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2017

OMB No 1545-0052

## **Return of Private Foundation**

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

Open to Public Inspection

Form 990-PF Department of the Treasury Internal Revenue Service ▶ 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 beginning 01-01-20	017 , aı	nd en	ding 12-31	2017	_
		indation 1 ZAMPOGNA SCHOLARSHIP FUND			A Employer id	entification numbe	r
AIN	IGELA I	I ZAMIPOGNA SCHOLARSHIP FUND			22-3193009		
		d street (or P O box number if mail is not delivered to street address; MERRIMACK STREET	) Room/suite		<b>B</b> Telephone nu	ımber (see ınstructio	ns)
Citi		aboba an analysis and ZID as favoran analysis and			(978) 656-553	5	
		n, state or province, country, and ZIP or foreign postal code A 01852			<b>C</b> If exemption	application is pendin	g, check here
G Cł	neck al	l that apply 🔲 Initial return 🔲 Initial return of a	former public charity		<b>D 1.</b> Foreign or	ganızatıons, check he	ere . $\square$
		☐ Final return ☐ Amended return				ganizations meeting	
		$\square$ Address change $\square$ Name change			·	k here and attach co	· -
	,	pe of organization $\square$ Section 501(c)(3) exempt private				undation status was t in 507(b)(1)(A), chec	
			le private foundation				
of	year <i>(f</i>	xet value of all assets at end from Part II, col (c),  \$ 486,319   J Accounting method  ☐ Other (specify) (Part I, column (d) must	Cash Accru	ıal		ation is in a 60-montl n 507(b)(1)(B), chec	
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and	Τ			(d) Disbursements
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )	expenses per books	( <b>b</b> ) N	let investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)					
	2	Check ► ✓ If the foundation is <b>not</b> required to attach					
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities	10,606	5	10,606		
	5a	Gross rents					
	ь	Net rental income or (loss)	-				
Жe	6a	Net gain or (loss) from sale of assets not on line 10	7,769				
7 Kev 8	b	Gross sales price for all assets on line 6a 69,913	3				
	7	Capital gain net income (from Part IV, line 2)			7,769		
	_	Net short-term capital gain					
	10a	Gross sales less returns and allowances					
	ь	Less Cost of goods sold	<u></u>				
	c	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)	756	5	0		
	12	Total. Add lines 1 through 11	19,131		18,375		
	13	Compensation of officers, directors, trustees, etc	0		0		0
	14	Other employee salaries and wages					
ses	15	Pension plans, employee benefits					
ĕ	16a	Accounting fees (attach schedule)	<b>4</b> 685		0		0
Exp	b c	Other professional fees (attach schedule)	<b>9</b> 685 <b>9</b> 5,325				0
Ve	17	Interest	3,323	1			<u> </u>
rat	18	Taxes (attach schedule) (see instructions)	<b>4</b> 165	;	0		0
Operating and Administrative Expenses	19	Depreciation (attach schedule) and depletion					
Ē	20	Occupancy					
Ă	21	Travel, conferences, and meetings					
anc	22	Printing and publications					
biu	23	Other expenses (attach schedule)					
ratı	24	Total operating and administrative expenses.					
<u>Be</u>		Add lines 13 through 23	6,175		0		0
ں	25	Contributions, gifts, grants paid	25,500	1			25,500
	26	<b>Total expenses and disbursements.</b> Add lines 24 and 25	31,675	5	0		25,500
	27	Subtract line 26 from line 12					
	a	Excess of revenue over expenses and disbursements	-12,544	1			
	ь	Net investment income (if negative, enter -0-)			18,375		
	С	Adjusted net income(If negative, enter -0-)	<u> </u>				
ror	raper	work Reduction Act Notice, see instructions.		C	at No 11289:	x For	m <b>990-PF</b> (2017)

	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			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	239,656	226,593	319,802

486,319

0

552,002

-140,822

411,180

411,180

552,002

-153,366

398,636

398,636

2

3

4

5

6

411,180

-12,544

398,636

398,636 Form 990-PF (2017)

0

### Investments—corporate bonds (attach schedule) . . . . . . . 160,521 155,946 C 11 Investments—land, buildings, and equipment basis ▶ \_ Less accumulated depreciation (attach schedule) Investments—mortgage loans . . . . . . 12 13 Investments—other (attach schedule) 14 Land, buildings, and equipment basis Less accumulated depreciation (attach schedule) Other assets (describe ▶ \_ 15 16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I) 411,180 398,636 17 Accounts payable and accrued expenses . . . .

18

19

20

21

22 23

24

25

28 29

31 Part III

Liabilities

Balances

Fund 26

ö

Assets 27

Net 30

2

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule). . . . . .

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.

