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2017

OMB No 1545-0052

Return of Private Foundation

Department of the Treasury Internal Revenue Service

Form 990-PF

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.

Open to Public Inspection

| | | ndar year 2017, or tax year | r beginning 01-01-20 |)17 , a | nd er | nding 12-31- | | |
|--|-----------------|--|---|---------------------------------------|---------------|------------------------|---|---|
| | | ındatıon rd Lee and Slocumb Hollıs Perry Founda | ation | | | 31-1621824 | entification numbe | er |
| Num | ber and | street (or P O box number if mail is n | ot delivered to street address) | Room/suite | | | | , |
| Number and street (or P O box number if mail is not delivered to street address) Room/suite 214 Allandale Rd-A | | | | B Telephone number (see instructions) | | | | |
| | | , state or province, country, and ZIP or | foreign postal code | | | (617) 739-1298 | | |
| Ches | tnut Hil | II, MA 02467 | | | | C If exemption | application is pendir | ng, check here |
| G Ch | neck al | I that apply Initial return | ☐ Initial return of a | former public charity | | D 1. Foreign or | ganizations, check h | ere 🕨 🔲 |
| | | ☐ Final return | Amended return | | | | ganizations meeting k here and attach co | |
| | | Address chan | | | | · | ındatıon status was | · - |
| _ | | pe of organization 🔀 Section . n 4947(a)(1) nonexempt charitable | 501(c)(3) exempt private | foundation e private foundation | | | n 507(b)(1)(A), che | |
| | | ket value of all assets at end | | Cash Accru | ıal | F If the founda | ation is in a 60-mont | h termination 🖂 |
| of ' | year <i>(f</i> | from Part II, col (c), \$ 11,992 | Other (specify) (Part I, column (d) must | | - | | n 507(b)(1)(B), ched | |
| Pa | rt I | Analysis of Revenue and | Expenses (The total | | | | | (d) Disbursements |
| | | of amounts in columns (b), (c), and equal the amounts in column (a) (se | (d) may not necessarily | (a) Revenue and expenses per books | (b) | Net investment income | (c) Adjusted net income | for charitable purposes (cash basis only) |
| | 1 | Contributions, gifts, grants, etc , | received (attach | 320,000 | | | | |
| | 2 | schedule) Check ▶ ☐ If the foundation is | not required to attach | | | | | |
| | 2 | | | | | | | |
| | 3 | Interest on savings and tempora | • | 31 | 4 | 31 | | |
| Revenue | 4 | Dividends and interest from secu | urities | | - | | | |
| | 5a b | Gross rents | | | | | | |
| | 6a | Net gain or (loss) from sale of as | | + | | | | |
| | b | Gross sales price for all assets of | | | | | | |
| Re | 7 | Capital gain net income (from Pa | · | | | 0 | | |
| _ | 8 | Net short-term capital gain . | | | | | | |
| | 9 | Income modifications | İ | | | | | |
| | 10a b | Gross sales less returns and allo Less Cost of goods sold | wances | | - | | | |
| | C | Gross profit or (loss) (attach sch | edule) | | | | | |
| | 11 | Other income (attach schedule) | • | | | | | |
| | 12 | Total. Add lines 1 through 11 | | 320,031 | ı | 31 | | |
| | 13 | Compensation of officers, director | ors, trustees, etc | | | | | |
| | 14 | Other employee salaries and was | ges | | | | | |
| es | 15 | Pension plans, employee benefit | | | | | | |
| ens | 16a | Legal fees (attach schedule) . | | | <u> </u> | | | |
| Ϋ́ | b | Accounting fees (attach schedule | • | 1,498 | 1 | 1,498 | | ļ |
| Ne Ne | С | Other professional fees (attach s | , | | 1 | | | |
| <u> </u> | 17 | Interest | | | - | | | |
| <u> </u> | 18 19 | Taxes (attach schedule) (see ins Depreciation (attach schedule) a | , | | | | | |
| ≣ | 20 | Occupancy | • | | | | | |
| Ä | 21 | Travel, conferences, and meeting | | | + | | | |
| anc | 22 | Printing and publications | | | | | | |
| 5 | 23 | Other expenses (attach schedule | e) | 9 61 | L | 61 | | |
| Operating and Administrative Expenses | 24 | Total operating and administ | <u>-</u> | | | | <u> </u> | |
| <u>8</u> | | Add lines 13 through 23 | | 1,559 | - | 1,559 | | C |
| _ | 25 | Contributions, gifts, grants paid | | 311,420 | <u>'</u> | | | 311,420 |
| | 26 | Total expenses and disburser 25 | ments. Add lines 24 and | 312,979 | | 1,559 | | 311,420 |
| | 27 | Subtract line 26 from line 12 | | | | | | |
| | а | Excess of revenue over exper disbursements | nses and | 7,052 | 2 | | | |
| | b | Net investment income (if neg | gative, enter -0-) | | | 0 | | |
| | С | Adjusted net income(if negative | • | | | | | |
| or | Daner | work Reduction Act Notice, se | e instructions | | | Cat No. 11280) | , Eo | rm QQQ-DF (2017) |

