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Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93491241008278

2017

OMB No 1545-0052

## **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 <a href="www.irs.gov/form990pf">www.irs.gov/form990pf</a>.

For	caler	ndar year 2017, or tax year beg	inning 01-01-20	)17 , aı	nd ending 12-31-	2017	·
		ndation AMILY FOUNDATION			A Employer id	entification numbe	r
C/1	O GMA I	FOUNDATIONS INC			04-6063152		
		street (or P O box number if mail is not delivery SQUARE SUITE 500	vered to street address)	Room/suite	,	mber (see instruction	ns)
		, state or province, country, and ZIP or foreig	n postal code		(617) 426-7080	application is pendin	g shock hore
BOS	TON, MA	A 02109	_		C II exemption	application is pendin	y, check here
<b>G</b> Ch	neck all	· · · · · —		former public charity		ganizations, check he	▶ ⊔
		□ Final return □ Address change	☐ Amended return ☐ Name change			ganizations meeting k here and attach coi	
H Ch	eck tv		)(3) exempt private	foundation		undation status was t	
		4947(a)(1) nonexempt charitable trus		e private foundation	under section	n 507(b)(1)(A), chec	k here
I Fai	r mark	et value of all assets at end		☑ Cash ☐ Accru		ation is in a 60-month	
			Other (specify) t I, column (d) must	be on cash basis )	under sectio	n 507(b)(1)(B), chec	k here ▶ □
Pa	rt I	Analysis of Revenue and Expe	enses (The total	(a) Revenue and			(d) Disbursements
		of amounts in columns (b), (c), and (d) ma equal the amounts in column (a) (see instru		expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , receischedule)	ved (attach				
	2	Check ▶ ☑ If the foundation is <b>not</b> re	equired to attach				
	3	Sch B	sh investments	544	544		
	4	Dividends and interest from securities		332,639	332,639		
	5a	Gross rents					
	ь	Net rental income or (loss)					
Ж	6a	Net gain or (loss) from sale of assets i	not on line 10	625,838			
Reverue	ь	Gross sales price for all assets on line	<b>6a</b> 4,469,642				
ž	7	Capital gain net income (from Part IV,	line 2)		625,838		
	8	Net short-term capital gain					
	9 10a	Income modifications					
	b	Gross sales less returns and allowance Less Cost of goods sold	es				
	c	Gross profit or (loss) (attach schedule	)				
	11	Other income (attach schedule) .					
	12	<b>Total.</b> Add lines 1 through 11		959,021	959,021		
	13	Compensation of officers, directors, tr	ustees, etc	0	О		0
	14	Other employee salaries and wages					
ses	15 16a	Pension plans, employee benefits . Legal fees (attach schedule)		<b>9</b> 730	0		730
Expenses	b	Accounting fees (attach schedule)		10,164			10,164
	C	Other professional fees (attach schedu		56,331			11,938
and Administrative	17	Interest			,225		
tra	18	Taxes (attach schedule) (see instruction	ons)				
SILII	19	Depreciation (attach schedule) and de	pletion				
Ē	20	Occupancy					
ρ D	21	Travel, conferences, and meetings		126	0		126
ja t	22	Printing and publications Other expenses (attach schedule) .		1,083	0		1,083
Operatıng	23 24	Total operating and administrative		1,083			1,083
er a		Add lines 13 through 23	-	68,434	44,393		24,041
Ö	25	Contributions, gifts, grants paid .		1,125,950			1,125,950
	26	Total expenses and disbursements	. Add lines 24 and	1,194,384	44,393		1,149,991
	27	Subtract line 26 from line 12		2,151,304	11,333		2,113,331
	а	Excess of revenue over expenses a	and	-235,363			
	b	disbursements Net investment income (If negative,	, enter -0-)		914,628		
	С	Adjusted net income(If negative, en	ter -0-)				
For	Paper	work Reduction Act Notice, see inst	ructions.		Cat No. 11289)	C For	m <b>990-PF</b> (2017)

	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 (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶			
		Less allowance for doubtful accounts ▶			
ts.	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges		125	125
As	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	20,339,029	22,306,485	22,306,485
	14	Land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers—see the			
		ınstructions Also, see page 1, item I)	20,370,761	22,322,320	22,322,320
	17	Accounts payable and accrued expenses			
	18	Grants payable			
les	19	Deferred revenue			
ilt.	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable (attach schedule)			
7	22	Other liabilities (describe )			
	23	Total liabilities(add lines 17 through 22)	0	0	
s		Foundations that follow SFAS 117, check here ▶ ☑			
e		and complete lines 24 through 26 and lines 30 and 31.			

20,370,761

20,370,761

20,370,761

22,322,320

22,322,320

22,322,320

1

2

3

4

5

6

20,370,761

-235,363

2,186,922

22,322,320

22,322,320 Form **990-PF** (2017)

s Liabilities	21 22 23
Balances	24

26

27 28

29

30

31 Part III

2

3

Net Assets or Fund

Unrestricted

Temporarily restricted Permanently restricted

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Other increases not included in line 2 (itemize)

Decreases not included in line 2 (itemize) ▶

Enter amount from Part I, line 27a

Add lines 1, 2, and 3 . . . .

Foundations that do not follow SFAS 117, check here

Paid-in or capital surplus, or land, bldg, and equipment fund

Total net assets or fund balances (see instructions) .