Foundations that do not follow SFAS 117, check here ▶

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

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions) . . . . .

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

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 (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

Deferred revenue .

Unrestricted

Temporarily restricted

Permanently restricted .

and complete lines 27 through 31.

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

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

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize) -

Enter amount from Part I, line 27a

Other liabilities (describe -

Page **3** 

- Capital Callis	and looded for rax on lines.				
	(a) the kınd(s) of property sold (e g , re ehouse, or common stock, 200 shs		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1aSee Addıtıonal Data Tabl	e		B Bondelon		
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) ir (loss) ) minus (g)
a See Addıtıonal Data Tabl	e				
b					
c					
d					
e					
Complete only for assets	s showing gain in column (h) and ow	ned by the foundation	on 12/31/69	(	I)
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	Excess	( <b>k)</b> of col (ı) (j), ıf any	Gains (Col ( col (k), but not	h) gain minus less than -0-) <b>or</b> om col (h))
a See Additional Data Tabl			(37) =)	,	. , ,
b					
С					
d					
<u> </u>					
2 Capital gain net income 3 Net short-term capital of	e or (net capital loss)	If gain, also enter in P If (loss), enter -0- in F 1222(5) and (6)	'	2	7,769
If gain, also enter in Pa in Part I, line 8	rt I, line 8, column (c) (see instructi	ons) If (loss), enter -0	· }	3	
Part V Qualification l	Under Section 4940(e) for Re	educed Tax on Net	Investment In	come	
	private foundations subject to the sec				
(ror optional doc by domestic p	sirvate roundations subject to the set	celon 15 lo(a) cax on he	or investment incom	<b>5</b> /	
If section 4940(d)(2) applies, le	eave this part blank				
If "Yes," the foundation does no	ne section 4942 tax on the distributa ot qualify under section 4940(e) Do	not complete this part			es 🔽 No
	nount in each column for each year,	see instructions before	making any entrie		
(a) Base period years Calendar year (or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	(c) Net value of noncharitab	le-use assets	<b>(d)</b> Distribution rati (col (b) divided by c	
2016	24,500		442,538		0 055362
2015	28,399		467,017		0 060809
2014	29,610		497,255		0 059547
2013	29,759		491,843		0 060505
2012	26,826		470,131	<del></del>	0 057061
2 Total of line 1, column (	•		2		0 293284
	o for the 5-year base period—divide		, or by the		0 058657
	ndation has been in existence if less oncharitable-use assets for 2017 fron		: : : : 4	†	460,925
5 Multiply line 4 by line 3	· · · · · · · · · · · · · · · · · · ·	•	5	†	27,036
• • •	ent income (1% of Part I, line 27b)		6	†	184
7 Add lines 5 and 6	ent income (170 of Part 1, line 275)			<del>                                     </del>	27,220
8 Enter qualifying distribut			8		25,500
	eater than line 7, check the box in Pa			u a 1% tax rate. Se	
instructions	,	,,			

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

7b

Information About Officers, D	Directors, Trustees,	Foundation Managers,	Highly Paid Employees,
and Contractors			

(a) Name and address	lees, roundation managers at	Compensation	(see instructions).	
(a) warne 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
MOND F LAFOND	TRUSTEE	0	(	
B BETTY SPRING ROAD RDNER, MA 01440	1 00			
Compensation of five highest-p	oaid employees (other than t	hose included on line 1	.—see instructions). If no	ne, enter "NONE."
(a) Name and address of each employee more than \$50,000	Title, and average paid hours per week  (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred (d) compensation	Expense account, (e) other allowances
NE				
tal number of other employees paid o	pver \$50,000	<u> </u>	•	
Five highest-paid independent		services (see instructi	ons). If none, enter "NON	IE".
(a) Name and address of each pers	son paid more than \$50,000	<b>(b)</b> Typ	e of service	(c) Compensation
NE		-		
		-		
		_		
		-		
tal number of others receiving over \$	50,000 for professional services			
	Charitable Activities		<u> </u>	
the foundation's four largest direct charita'	ble activities during the tax year Incl		nation such as the number of	Expenses
anizations and other beneficiaries served, c	onferences convened, research paper	s produced, etc		0
panizations and other beneficiaries served, c  SCHOLARSHIP AWARDS	onferences convened, research paper	s produced, etc		C
panizations and other beneficiaries served, c	onferences convened, research paper	s produced, etc		C
panizations and other beneficiaries served, c  SCHOLARSHIP AWARDS	onferences convened, research paper	s produced, etc		C
panizations and other beneficiaries served, c  1 SCHOLARSHIP AWARDS  2	onferences convened, research paper	s produced, etc		C
panizations and other beneficiaries served, c  1 SCHOLARSHIP AWARDS  2	onferences convened, research paper	s produced, etc		C
panizations and other beneficiaries served, c  1 SCHOLARSHIP AWARDS  2	onferences convened, research paper	s produced, etc		C
ganizations and other beneficiaries served, of SCHOLARSHIP AWARDS	onferences convened, research paper	s produced, etc		C
panizations and other beneficiaries served, c  1 SCHOLARSHIP AWARDS  2	onferences convened, research paper	s produced, etc		C
panizations and other beneficiaries served, of SCHOLARSHIP AWARDS  2  4	am-Related Investments			C
anizations and other beneficiaries served, of SCHOLARSHIP AWARDS  2  3  4  art IX-B Summary of Progr	am-Related Investments	(see instructions)	and 2	Amount
A Summary of Progr.  Describe the two largest program-related in	am-Related Investments	(see instructions)	and 2	
ganizations and other beneficiaries served, or  1 SCHOLARSHIP AWARDS  2  3  4  Part IX-B Summary of Progr	am-Related Investments	(see instructions)	and 2	
3  Part IX-B Summary of Progr. Describe the two largest program-related in NONE	am-Related Investments	(see instructions)	and 2	
3  2art IX-B Summary of Progr. Describe the two largest program-related in NONE	am-Related Investments  nvestments made by the foundation o	(see instructions)	and 2	

