RESIDENTS OF BERKSHIRE COUNTY	5,000
GLADYS ALLEN BRIGHAM COMMUNITY CENTER 165 EAST STREET PITTSFIELD, MA 01201	NONE	CHARITABLE	TO BENEFIT PROGRAMS THAT PROVIDE SERVICES TO AID CHILDREN AND HANDICAPPED RESIDENTS OF BERKSHIRE COUNTY	12,000
PEDIATRIC DEVELOPMENT CTRINC - SOUTH COUNTY 388 COLUMBUS AVE EXTENSION PITTSFIELD, MA 01201	NONE	CHARITABLE	TO BENEFIT PROGRAMS THAT PROVIDE SERVICES TO AID CHILDREN AND HANDICAPPED RESIDENTS OF BERKSHIRE COUNTY	16,000
Total 3a				137,400

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PEDIATRIC DEVELOPMENT CTRINC 388 COLUMBUS AVE EXTENSION PITTSFIELD, MA 01201	NONE	CHARITABLE	TO BENEFIT PROGRAMS THAT PROVIDE SERVICES TO AID CHILDREN AND HANDICAPPED RESIDENTS OF BERKSHIRE COUNTY	24,000
UNITED CEREBRAL PALSY ASSOC 208 WEST ST PITTSFIELD, MA 01201	NONE	CHARITABLE	TO BENEFIT PROGRAMS THAT PROVIDE SERVICES TO AID CHILDREN AND HANDICAPPED RESIDENTS OF BERKSHIRE COUNTY	15,000
Total ▶ 3a				137,400

TY 2017 Accounting Fees Schedule**Name:** COOLIDGE HILL FOUNDATION**EIN:** 04-2121312**Accounting Fees Schedule**

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
AUDITING	5,750	0		5,750

TY 2017 Investments Corporate Bonds Schedule

Name: COOLIDGE HILL FOUNDATION

EIN: 04-2121312

Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
CORP BONDS	295,673	295,302

TY 2017 Investments Corporate Stock Schedule

As of 12/31/2017

TY 2017 Investments - Other Schedule

Name: COOLIDGE HILL FOUNDATION

EIN: 04-2121312

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
MUTUAL FUNDS	AT COST	30,347	58,309
CASH/MONEY MARKET ACCOUNTS	AT COST	61,910	61,910

TY 2017 Other Assets Schedule

Name: COOLIDGE HILL FOUNDATION

EIN: 04-2121312

Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
BENEFICIAL INTERESTS IN PERPETUAL TRUSTS	931,415	920,374	1,142,306

TY 2017 Other Decreases Schedule

Name: COOLIDGE HILL FOUNDATION
EIN: 04-2121312

Description	Amount
DECREASE IN BOOK VALUE OF BENEFICIAL TRUST	11,041

TY 2017 Other Expenses Schedule**Name:** COOLIDGE HILL FOUNDATION**EIN:** 04-2121312**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
DIRECTORS' LIABILITY INSURANCE	3,261	0		3,261
CLERICAL EXPENSE	788	0		788
OFFICE AND SUNDRY EXPENSE	245	0		210

TY 2017 Other Professional Fees Schedule**Name:** COOLIDGE HILL FOUNDATION**EIN:** 04-2121312

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT AGENT	11,501	11,501		0

TY 2017 Taxes Schedule**Name:** COOLIDGE HILL FOUNDATION**EIN:** 04-2121312

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL EXCISE INVESTMENT TAX	499	0		0

Schedule B (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990	OMB No 1545-0047 2017
	Name of the organization COOLIDGE HILL FOUNDATION	Employer identification number 04-2121312

Organization type (check one)

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization COOLIDGE HILL FOUNDATION	Employer identification number 04-2121312
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Part I Contributors (See instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	COOLIDGE TRUST	\$ 50,858	Person <input checked="" type="checkbox"/>
	TD BANK INVESTMENT MANAGEMENT GROUP		Payroll <input type="checkbox"/>
	PITTSFIELD, MA 01201		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Employer identification number

04-2121312

Part II **Noncash Property** (See instructions) Use duplicate copies of Part II if additional space is needed

Part VII-A Statements Regarding Activities (continued)

Name of organization COOLIDGE HILL FOUNDATION	Employer identification number 04-2121312
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Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____ Use duplicate copies of Part III if additional space is needed
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div>	<div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div>	<div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div>	<div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div>	<div></div> <div></div>	