Retained earnings, accumulated income, endowment, or other funds

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year-Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

**Analysis of Changes in Net Assets or Fund Balances** 

Capital stock, trust principal, or current funds . . .

Page **3** 

List and describe to 2-story brick ware	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )		
1 a PUBLICLY TRADED SECU	RITIES				
b					
С					
d					
e					
(e) Gross sales price	<b>(f)</b> Depreciation allowed (or allowable)	Cost or	(g) other basis ense of sale	Gain o	h) r (loss) ) minus (g)
<b>a</b> 4,46	9,642		3,843,804	( )	625,83
b					•
c					
d					
e					
	showing gain in column (h) and ow	ned by the foundation	on 12/31/69		1)
(i) F M V as of 12/31/69	(i)  Adjusted basis as of 12/31/69	Excess	(k) of col (i) (j), if any	Gains (Col ( col (k), but not	h) gain minus less than -0-) <b>or</b> om col (h))
a			(377)	· .	625,838
b					,
С					
d					
e					
	or (net capital loss)  gain or (loss) as defined in sections : rt I, line 8, column (c) (see instructions :	ons) If (loss), enter -0	Part I, line 7	3	625,838
Part V Qualification U	Jnder Section 4940(e) for Re	educed Tax on Net	Investment Inc	come	
f section 4940(d)(2) applies, le Was the foundation liable for th f "Yes," the foundation does no	e section 4942 tax on the distributal ot qualify under section 4940(e) Do	ble amount of any year not complete this part	· in the base period?	У 🔲 ү	es 🗹 No
(a)	nount in each column for each year,	see instructions before	making any entries	(d)	
Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab		Distribution rati (col (b) divided by c	ol (c))
2016	1,055,707		20,216,396		0 052220
2015	1,101,791		21,424,816		0 051426
2014	1,118,229		22,298,480		0 050148
2013	1,052,774		21,212,825		0 049629
2012	974,650		19,681,418	T	0 049521
2 Total of line 1, column (d	•		2		0 252944
number of years the four	for the 5-year base period—divide to dation has been in existence if less	than 5 years	<u>3</u>		0 050589
	ncharitable-use assets for 2017 from	•	4		21,556,327
5 Multiply line 4 by line 3			5		1,090,513
	ent income (1% of Part I, line 27b)		6		9,146
					1,099,659
	ons from Part XII, line 4 ,			10/: -	1,149,991
If line 8 is equal to or gre instructions	ater than line 7, check the box in Pa	art VI, line 1b, and com	ipiete that part usin	g a 1% tax rate Se	e tne Part VI

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?.

7b

	· · · · · · · · · · · · · · · · · · ·			
Down WIII	Information About Officers,	Directors, Trustees,	Foundation Managers,	Highly Paid Employees,
Part VIII	and Contractors			

1 List all officers, directors, trustee	es, foundation managers ar	nd 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			Componibution.	
2 Compensation of five highest-pai	d employees (other than t	hose included on line :	L—see instructions). If nor  Contributions to	ie, enter "NONE."
(a) Name and address of each employee pa more than \$50,000	Title, and average hours per week  (b) devoted to position	(c) Compensation	employee benefit plans and deferred (d) compensation	Expense account, (e) other allowances
NONE			(a) compensation	
	<del></del>			
<b>Total</b> number of other employees paid ove				
3 Five highest-paid independent co				0 E".
(a) Name and address of each person		1	e of service	(c) Compensation
NONE				
		-		
		_		
		-		
Total number of others receiving over \$50	,000 for professional services			0
Part IX-A Summary of Direct C				
List the foundation's four largest direct charitable organizations and other beneficiaries served, con			nation such as the number of	Expenses
1				
2				
3				
4				
<b>-</b>				
Part IX-B Summary of Program	m-Related Investments	(see instructions)		
Describe the two largest program-related inve	stments made by the foundation d	uring the tax year on lines 1	and 2	Amount
1				
<del></del>				
2				
All II	<u> </u>			
All other program-related investments  3	See instructions			
Total. Add lines 1 through 3 .		· · · · · <del>· · ·</del>		000 <b>PE</b> (2017)

1a

1b

2

3a 3h

4

5

1,149,991

1.149.991

1.140.845

Form **990-PF** (2017)

9.146

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4. . . . . . . . . .

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . . . . . . . . .

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

1

2

3

4

5

444.809

623,861

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0

(d)

Page 9

## Part >

**b** Total for prior years

a From 2012. . . . . **b** From 2013. . . . c From 2014. . . d From 2015. . . . . e From 2016. . . . .

f Total of lines 3a through e. . . . . . . . 4 Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ 1,149,991 a Applied to 2016, but not more than line 2a

**b** Applied to undistributed income of prior years (Election required—see instructions). . . . . c Treated as distributions out of corpus (Election 

**5** Excess distributions carryover applied to 2017

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b . . . . . . . . . . c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . . d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions . . . . . . f Undistributed income for 2017 Subtract lines 4d and 5 from line 1. This amount must

(If an amount appears in column (d), the

6 Enter the net total of each column as

be distributed in 2018 . . . . . 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) . . . . . . . . . 8 Excess distributions carryover from 2012 not

9 Excess distributions carryover to 2018.

10 Analysis of line 9

a Excess from 2013. . . **b** Excess from 2014. . c Excess from 2015. . . . d Excess from 2016. . . e Excess from 2017. . .