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

1a

1b

2

3a 3h

4

5

25,500

25.500

25,500

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Part XII

1

2

3

4

5

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the

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

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. . . . . . . . . .

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

(d)

2017

Page 9

22,678

22,678

0

Form 990-PF (20	017)	
Part XIII	Undistributed Income (see instruc	tions)

1 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. . . . . . **b** Total for prior years 

a From 2012. . . . .

**b** From 2013. . . . . c From 2014. . .

d From 2015. . . . .

e From 2016. . . . .

Excess distributions carryover, if any, to 2017

f Total of lines 3a through e. . . . . . . .

4 Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ 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 **d** Applied to 2017 distributable amount. . . . .

e Remaining amount distributed out of corpus

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

6 Enter the net total of each column as

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 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

indicated below:

**5** Excess distributions carryover applied to 2017

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

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

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

9 Excess distributions carryover to 2018.

10 Analysis of line 9

a Excess from 2013. . .

same amount must be shown in column (a) )

5.789

3.667

22,580

(a)

Corpus

23.425

2.822

26,247

0

3.667 5,789

6 140

5.250 2,579 (b)

Years prior to 2016

(c)

2016

	arcernative test renea apon	1			
а	"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				
С	"Support" alternative test—enter				
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)				
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)				
	(3) Largest amount of support from an exempt organization				
	(4) Curre increases in a contract to the contr			l	

Supplementary Information (Complete this part only if the organization had \$5,000 or more in

## **Information Regarding Foundation Managers:**

Part XV

2

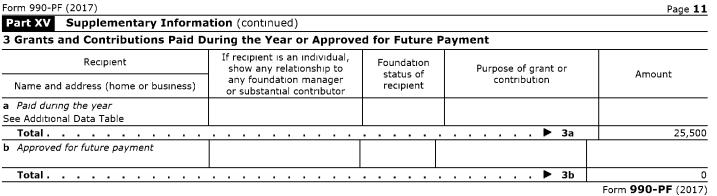
- List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation
- before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2)) b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the
- ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

# Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

WRITTEN APPLICATION AVAILABLE FROM THE TRUSTEE-TRANSCRIPT REQUIRED

assets at any time during the year—see instructions.)

- 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 RAYMOND F LAFOND
- 333 BETTY SPRING ROAD GARDNER, MA 01440 (978) 632-8558 b The form in which applications should be submitted and information and materials they should include
- c Any submission deadlines **VARIOUS**
- d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors
  - GRADUATES OF GARDNER, MA HIGH SCHOOL