| Assets | | | |
|--------|---|---|--|
| Asset | | | |
| | • | ā | |
| | | | |

Decreases not included in line 2 (itemize) ▶.

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

6

7

8

9

Receivables due from officers, directors, trustees, and other

Less allowance for doubtful accounts ▶ _____

Prepaid expenses and deferred charges

disqualified persons (attach schedule) (see instructions) Other notes and loans receivable (attach schedule)

| S | 9 | Frepaid expenses and deferred charges | | | | |
|-------------|-------|---|----------------------------|---|--------|--------|
| 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) | | | | |
| | 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 | | | | |
| | | instructions Also, see page 1, item I) | 4,941 | | 11,992 | 11,992 |
| | 17 | Accounts payable and accrued expenses | | | | |
| | 18 | Grants payable | | | | |
| es | 19 | Deferred revenue | | | | |
| Liabilities | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | | |
| 힐 | 21 | Mortgages and other notes payable (attach schedule) | | | | |
| - | 22 | Other liabilities (describe) | | | | |
| | 23 | Total liabilities(add lines 17 through 22) | | | 0 | |
| ses | | Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. | | | | |
| ١ | 24 | Unrestricted | | | | |
| Balance | 25 | Temporarily restricted | | | | |
| 힏 | 26 | Permanently restricted | | | | |
| or Fund | | Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. | | | | |
| <u>ş</u> | 27 | Capital stock, trust principal, or current funds | | | | |
| Assets | 28 | Paid-in or capital surplus, or land, bldg , and equipment fund | | | | |
| | 29 | Retained earnings, accumulated income, endowment, or other funds | 4,941 | | 11,992 | |
| Net | 30 | Total net assets or fund balances (see instructions) | 4,941 | | 11,992 | |
| | 31 | $\textbf{Total liabilities and net assets/fund balances} \; (\textit{see instructions}) \;\; .$ | 4,941 | | 11,992 | |
| Par | t III | Analysis of Changes in Net Assets or Fund Balances | | | | |
| 1 | | el net assets or fund balances at beginning of year—Part II, column (a), line ear figure reported on prior year's return) | ne 30 (must agree with end | 1 | | 4,941 |
| 2 | Ente | er amount from Part I, line 27a | | 2 | | 7,052 |
| 3 | | er increases not included in line 2 (itemize) ▶ | | 3 | | -1 |
| 4 | Add | lines 1, 2, and 3 | | 4 | | 11,992 |

11,992

Form **990-PF** (2017)