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a . . . . . .

indicated below:

**d** Applied to 2017 distributable amount. . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a) )

<i>)</i> -	۲٢	(	2	υI	/	)	
7	П	T			ī	ī	n

)-PF (20	017)	
(III)	Undistributed Income	(see instructions)

Distributable amount for 2017 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2017 a Enter amount for 2016 only. . . . . . 

Excess distributions carryover, if any, to 2017

0

0

(a)

Corpus

(b)

Years prior to 2016

(c)

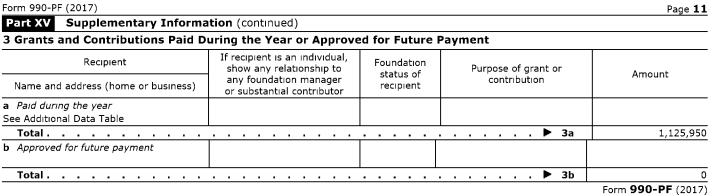
2016

705,182

705,182

APPLICATION FOLLOWS THE COMMON PROPOSAL DESIGNED AND PUBLISHED BY ASSOCIATED GRANT MAKERS, INC c Any submission deadlines N/A d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

THE ROGERS FAMILY FOUNDATION TYPICALLY ONLY MAKES GRANTS TO NONPROFIT ORGANIZATIONS PROVIDING SERVICES WITHIN MASSACHUSETTS MERRIMACK VALLEY OR NORTH SHORE OR IN SOUTHEASTERN NEW HAMPSHIRE



Enter gross amounts unless otherwise indicated	Unrelated b	usiness income	Excluded by section	512, 513, or 514	(e) Related or exempt	
1 Program service revenue	(a) (b) Business code Amount		(c) Exclusion code	(d) Amount	function income (See instructions )	
a						
b						
c						
d						
e						
g Fees and contracts from government agencies						
<ul><li>2 Membership dues and assessments</li><li>3 Interest on savings and temporary cash</li></ul>						
investments			14	544		
4 Dividends and interest from securities 5 Net rental income or (loss) from real estate			14	332,639		
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						
<ul><li>inventory</li></ul>			14	625,838		
10 Gross profit or (loss) from sales of inventory						
11 Other revenue a						
b						
c						
d						
e		_			_	
<b>13 Total.</b> Add line 12, columns (b), (d), and (e)		0		959,021 <b>3</b>		
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcu	lations )		1	959,021		
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcular XVI-B Relationship of Activities to the	lations ) le Accomplisi	hment of Exem	pt Purposes	3	959,021	
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcu	lations ) le Accomplisi income is report	hment of Exempled in column (e) of	pt Purposes Fart XVI-A contribu	3ited importantly to	959,021	
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcular to the second of	lations ) le Accomplisi income is report	hment of Exempled in column (e) of	pt Purposes Fart XVI-A contribu	3ited importantly to	959,021	
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13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcular   Part XVI-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the foundation of the foundation o	lations ) le Accomplisi income is report	hment of Exempled in column (e) of	pt Purposes Fart XVI-A contribu	3ited importantly to	959,021	
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcular   Part XVI-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the foundation of the foundation o	lations ) le Accomplisi income is report	hment of Exempled in column (e) of	pt Purposes Fart XVI-A contribu	3ited importantly to	959,021	
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13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcular to the second of	lations ) le Accomplisi income is report	hment of Exempled in column (e) of	pt Purposes Fart XVI-A contribu	3ited importantly to	959,021	
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcular to the second of	lations ) le Accomplisi income is report	hment of Exempled in column (e) of	pt Purposes Fart XVI-A contribu	3ited importantly to	959,021	
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcular to the second of	lations ) le Accomplisi income is report	hment of Exempled in column (e) of	pt Purposes Fart XVI-A contribu	3ited importantly to	959,021	
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcular to the second of	lations ) le Accomplisi income is report	hment of Exempled in column (e) of	pt Purposes Fart XVI-A contribu	3ited importantly to	959,021	
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcular to the second of	lations ) le Accomplisi income is report	hment of Exempled in column (e) of	pt Purposes Fart XVI-A contribu	3ited importantly to	959,021	
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcular to the second of	lations ) le Accomplisi income is report	hment of Exempled in column (e) of	pt Purposes Fart XVI-A contribu	3ited importantly to	959,021	
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcular to the second of	lations ) le Accomplisi income is report	hment of Exempled in column (e) of	pt Purposes Fart XVI-A contribu	3ited importantly to	959,021	
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcular to the second of	lations ) le Accomplisi income is report	hment of Exempled in column (e) of	pt Purposes Fart XVI-A contribu	3ited importantly to	959,021	
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcular to the second of	lations ) le Accomplisi income is report	hment of Exempled in column (e) of	pt Purposes Fart XVI-A contribu	3ited importantly to	959,021	
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcular to the second of	lations ) le Accomplisi income is report	hment of Exempled in column (e) of	pt Purposes Fart XVI-A contribu	3ited importantly to	959,021	
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcular to the second of	lations ) le Accomplisi income is report	hment of Exempled in column (e) of	pt Purposes Fart XVI-A contribu	3ited importantly to	959,021	
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcular to the second of	lations ) le Accomplisi income is report	hment of Exempled in column (e) of	pt Purposes Fart XVI-A contribu	3ited importantly to	959,021	
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcular to the second of	lations ) le Accomplisi income is report	hment of Exempled in column (e) of	pt Purposes Fart XVI-A contribu	3ited importantly to	959,021	
Part XVI-B Relationship of Activities to the Line No. Explain below how each activity for which the accomplishment of the foundation's ex	lations ) le Accomplisi income is report	hment of Exempled in column (e) of	pt Purposes Fart XVI-A contribu	3ited importantly to	959,021	
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcular to the second of	lations ) le Accomplisi income is report	hment of Exempled in column (e) of	pt Purposes Fart XVI-A contribu	3ited importantly to	959,021	