Analysis of Income-Producing Activities  One gross amounts unless otherwise indicated a Program service revenue  1 Program service revenue  2 Service and Contracts from government agencies and the service and temporary cash investments.  3 Increase on assimps and temporary cash investments and temporary cash investments.  4 Dordends and interest from securities.  5 Net rental income or (loss) from personal property.  6 Net rendal income or (loss) from personal property.  7 Other investment income.  8 Gain or (loss) from sales of assets other than an or (loss) from sales of inventory.  10 Gross profit or (loss) from sales of inventory.  10 Other reverse in line 11) Instruction to verify calculations;  10 State and Contracts and the service in line 11) Instruction in come or (loss) from sales of assets other than a loss of the service investments.  10 Gross profit or (loss) from sales of assets other than a loss of the service in line 11) Instruction in Contracts and the service in t	orm 990-l		A skiniki s s				Page 12
Related or exempt (a) (b) (c) (d) Rusiness code Amount Exclusion code Amount (See instructions)  Business code Amount Exclusion code (See instructions)  Business code Amount Exclusion	Part XV.	Analysis of Income-Producing			I		(-)
Busness code Amount Exclusion code Amount (See instructions )  Busness code Amount Exclusion code Amount (See instructions )  Amount Exclusion code Amount (See instructions )  Busness code Amount Exclusion code Amount (See instructions )  Amount Exclusion code Amount (See instructions )  Busness code Amount Exclusion code Amount (See instructions )  Busness code Amount Exclusion code Amount (See instructions )  Busness code Amount Exclusion code Amount (See instructions )  Busness code Amount Exclusion code Amount (See instructions )  Busness code Amount Exclusion code Amount (See instructions )  Busness code Amount Exclusion code Amount (See instructions )  Busness code Amount Exclusion code Amount (See instructions )  Busness code Amount Exclusion code Amount (See instructions )  Busness code Amount Exclusion code Amount (See instructions )  Busness code Amount Exclusion code Amount (See instructions )  Busness code Amount Exclusion code Amount (See instructions )  Busness code Amount Exclusion code Amount (See instructions )  Busness code Amount Exclusion code in Exclusion	Enter gross	s amounts unless otherwise indicated	Unrelated bu	isiness income	Excluded by sectio	n 512, 513, or 514	Related or exempt
a b C C C C C C C C C C C C C C C C C C	4 Dun						
b c c d d d d d d d d d d d d d d d d d	_		Business code	Amount	Exclusion code	Amount	(See man denoms)
d e e							
g Fees and contracts from government agencies g Fees and contracts from government agencies 2 Membership dues and assessments	с						
g Fees and contracts from government agencies  2 Membership dues and assessments	d						
g Fees and contracts from government agencies  2 Membership dues and assessments							
Membership dues and assessments.  Interest on savings and temporary cash investments	-						
3 Interest on savings and temporary cash investments	_	-					
4 Dividends and interest from securities		·					
Solution Provides to the Addition Science of Closs) from real estate  a Debt-financed property							40.50
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			+				10,600
b Not debt-financed property 6 Net rental income or (loss) from personal property 7 Other investment income		, ,					
6 Net rental income or (loss) from personal property 7 Other investment income							
Solution (loss) from sales of assets other than inventory	6 Net re	ental income or (loss) from personal property					
Inventory							
9 Net income or (loss) from special events 10 Gross profit or (loss) from sales of inventory 11 Other revenue 2 OTHER INCOME 5 RETURNED SCHOLARSHIP 6 C 7 C 8 C 8 C 12 Subtotal Add columns (b), (d), and (e). 13 Total. Add line 12, columns (b), (d), and (e). 14 See worksheet in line 13 instructions to verify calculations)  Part XVI-B 1 Relationship of Activities to the Accomplishment of Exempt Purposes  Line No.  PROVIDES INCOME TO PAY EXPENSES & SCHOLARSHIPS			000000				7 76
Composition (loss) from sales of inventory  Composition (loss) fro			900099				7,769
a OTHER INCOME b RETURNED SCHOLARSHIP c d e L2 Subtotal Add columns (b), (d), and (e)		` '					
b RETURNED SCHOLARSHIP  c d e L12 Subtotal Add columns (b), (d), and (e)							
c d d d d d d d d d d d d d d d d d d d							256
d			+				500
e							
13 Total. Add line 12, columns (b), (d), and (e)							
(See worksheet in line 13 instructions to verify calculations.)  Part XVI-B  Relationship of Activities to the Accomplishment of Exempt Purposes  Line No.  Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions.)  PROVIDES INCOME TO PAY EXPENSES & SCHOLARSHIPS	12 Subtot	al Add columns (b), (d), and (e)		C			
Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes  Line No. Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions)  PROVIDES INCOME TO PAY EXPENSES & SCHOLARSHIPS	L3 Total.	Add line 12, columns (b), (d), and (e)			1	.3	19,131
Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions)  PROVIDES INCOME TO PAY EXPENSES & SCHOLARSHIPS	Part XV	Relationship of Activities to th	e Accomplish	ment of Exem	pt Purposes		
the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions )  PROVIDES INCOME TO PAY EXPENSES & SCHOLARSHIPS		Explain below how each activity for which	income is report	ed ın column (e) o	f Part XVI-A contrib	uted importantly to	0
PROVIDES INCOME TO PAY EXPENSES & SCHOLARSHIPS		the accomplishment of the foundation's ex	empt purposes (	other than by pro	viding funds for sucl	n purposes) (See	
	1	•	HOI ARSHIDS				
		THOUSE INCOME TO THE ENGLISH & SO	102111011110				

ori	n 990-P	F (2017)						Pa	ge <b>13</b>
P	art XV	Information Re Exempt Organi		fers To and Transact	ions and I	Relationships With Nonchari	table		
1		organization directly or in ne Code (other than sectio				ganization described in section 501 political organizations?		Yes	No
а	Transfe	rs from the reporting foun	dation to a noncha	ırıtable exempt organizatı	on of				
	(1) Ca:	sh					1a(1)		No
	(2) Oth	her assets					1a(2)		No
b	Other tr	ansactions							
	<b>(1)</b> Sal	les of assets to a nonchar	ıtable exempt orga	nization			1b(1)		No
	(2) Pui	rchases of assets from a r	oncharitable exem	pt organization			1b(2)		No
	( <b>3</b> ) Re	ntal of facilities, equipmer	nt, or other assets.				1b(3)		No
	( <b>4</b> ) Re	ımbursement arrangemen	ts				1b(4)		No
	( <b>5</b> ) Loa	ans or loan guarantees.					1b(5)		No
	<b>(6)</b> Peri	formance of services or m	embership or fund	raising solicitations			1b(6)		No
c	Sharing	of facilities, equipment, r	nailing lists, other	assets, or paid employees			1c		No
	of the g in any t	oods, other assets, or ser ransaction or sharing arra	vices given by the ngement, show in .	reporting foundation If the column (d) the value of t	ne foundation he goods, ot	should always show the fair market on received less than fair market values assets, or services received	ie		
(a)	Line No	(b) Amount involved	(c) Name of noncha	aritable exempt organization	(d) Desc	cription of transfers, transactions, and sha	ring arra	ngemer	its
				· · · · · · · · · · · · · · · · · · ·					
	describe	` ,	Code (other than				☐Yes	✓	No
b	It "Yes,'	complete the following s  (a) Name of organization		(b) Tong of angure	ation	[ (a) Danamakan as walaw	onch:-		
		(a) Name or organization	ות	(b) Type of organize	ation	(c) Description of relati	онѕпір		

(a) Line	No	(b) Amount involved	(c) Name of	noncharitable exei	mpt organization	(d) L	Description of	transfers, transaction	is, and sharing arrangements
		on section 501(c) of the omplete the following state (a) Name of organization	chedule		11(c)(3)) or in sect		7?		☐ Yes ☑ No
	of m		, it is true, co						statements, and to the best based on all information of
Sign Here	-	*****  Signature of officer or ti	rustee		2018-05-15	—)	***** Title		May the IRS discuss this return with the preparer shown below
		<del>-</del>							(see instr )? ✓ Yes □ No
		Print/Type preparer's	name	Preparer's Sigr	nature	Date		Check if self-	PTIN

ROBERT C ALARIO

Firm's name ▶ ROBERT C ALARIO CPA PC

Firm's address ► 75 NORTH MAIN STREET

LEOMINSTER, MA 01453

Paid **Preparer** 

**Use Only** 

Form **990-PF** (2017)

P00138902

Firm's EIN ▶04-3344305

Phone no (978) 534-1999

employed ightharpoonup

2018-05-11

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e g , real estate, (d) (b) (c) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co ) How acquired Date acquired Date sold P—Purchase (mo, day, yr) (mo, day, yr) D-Donation 2016-06-28 2017-03-08 HARDING LOEVNER EMERGING MARKETS BLACKROCK HIGH YEILD BD PORT CL INSTL 2014-10-27 2017-08-01 BROOKFIELD GLBL LISTED REAL ESTATE 2014-10-23 2017-03-08 HARDING LOEVNER EMERGING MARKETS 2016-06-28 2017-08-01 ISHARES CORE US AGGRGT BOND ETF 2016-03-01 2017-03-08 ISHARES GLOBAL INFRASTRUCTURE 2015-12-24 2017-08-01 PARNASSUS MID CAP FUND 2014-10-06 2017-08-01 TOUCHSTONE SM CAP VALUE OPPTY 2014-10-14 2017-03-01 VANGUARD SHORT TERM BOND 2015-06-02 2017-03-08 WCM FOCUSED INTL GROWTH FD INV 2017-08-01 2014-10-10 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 12,915 11,330 1,585 220 230 -10 3,415 3,611 -196 2,765 2.079 686 15,783 16,112 -329 951 765 186 920 756 164 4,136 4,418 -282 6,414 -71 6,343 9,010 6,768 2,242 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (1) **(I)** Losses (from col (h)) (j) as of 12/31/69 (k) over col (j), if any 1,585 -10 -196 686 -329 186 164 -282 -71 2,242