orm 9	90-PF (2	2017)									Pa	ge <b>13</b>
Part	XVII	Information Re Exempt Organi		ransf	ers To a	ind Transact	tions	and Relation	onships With Non	charitable		
		janization directly or in Code (other than sectio								n 501	Yes	No
<b>a</b> Tra	nsfers f	rom the reporting foun	dation to a n	oncha	rıtable exe	empt organizati	on of					
(1)	Cash.									1a(1)		No
(2)	Other	assets								. 1a(2)		No
<b>b</b> Oth	er trans	sactions										
(1)	Sales	of assets to a nonchari	table exemp	t orgar	nization.					. 1b(1)		No
(2)	Purch	ases of assets from a n	oncharitable	exem	pt organız	ation				. 1b(2)		No
(3)	Renta	l of facilities, equipmer	nt, or other a	ssets.						. 1b(3)		No
(4)	Reimb	oursement arrangemen	ts							1b(4)		No
٠.		or loan guarantees.								. 1b(5)		No
(6)	Perform	mance of services or m	embership o	r fundr	aısıng solı	icitations				. 1b(6)		No
	-	facilities, equipment, n er to any of the above	-							. <u>1</u> c		No
	ny tran	ds, other assets, or services saction or sharing arra  (b) Amount involved	ngement, sh	ow in o	column (d		the go	ods, other ass		ed	ngemer	nts
							1					
	_											
	-						+					
	-						+					
des	cribed i	dation directly or indire  n section 501(c) of the  mplete the following so  (a) Name of organization	Code (other chedule		section 50		ection			. Yes	✓	No
	of m	er penalties of perjury, y knowledge and belief n preparer has any kno	, it is true, co									
Sign Here	*	****				2018-08-24		*****		May the IRS di return with the prepa		
	9	signature of officer or to	rustee			Date		Title		below (see instr )?	✓ Yes	□ No
		Print/Type preparer's	name	Prepa	rer's Sign	ature		ate	Check if self-	TIN P00537	7319	
n-:4		THOMAS WASHBU	RN					2018-08-24	employed ▶ ☐	1 0000	31)	

Paid

CPA **Preparer** Firm's name ► ALEXANDER ARONSON FINNING & CO PC Firm's EIN ▶04-2571780 **Use Only** Firm's address ► 50 WASHINGTON STREET Phone no (508) 366-9100 WESTBOROUGH, MA 01581

Form **990-PF** (2017)

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, hours per week not paid, enter Contributions to (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation AMY ROGERS DITTRICH TRUSTEE, PART-TIME 1 00 2 LIBERTY SQUARE SUITE 500 BOSTON, MA 02109 DEBORAH K ROGERS TRUSTEE, PART-TIME 1 00 2 LIBERTY SQUARE SUITE 500

BUSTON, MA UZIU9				
T TYLER DITTRICH	TRUSTEE, PART-TIME	0	0	0
2 LIBERTY SQUARE SUITE 500 BOSTON, MA 02109	1 00			
KATHRYN DOHERTY O'DONNELL	TRUSTEE, PART-TIME	0	0	0
2 LIBERTY SQUARE SUITE 500 BOSTON, MA 02109	1 00			
JAMES F SCULLY JR	TRUSTEE, PART-TIME	0	0	0

<u>'</u>				
KATHRYN DOHERTY O'DONNELL	TRUSTEE, PART-TIME	0	0	0
2 LIBERTY SQUARE SUITE 500 BOSTON, MA 02109	1 00			
JAMES F SCULLY JR	TRUSTEE, PART-TIME	0	0	0

2 LIBERTY SQUARE SUITE 500 BOSTON, MA 02109	1 00			
JAMES F SCULLY JR	TRUSTEE, PART-TIME	0	0	0
	1 1 00			ĺ

				1
JAMES F SCULLY JR	TRUSTEE, PART-TIME	0	0	0
2 LIBERTY SQUARE SUITE 500 BOSTON, MA 02109	1 00			

2 LIBERTY SQUARE SUITE 500 BOSTON, MA 02109	1 00		-	
SARAH H ROGERS	TRUSTEE PART-TIME	0	0	

TRUSTEE, PART-TIME

1 00

2 LIBERTY SQUARE SUITE 500 BOSTON, MA 02109

orm 990PF Part XV Line 3 - Gran	ts und contributions i die	During the	Tear of Approved for Facure 1	ayment
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		
a Paid during the year				
AARON'S PRESENTS180 MAIN STREET ANDOVER, MA 01810	NONE	PC	PROGRAM AND ALUMNI DEVELOPMENT SUPPORT FOR LAWRENCE AND LYNN	5,000
ANNA JAQUES COMMUNITY HEALTH FOUNDATION 25 HIGHLAND AVENUE NEWBURYPORT, MA 01950	NONE	PC	TAKING A STAND AGAINST OPIOIDS GIVING EVERY BABY THE BEST CHANCE	5,000
APPALACHIAN MOUNTAIN CLUB 5 JOY STREET BOSTON, MA 02108	NONE	PC	YOUTH OPPORTUNITIES PROGRAM	10,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year BELLESINI ACADEMY NONE PC SCHOLARSHIPS PROGRAM 22,000 94 BRADFORD STREET LAWRENCE, MA 01840 D.C. DELLECTRIT ACADEMY NONE 25.000