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (b) (c) (d) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co ) Date acquired Date sold How acquired P-Purchase (mo, day, yr) (mo, day, yr) D-Donation DODGE & COX INTERNATIONAL 2007-04-24 2017-03-08 DODGE & COX INTERNATIONAL 2015-04-01 2017-08-01 VANGUARD GROWTH INDEX 2009-05-21 2017-08-01 CAPITAL GAINS DIVIDENDS Р Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Cost or other basis Depreciation allowed Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (q) 5.805 6,801 -996 2,560 1,841 719 3.140 1.019 2.121 1,950 1,950 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (1) **(I)** Losses (from col (h)) (i) as of 12/31/69 (k) over col (1), if any -996 719 2,121

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 contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year UNIVERSITY OF TAMPA NONE **SCHOLARSHIP** 500 401 W KENNEDY BLVD TAMPA, FL 33606 NONE 500 BENTLEY UNIVERSITY **SCHOLARSHIP** 175 FOREST STREET 500 500

WALTHAM, MA 02452				
BOSTON UNIVERSITY 881 COMMONWEALTH AVENUE NEWTON, MA 02466	NONE	I	SCHOLARSHIP	50
EASTERN NAZARENE COLLEGE 23 EAST ELM AVENUE OUINCY, MA 02170	NONE	I	SCHOLARSHIP	50

NONE **SCHOLARSHIP** 

500

FITCHBURG STATE UNIVERSITY 160 PEARL STREET FITCHBURG, MA 01420

Total . 25,500

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							
FITCHBURG STATE UNIVERSITY 160 PEARL STREET FITCHBURG, MA 01420	NONE	I	SCHOLARSHIP	500			
FITCHBURG STATE UNIVERSITY 160 PEARL STREET FITCHBURG, MA 01420	NONE	I	SCHOLARSHIP	500			
FITCHBURG STATE UNIVERSITY 160 PEARL STREET FITCHBURG, MA 01420	NONE	I	SCHOLARSHIP	500			
FORDHAM UNIVERSITY 441 EAST FORDHAM ROAD BRONX, NY 10458	NONE	I	SCHOLARSHIP	500			
FRAMINGHAM STATE UNIVERSITY 100 STATE STREET	NONE	I	SCHOLARSHIP	500			

FRAMINGHAM, MA 01702

25,500

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				
FRAMINGHAM STATE UNIVERSITY 100 STATE STREET FRAMINGHAM, MA 01702	NONE	I	SCHOLARSHIP	500
HOBART WILLIAM SMITH COLLEGE 300 PULTENEY STREET GENEVA, NY 14456	NONE	I	SCHOLARSHIP	500
MOUNT WACHUSETT COMMUNITY COLLEGE 444 GREEN STREET GARDNER, MA 01440	NONE	I	SCHOLARSHIP	500
MOUNT WACHUSETT COMMUNITY COLLEGE 444 GREEN STREET GARDNER, MA 01440	NONE	I	SCHOLARSHIP	500
MOUNT WACHUSETT COMMUNITY COLLEGE 444 GREEN STREET GARDNER, MA 01440	NONE	I	SCHOLARSHIP	500
Total				25,500

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

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

- ,				
NICHOLS COLLEGE124 CENTER ROAD DUDLEY, MA 01571	NONE	I	SCHOLARSHIP	500
NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVENUE	NONE	I	SCHOLARSHIP	500

360 HUNTINGTON AVENUE BOSTON, MA 02115	NONE		SCHOLANSHIP	300
RHODE ISLAND SCHOOL DESIGN 2 COLLEGE STREET PROVIDENCE, RI 02903	NONE	I	SCHOLARSHIP	500

RHODE ISLAND SCHOOL DESIGN 2 COLLEGE STREET PROVIDENCE, RI 02903	NONE	I	SCHOLARSHIP	500
SUFFOLK UNIVERSITY 41 TEMPLE STREET BOSTON, MA 02108	NONE	I	SCHOLARSHIP	500
LIMASS AMHERSTOAR WHITMORE	NONE	т	SCHOLARSHIP	500

TROVIDENCE, RI 02303				
SUFFOLK UNIVERSITY 41 TEMPLE STREET BOSTON, MA 02108	NONE	I	SCHOLARSHIP	500
UMASS AMHERST243 WHITMORE AMHERST, MA 01003	NONE	I	SCHOLARSHIP	500

41 TEMPLE STREET BOSTON, MA 02108				
UMASS AMHERST243 WHITMORE AMHERST, MA 01003	NONE	I	SCHOLARSHIP	500
Total				25,500

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 UMASS AMHERST243 WHITMORE NONE **SCHOLARSHIP** 500 AMHERST, MA 01003 NONE **SCHOLARSHIP** 500 UMASS AMHERST243 WHITMORE AMHERST MA 01003

74111210171111 01000				
UMASS AMHERST243 WHITMORE AMHERST, MA 01003	NONE	I	SCHOLARSHIP	500
UMASS AMHERST243 WHITMORE AMHERST, MA 01003	NONE	I	SCHOLARSHIP	500
UMASS AMHERST243 WHITMORE AMHERST, MA 01003	NONE	I	SCHOLARSHIP	500

Total.

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 UMASS LOWELL NONE **SCHOLARSHIP** 500 220 PAWTUCKET STREET LOWELL, MA 01854 **UMASS LOWELL** NONE **SCHOLARSHIP** 500 220 PAWTUCKET STREET

LOWELL, MA 01854				
UMASS LOWELL 220 PAWTUCKET STREET LOWELL, MA 01854	NONE	I	SCHOLARSHIP	500
UNIVERSITY OF NEW HAMPSHIRE 11 GARRISON AVENUE DURHAM, NH 03824	NONE	I	SCHOLARSHIP	500
UNIVERSITY OF NEW HAVEN	NONE	I	SCHOLARSHIP	500

WEST HAVEN, CT 06516

Total . .

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				
VIRGINIA TECH 800 WASHINGTON STREET SW BLACKSBURG, VA 24061	NONE	I	SCHOLARSHIP	500
WESTFIELD STATE UNIVERSITY 577 WESTERN AVENUE WESTFIELD, MA 01085	NONE	I	SCHOLARSHIP	500
WESTFIELD STATE UNIVERSITY 577 WESTERN AVENUE WESTFIELD, MA 01085	NONE	I	SCHOLARSHIP	500
WESTFIELD STATE UNIVERSITY 577 WESTERN AVENUE WESTFIELD, MA 01085	NONE	I	SCHOLARSHIP	500
WORCESTER STATE UNIVERSITY 486 CHANDLER STREET	NONE	I	SCHOLARSHIP	500

WESTFIELD, MA 01085				
WESTFIELD STATE UNIVERSITY 577 WESTERN AVENUE WESTFIELD, MA 01085	NONE	I	SCHOLARSHIP	50
WESTFIELD STATE UNIVERSITY	NONE	I	SCHOLARSHIP	50

WORCESTER, MA 01602

### 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 contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

a raid during the year				
WPI100 INSTITUTE ROAD WORCESTER, MA 01609	NONE	I	SCHOLARSHIP	
WPI100 INSTITUTE ROAD	NONE	I	SCHOLARSHIP	

WPI100 INSTITUTE ROAD WORCESTER, MA 01609	NONE	I	SCHOLARSHIP	500
FRANKLIN PEIRCE UNIVERSITY 40 UNIVERSITY DR RINDGE, NH 03461	NONE	I	SCHOLARSHIP	500
		_		

500

FRANKLIN PEIRCE UNIVERSITY 40 UNIVERSITY DR RINDGE, NH 03461	NONE	I	SCHOLARSHIP	500
FRANKLIN PEIRCE UNIVERSITY 40 UNIVERSITY DR RINDGE, NH 03461	NONE	I	SCHOLARSHIP	500
WENTWORTH INSTITUTE OF	NONE	I	SCHOLARSHIP	500

40 UNIVERSITY DR RINDGE, NH 03461				
WENTWORTH INSTITUTE OF TECHNOLOGY 550 HUNTINGTON AVE BOSTON MA 02115	NONE	I	SCHOLARSHIP	500

RINDGE, NH 03461				
WENTWORTH INSTITUTE OF TECHNOLOGY 550 HUNTINGTON AVE BOSTON, MA 02115	NONE	I	SCHOLARSHIP	

3a

WENTWORTH INSTITUTE OF TECHNOLOGY 550 HUNTINGTON AVE BOSTON, MA 02115	NONE	I	SCHOLARSHIP	500
Total				25,500

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				
STONEHILL COLLEGE 320 WASHINGTON STREET EASTERN, MA 02357	NONE	I	SCHOLARSHIP	500
FITCHBURG STATE UNIVERSITY 160 PEARL STREET FITCHBURG, MA 01420	NONE	I	SCHOLARSHIP	500
BENTLEY UNIVERSITY 175 FOREST STREET WALTHAM, MA 02452	NONE	I	SCHOLARSHIP	500
FITCHBURG STATE UNIVERSITY 160 PEARL STREET FITCHBURG, MA 01420	NONE	I	SCHOLARSHIP	500
RHODE ISLAND SCHOOL DESIGN 670 W BOYLSTON STREET PROVIDENCE, RI 02903	NONE	I	SCHOLARSHIP	500

Total . . 3a 25,500

### 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 UMASS AMHERST243 WHITMORE NONE **SCHOLARSHIP** 500 AMHERST, MA 01003