94 BRADFORD STREET LAWRENCE, MA 01840	NONE	PC	CAPITAL CONSTRUCTION PROJECT	25,000
BELLESINI ACADEMY 94 BRADFORD STREET	NONE	PC	CAPITAL CONSTRUCTION	25,000

LAWKLINCE, PIA 01040			TROJECT	
BELLESINI ACADEMY 94 BRADFORD STREET LAWRENCE, MA 01840	NONE	PC	CAPITAL CONSTRUCTION	

Total . 1,125,950 За

orm 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	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient			
a Paid during the year					
BELLESINI ACADEMY 94 BRADFORD STREET LAWRENCE, MA 01840	NONE	PC	STUDENT SPONSORSHIP	44,000	
BEVERLY SCHOOL FOR THE DEAF 6 ECHO AVENUE BEVERLY, MA 01915	NONE	PC	SMARTBOARDS FOR EDUCATION	5,000	
BOY SCOUTS OF AMERICA 600 WEST CUMMINGS PARK SUITE 2750 WOBURN, MA 01801	NONE	PC	SCOUTING IN LAWRENCE	5,000	

BEVERLY SCHOOL FOR THE DEAF 6 ECHO AVENUE BEVERLY, MA 01915	NONE	PC	SMARTBOARDS FOR EDUCATION	5,000
BOY SCOUTS OF AMERICA 600 WEST CUMMINGS PARK SUITE 2750 WOBURN, MA 01801	NONE	PC	SCOUTING IN LAWRENCE	5,000

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	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient			
a Paid during the year					
BOYS & GIRLS CLUB OF LAWRENCE 136 WATER STREET LAWRENCE, MA 01841	NONE	PC	LEARNING CENTER	5,000	
BRADFORD CHRISTIAN ACADEMY 97 OXFORD AVENUE BRADFORD, MA 01835	NONE	PC	TUITION ASSISTANCE PROGRAM	5,000	
BREAD & ROSES HOUSING 15 UNION STREET SUITE 401 LAWRENCE, MA 01842	NONE	PC	AFFORDABLE HOUSING PROJECT	15,000	

Total . .

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orm 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	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient			
a Paid during the year					
BREAD AND ROSES 58 NEWBURY STREET LAWRENCE, MA 01840	NONE	PC	COMMUNITY OUTREACH & ADVOCACY FOR INDIVIDUALS EXPERIENCING HOMELESSNESS & FOOD INSECURITY	2,500	
CARE DIMENSIONS INC 75 SYLVAN STREET SUITE B-102 DANVERS, MA 01923	NONE	PC	COMPASSIONATE EXPERTISE FOR ADVANCED ILLNESS	10,000	
CENTRAL CATHOLIC HIGH SCHOOL 300 HAMPSHIRE STREET LAWRENCE, MA 01841	NONE	PC	MONTAGNE SCHOLARS	18,000	

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
CHILD ADVOCACY CENTER 100 CAMPUS DRIVE SUITE 11 PORTSMOUTH. NH 03801	NONE	PC	FAMILY ADVOCATE PROGRAM	

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

ORTSMOUTH, NH 03801				
CLASS INC1 PARKER STREET AWRENCE, MA 01843	NONE	PC	COMMUNITY INCLUSION	

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CLASS INC1 PARKER STREET LAWRENCE, MA 01843	NONE	PC	COMMUNITY INCLUSION	7,500
COMMUNITY CAREGIVERS OF DERRY NH 58 EAST BROADWAY	NONE	PC	LOANER'S CLOSET FOR DURABLE MEDICAL EQUIPMENT	1,000

LAWRENCE, MA 01843				1
COMMUNITY CAREGIVERS OF DERRY NH 58 EAST BROADWAY	NONE	PC	LOANER'S CLOSET FOR DURABLE MEDICAL EQUIPMENT	1,
DEDBY NH 02020			EVENNSION PROJECT	ı

<u>'</u>			
COMMUNITY CAREGIVERS OF DERRY NH 58 EAST BROADWAY DERRY, NH 03038	NONE	LOANER'S CLOSET FOR DURABLE MEDICAL EQUIPMENT EXPANSION PROJECT	1,000

2.500

Total				1 125 950
58 EAST BROADWAY DERRY, NH 03038			DURABLE MEDICAL EQUIPMENT EXPANSION PROJECT	
COMMUNITY CAREGIVERS OF DERRY NH	NONE	PC	LUANER S CLUSET FUR	1,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year

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a raid during the year				
COMMUNITY INROADS 190 ACADEMY ROAD NORTH ANDOVER, MA 01845	NONE	PC	GENERAL OPERATING FOR COMMUNITY INROADS	2,500
DISCOVERING JUSTICE	NONE	DC.	DEEDENING DISCOVERING	E 000