UMASS AMHERST243 WHITMORE AMHERST, MA 01003	NONE	I	SCHOLARSHIP	500
UMASS AMHERST243 WHITMORE AMHERST, MA 01003	NONE	I	SCHOLARSHIP	500

UMASS AMHERST243 WHITMORE AMHERST, MA 01003	NONE	I	SCHOLARSHIP	500
UMASS LOWELL 220 PAWTUCKET STREET LOWELL, MA 01854	NONE	I	SCHOLARSHIP	500

UMASS LOWELL 220 PAWTUCKET STREET LOWELL, MA 01854	NONE	1	SCHOLARSHIP	500
UMASS AMHERST 220 PAWTUCKET STREET	NONE	I	SCHOLARSHIP	500

Total				25,500
UMASS AMHERST 220 PAWTUCKET STREET LOWELL, MA 01003	NONE	I	SCHOLARSHIP	5
LOWELL, MA 01854				

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)

a Paid during the year				
UNIVERSITY OF MONTANA 32 CAMPUS DR	NONE	I	SCHOLARSHIP	500

MISSIULA, MT 59812

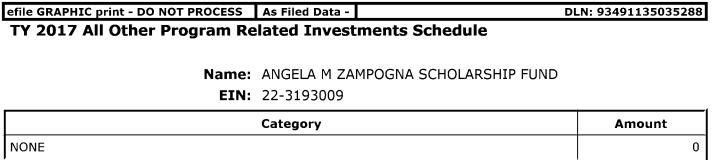
or substantial contributor

Total	 	 25,500

efile GRAPHIC print - DO NOT P	ROCESS As Fil	led Data -		D	DLN: 93491135035288		
TY 2017 Accounting Fees Schedule							
I							
	Name: ANGF	ELA M ZAM	1POGNA SCH	OLARSHIP FUND			
	<b>EIN:</b> 22-3:	193009					
Accounting Fees Schedule							
Category	Amount		Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		

685

TAX PREPARATION



TY 2017	<b>Investments</b>	Corporate	<b>Bonds</b>	Schedule	

Name: ANGELA M ZAMPOGNA SCHOLARSHIP FUND

DLN: 93491135035288

idille: ANGLLA M.

**EIN:** 22-3193009

Investments Corporate Bonds Schedule					
Name of Bond	End of Year Book Value	End of Year Fair Market Value			
DOUBLELINE TOTAL RETURN	52,985	50,054			
BLACKROCK HIGH YIELD	44,420	42,253			
ISHARES TR BARCLAYS 1-3 YR T BOND	19,755	19,537			
VANGUARD BOND INDEX FUND SHORT TERM BOND ETF	21,261	20,962			
VANGUARD INFLATION PROTECTED SECS ADM SHR	17,525	17,614			

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491135035288

## **TY 2017 Investments Corporate Stock Schedule**

Name: ANGELA M ZAMPOGNA SCHOLARSHIP FUND

<b>EIN:</b> 22-3193009					
Name of Stock	End of Year Book Value	End of Year Fair Market Value			
DODGE & COX INTL STOCK FD	27,277	34,591			
VANGUARD GROWTH INDEX FD	30,645	75,110			
BROOKFIELD GLBL LISTED	9,710	9,694			
DELAWARE VALUE CL INST	58,322	71,470			
PARNASSUS MID CAP	24,487	29,021			
WCM FOCUSED INTL GROWTH	28,504	40,363			
ISHARES GLOBAL	13,641	16,822			
JP MORGAN CHASE ALERIAN	4,249	3,901			
HARDING LOEVNER EMERGING MARKETS PORTFOLIO	20,340	28,904			
RBC SMALL CAP CORE 1	4,788	5,142			
BARCLAYS BL IPATH COMMODITY INDEX	4,630	4,784			

DLN: 93491135035288

Name: ANGELA M ZAMPOGNA SCHOLARSHIP FUND **EIN:** 22-3193009

Other Income Schedule					
Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income		
OTHER INCOME	256		256		
RETURNED SCHOLARSHIP	500		500		

efile GRAPHIC print - DO NOT PROCE	SS As Filed Data	-	DLI	N: 93491135035288		
TY 2017 Other Professional Fees Schedule						
Name: ANGELA M ZAMPOGNA SCHOLARSHIP FUND						
<b>EIN:</b> 22-3193009						
Category	Amount	Net Investment	Adjusted Net	Disbursements		

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes

INVESTMENT MGMT FEES

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DLI	N: 93491135035288		
TY 2017 Taxes Schedule						
Name: ANGELA M ZAMPOGNA SCHOLARSHIP FUND						
<b>EIN:</b> 22-3193009						
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
FOREIGN TAXES WITHHELD	165	0		0		