'				
DISCOVERING JUSTICE ONE COURTHOUSE WAY SUITE 3120 BOSTON, MA 02210	NONE	PC	DEEPENING DISCOVERING JUSTICES IMPACT & RELATIONSHIPS IN LAWRENCE	5,000
ENDICOTT COLLEGE376 HALE STREET	NONE	PC	KEYS TO DEGREES - EDUCATING	30,000

BOSTON, MA 02210			RELATIONSHIPS IN LAWRENCE	
ENDICOTT COLLEGE376 HALE STREET BEVERLY, MA 01915	NONE	PC	KEYS TO DEGREES - EDUCATING TWO GENERATIONS TOGETHER	30,000
Total				1,125,950

BOSTON, TINC OZZIO			REB (110HSHII 6 IN B (INCE	i	
ENDICOTT COLLEGE376 HALE STREET BEVERLY, MA 01915	NONE	PC	KEYS TO DEGREES - EDUCATING TWO GENERATIONS TOGETHER	30,	

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year ESPERANZA ACADEMY NONE PC GRADUATE SUPPORT PROGRAM 10,000 198 GARDEN STREET LAWRENCE, MA 01840 12,500 10,000

ESSEX ART CENTER56 ISLAND STREET LAWRENCE, MA 01840	NONE	PC	ESSEX ART CENTER PROGRAMMING	
FAMILY SERVICES MERRIMACK VALLEY INC 430 NORTH CANAL STREET	NONE	PC	YOUTH MENTORING PROGRAMS	

LAWRENCE, MA 01840

Total . 1,125,950

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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year GREATER LAWRENCE COMM BOATING NONE PC YOUTH DEVELOPMENT 15,000 PROG INC PROGRAMMING 1 EATON STREET LAWRENCE, MA 01843

GREATER LAWRENCE COMMUNITY FUND 22 FULLER ROAD NORTH ANDOVER, MA 01845	NONE	PC	GREATER LAWRENCE COMMUNITY FUND	30,000
GROUNDWORK LAWRENCE 50 ISLAND STREET LAWRENCE, MA 01840	NONE	PC	EMPOWERING LAWRENCE YOUTH	5,000

Total . .

1,125,950

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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	Foundation status of		Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
HEALING ABUSE WORKING FOR CHANGE INC 27 CONGRESS STREET SUITE 201 SALEM, MA 01970	NONE	PC	DOMESTIC VIOLENCE SERVICES IN ESSEX COUNTY	10,000
HENRY C NEVINS HOME INC 10 INGALLS COURT METHUEN, MA 01844	NONE	PC	ENRICHING THE LIVES OF ELDERS WITH DEMENTIA	10,000
HOME HEALTH VNA FBO MERRIMACK VALLEY HOSPICE	NONE	PC	END OF LIFE CARE FOR ALL	10,000

10 INGALLS COURT METHUEN, MA 01844			ELDERS WITH DEMENTIA	
HOME HEALTH VNA FBO MERRIMACK VALLEY HOSPICE 360 MERRIMACK STREET BLDG 9 LAWRENCE, MA 01843	NONE	PC	END OF LIFE CARE FOR ALL	

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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	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient			
a Paid during the year					
IMMIGRANT CITY ARCHIVES DBA LAWRENCE HISTORY CENTER 6 ESSEX STREET LAWRENCE, MA 01840	NONE	PC	AFTERSCHOOL AND SUMMER LEADERSHIP ACADEMY	2,500	
JEANNE GEIGER CRISIS CENTER INC 2 HARRIS STREET NEWBURYPORT, MA 01950	NONE	PC	CHILDREN OVERCOMING VIOLENCE EMPOWERMENT (COVE) PROJECT	15,000	
JUNIOR ACHIEVEMENT OF NORTHERN NEW ENGLAND	NONE	PC	DEVELOPMENT OF LIFE SKILLS CAPABILITIES FOR LAWRENCE	5,000	

LAWRENCE, MA 01840				
JEANNE GEIGER CRISIS CENTER INC 2 HARRIS STREET NEWBURYPORT, MA 01950	NONE	PC	CHILDREN OVERCOMING VIOLENCE EMPOWERMENT (COVE) PROJECT	
JUNIOR ACHIEVEMENT OF NORTHERN NEW ENGLAND	NONE	PC	DEVELOPMENT OF LIFE SKILLS CAPABILITIES FOR LAWRENCE	

400 FIFTH AVENUE YOUTH

WALTHAM, MA 02451

Total . . 1,125,950

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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	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	any foundation manager				
a Paid during the year					
JUSTICE RESOURCE INSTITUTE INC 160 GOULD STREET SUITE 300 NEEDHAM, MA 02494	NONE	PC	SURVIVOR MENTORING AND LEADERSHIP DEVELOPMENT	15,000	
LAWRENCE COMMUNITYWORKS INC 168 NEWBURY STREET LAWRENCE, MA 01841	NONE	PC	MOVEMENT CITY YOUTH NETWORK	5,000	
LAWRENCE GENERAL HOSPITAL 1 GENERAL STREET LAWRENCE, MA 01842	NONE	PC	A LEGACY OF CARING - LAWRENCE GENERAL'S LARGEST EXPANSION OF SERVICES IN ITS HISTORY	70,000	

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment					
Recipient	1,	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	ess (home or business) any foundation manager or substantial contributor				
a Paid during the year					
LAZARUS HOUSE INC 48 HOLY STREET PO BOX 408 LAWRENCE, MA 01842	NONE	PC	OPENING DOORS OUT OF POVERTY THROUGH FOOD, HOUSING, EDUCATION, AND ADVOCACY	20,000	
LAZARUS HOUSE INC 48 HOLY STREET PO BOX 408 LAWRENCE, MA 01842	NONE	PC	DISCRETIONARY FUNDING	30,000	
LET'S GET READY 89 SOUTH STREET SUITE 401 BOSTON, MA 02111	NONE	PC	SUMMER 2017 COLLEGE ACCESS PROGRAMS LAWRENCE AND LYNN	3,750	

LAZARUS HOUSE INC 48 HOLY STREET PO BOX 408 LAWRENCE, MA 01842	NONE	PC	DISCRETIONARY FUNDING	30,000
LET'S GET READY 89 SOUTH STREET SUITE 401 BOSTON, MA 02111	NONE	PC	SUMMER 2017 COLLEGE ACCESS PROGRAMS LAWRENCE AND LYNN	3,750

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	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient			
a Paid during the year					
MARTIN W RICHARD CHARITABLE FOUNDATION INC 1452 DORCHESTER AVENUE 4TH FLOOR DORCHESTER, MA 02122	NONE	PC	DAVIS ROGERS - 2018 BOSTON MARATHON	1,000	
MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA STREET SUITE 540 BOSTON, MA 02114	NONE	PC	CARA J ROGERS ENDOWED SCHOLAR TO ADVANCE RESEARCH IN BONE MARROW TRANSPLANTATION	200,000	
MCLEAN HOSPITAL CORPORATION	NONE	PC	BRENT FORESTER RESEARCH	150,000	

MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA STREET SUITE 540 BOSTON, MA 02114	NONE	PC	SCHOLAR TO ADVANCE RESEARCH IN BONE MARROW TRANSPLANTATION	
MCLEAN HOSPITAL CORPORATION 115 MILL STREET RELMONT MA 02478	NONE	PC	BRENT FORESTER RESEARCH PROGRAM	

BELMONT, MA 02478

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Total . 1,125,950

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	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
MERRIMACK VALLEY HABITAT FOR HUMANITY 60 ISLAND STREET 2ND FLOOR LAWRENCE, MA 01840	NONE	PC	AFFORDABLE HOUSING SALISBURY	15,000
MERRIMACK VALLEY IMMIGRANT & ED CENTER 439 S UNION STREET LAWRENCE, MA 01843	NONE	PC	MERRIMACK VALLEY IMMIGRANT & EDUCATION CENTER	10,000
MERRIMACK VALLEY YMCA 101 AMESBURY STREET 4TH FLOOR LAWRENCE, MA 01840	NONE	PC	THE MERRIMACK VALLEY YMCA MUSIC CLUBHOUSES	2,500
Total				1 125 050

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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		
a Paid during the year				
NEW HAMPSHIRE CATHOLIC CHARITIES 215 MYRTLE STREET MANCHESTER, NH 031044354	NONE	PC	HUNGER RELIEF IN SOUTHEASTERN NEW HAMPSHIRE	2,500
NORTH ANDOVER HISTORICAL SOCIETY 153 ACADEMY ROAD NORTH ANDOVER, MA 01845	NONE	PC	GENERAL OPERATING SUPPORT - EDUCATION	1,200
NOTRE DAME EDUCATION CENTER- LAWRENCE 354 MERRIMACK STREET SUITE 210 LAWRENCE, MA 018431755	NONE	PC	ENGLISH CLASSES AT NDEC- LAWRENCE	7,500
Total				1,125,950

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year NOTRE DAME HIGH SCHOOL NONE PC NOTRE DAME CRISTO REY HIGH 10,000 303 HAVERHILL STREET SCHOOL'S CORPORATE WORK LAWRENCE, MA 01840 STUDY PROGRAM 2,500 7,500

PHILLIPS ANDOVER ACADEMY 180 MAIN STREET ANDOVER, MA 01810	NONE	PC	ANDOVER BREAD LOAF 2018	2
PINGREE SCHOOL	NONE	PC	PREP@PINGREE AT PINGREE	7

ANDOVER, MA 01810			
PINGREE SCHOOL 537 HIGHLAND STREET SOUTH HAMILTON, MA 01982	NONE	PREP@PINGREE AT PINGREE SCHOOL	

Total. 1,125,950

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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	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient			
a Paid during the year					
PLUMMER HOME FOR BOYS INC 37 WINTER ISLAND ROAD SALEM, MA 01970	NONE	PC	PERMANENCY CONNECTING FOSTER CHILDREN & TEENS TO PERMANENT FAMILIES	10,000	
SALEM STATE UNIVERSITY FOUNDATION INC 352 LAFAYETTE STREET SALEM, MA 01970	NONE	PC	PROVIDING A CAPSTONE ENRICHMENT EXPERIENCE FOR SALEM STATE UNIVERSITY'S UPWARD BOUND STUDENTS	17,500	
SQUASHBUSTERS INC	NONE	PC	SQUASHBUSTERS LAWRENCE	15,000	

				1= 00
SALEM STATE UNIVERSITY FOUNDATION INC 352 LAFAYETTE STREET SALEM, MA 01970	NONE	PC	PROVIDING A CAPSTONE ENRICHMENT EXPERIENCE FOR SALEM STATE UNIVERSITY'S UPWARD BOUND STUDENTS	17,50
SALLIN, MA 01970			FERMANENT TAMILLES	

**BUILDING PATHWAYS TO** 

795 COLUMBUS AVENUE

**HEALTH & COLLEGE SUCCESS** 

ROXBURY CROSSING, MA 021202108

1,125,950 За

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year ST JOHN'S PREPARATORY SCHOOL NONE PC PARTNERSHIP WITH BELLESINI 25,000 72 SPRING STREET ACADEMY DANVERS, MA 01923

ST JOHN'S PREPARATORY SCHOOL 72 SPRING STREET DANVERS, MA 01923	NONE	PC	DIVERSITY INIT / ENDOW GROWTH	30,000
STRAIGHT AHEAD MINISTRIES INC 791 MAIN STREET	NONE	PC	LAWRENCE YOUTH RE-ENTRY CENTER	10,000

DAITVERS, FIA 01325				
STRAIGHT AHEAD MINISTRIES INC 791 MAIN STREET WORCESTER, MA 01610	NONE	PC	LAWRENCE YOUTH RE-ENTRY CENTER	

Total. 1,125,950 За

orm 990PF Part XV Line 3 - Gran	ts and Contributions Paid	During the	rear or Approved for ruture	Payment
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		
a Paid during the year				
TEACH FOR AMERICA - GREATER BOSTON 60 CANAL STREET 5TH FLOOR BOSTON, MA 02114	NONE	PC	GREAT TEACHERS, LEADERS, & SCHOOLS IN LAWRENCE	7,500
THE ALS ASSOCIATION 1275 K STREET NW SUITE 250 WASHINGTON, DC 20005	NONE	PC	PETE FRATES HOME HEALTH INITIATIVE	25,000
THE LEUKEMIA & LYMPHOMA SOCIETY 9 ERIE DRIVE NATICK, MA 01760	NONE	PC	BEAT AML	10,000
Total				1,125,950

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	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient			
a Paid during the year					
THE PSYCHOLOGICAL CENTER 11 UNION STREET LAWRENCE, MA 01840	NONE	PC	RECLAIMING LIVES ONE PERSON AT A TIME	15,000	
WINDRUSH FARM THERAPEUTIC EQUITATION INC 479 LACY STREET NORTH ANDOVER, MA 01845	NONE	PC	EQUINE ASSISTED ACTIVITIES FOR INDIVIDUALS WITH DISABILITIES	15,000	
YWCA OF GREATER LAWRENCE	NONE	PC	YWCA WOMEN'S HEALTH	7,500	

EQUITATION INC 479 LACY STREET NORTH ANDOVER, MA 01845	NONE	PC	FOR INDIVIDUALS WITH DISABILITIES	15,00
YWCA OF GREATER LAWRENCE 38 LAWRENCE STREET	NONE	PC	YWCA WOMEN'S HEALTH ADVOCACY PROJECT	7,50

LAWRENCE, MA 01840

1,125,950 За

efile GRAPHIC print - DO NOT	PROCESS	As Filed D	ata -			DLN: 93491241008278
TY 2017 Accounting	Fees Sch	edule				
Name: ROGERS FAMILY FOUNDATION						
C/O GMA FOUNDATIONS INC						
<b>EIN:</b> 04-6063152						
Accounting Fees Schedule						
Category	Am	ount	Net Investr Income		Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES		5,689		0		5,689
TAX PREPARATION		4,475		0		4,475

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491241008278
TY 2017 Investments - Other	Schedule	
Name:	ROGERS FAMILY FOUNDATION	
	C/O GMA FOUNDATIONS INC	

Category / Itom		Listed at Cost or	Pook Value	End
Investments Other Schedule 2				
<b>-</b> -	111. 04 000515	2		

FTN: 04-6063152

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Investments Other Schedule 2					
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value		
MUTUAL FUND	FMV	17,693,010	17,693,010		
AETOS	FMV	2,451,397	2,451,397		

FMV

2,162,078

2,162,078

efile GRAPHIC print - DO NOT PROCES	S As Filed Data	-	DLI	N: 93491241008278
TY 2017 Legal Fees Schedul	le			_
Nam	e: ROGERS FAI	MILY FOUNDATION	J	
	C/O GMA FO	OUNDATIONS INC		
EI	<b>N:</b> 04-6063152			
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	730	0		730

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN:	93491241008278	
TY 2017 Other Expenses Sche	dule				
Name:	ROGERS FAMIL	Y FOUNDATION			
	C/O GMA FOUNDATIONS INC				
EIN:	<b>EIN:</b> 04-6063152				
Other Expenses Schedule					
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	

Other Expenses Schedule			i.	
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes

1,083

1,083

MISCELLANEOUS OFFICE EXPENSE

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491241008278		
TY 2017 Other Increases Schedule					
Name:	ROGERS FAMI	LY FOUNDATION			
	C/O GMA FOU	NDATIONS INC			
EIN:	04-6063152				
De	escription		Amount		
UNREALIZED GAIN			2,186,922		

efile GRAPHIC print - DO NOT PROCE	SS As Filed Data	-	DL	N: 93491241008278			
TY 2017 Other Professional Fees Schedule							
Name: ROGERS FAMILY FOUNDATION  C/O GMA FOUNDATIONS INC  EIN: 04-6063152							
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
ADMINISTRATIVE FEES	11,938	0		11,938			
INVESTMENT EXPENSES	44,393	44,393		0			