5

ınstructions

Page **3**

| | | | | | _ | |
|------------|---|--|---------------------------------|--|--|--|
| | | (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) |
| 1a | | | | B Bondelon | | |
| | | | | | | |
| _ | | | | | | |
| | | | | | | |
| | | | | | | |
| _ | (e) Gross sales price | (f) Depreciation allowed (or allowable) | Cost or | (g) other basis ense of sale | Gain o | h) r (loss)) minus (g) |
| а | | | | | | |
| b | | | | | | |
| С | | | | | | |
| d | | | | | | |
| e | | | | | | |
| C | Complete only for assets | 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 | (k) s of col (ı) l (j), ıf any | col (k), but not | h) gain minus less than -0-) or om col (h)) |
| a | | | | | | |
| b | | | | | | |
| С | | | | | | |
| d | | | | | | |
| e | | | | | | |
| 3 | | l gain or (loss) as defined in sections : | , , , , , | Part I, line 7 | 2 | |
| | in Part I, line 8 | rt I, line 8, column (c) (see instructi | | } | 3 | |
| Part ' | V Qualification L | Jnder Section 4940(e) for Re | educed Tax on Net | Investment In | icome | |
| (For opt | ional use by domestic p | rivate foundations subject to the sec | tion 4940(a) tax on ne | et investment incor | ne) | |
| If costio | n 4940(d)(2) applies, le | anua this part blank | | | | |
| Was the | foundation liable for th | e section 4942 tax on the distributal of qualify under section 4940(e) Do | | | Ye Ye | es 🗌 No |
| 1 E | | nount in each column for each year, | see instructions before | making any entrie | | |
| | (a) period years Calendar or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitab | | (d) Distribution rati (col (b) divided by c | ol (c)) |
| | 2016 | 321,000 | | 24,113 | | 13 312321 |
| | 2015 | 339,510 | | 30,987 | | 10 956530 |
| | 2014 | 410,762 | | 77,931 | | 5 270842 |
| | 2013 | 310,900 | | 11,155 | | 27 870910 |
| | 2012 | 306,250 | | 297,188 | 1 | 1 030492 |
| | | d) | | 2 | 1 | 58 441095 |
| nı | umber of years the foun | o for the 5-year base period—divide indation has been in existence if less | than 5 years 🔒 | <u>3</u> | | 11 688219 |
| | | ncharitable-use assets for 2017 fron | • | 4 | 1 | 44,654 |
| | ultiply line 4 by line 3 | | | 5 | + | 521,926 |
| | | ent income (1% of Part I, line 27b) | | 6 | + | F24 626 |
| | | | | | 1 | 521,926 |
| | | ons from Part XII, line 4 , | | | ng a 1% tay rate So | 311,420 |

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

7b

| OIIII 990-FI (2 | ⁷) | |
|-----------------|---|---|
| Part VIII | nformation About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, nd Contractors | |
| | | _ |

| 1 List all officers, directors, truste | es, f | oundation 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 |
| EDWARD LEE PERRY | Presi | dent & Trustee | 0 | Compensation | 0 |
| 214 Allandale Rd-A | 1 00 | | _ | - | |
| Chestnut Hill, MA 02467 SLOCUMB HOLLIS PERRY | Tros | surer & Trustee | 0 | 0 | |
| 214 Allandale Rd-A | 1 00 | | 0 | U | |
| Chestnut Hill, MA 02467 | | | | | |
| ANNE H PERKINS | Trust | | 0 | 0 | C |
| 5097 West Lake Rd Monticello, FL 32344 | 00 | | | | |
| 2 Compensation of five highest-pa | id er | nployees (other than t | hose included on line 1 | .—see instructions). If no | ne, enter "NONE." |
| (a) Name and address of each employee particles more than \$50,000 | aıd | Title, and average hours per week (b) devoted to position | (c) Compensation | Contributions to employee benefit plans and deferred (d) compensation | Expense account, (e) other allowances |
| NONE | | | | (, | |
| | | 1 | | | |
| | | | | | |
| | | 1 | | | |
| | | | | | |
| | | 1 | | | |
| | | | | | |
| | | 1 | | | |
| | | | | | |
| | | | | | |
| Total number of other employees paid ov | er \$5 | 50,000 | | | 0 |
| 3 Five highest-paid independent of | ontra | actors for professional | services (see instructi | ons). If none, enter "NON | Е". |
| (a) Name and address of each perso | n pai | d more than \$50,000 | (b) Typ | e of service | (c) Compensation |
| NONE | | | | | |
| | | | | | |
| | | | 1 | | |
| | | | | | |
| | | | _ | | |
| | | | | | |
| | | | - | | |
| | | | | | |
| | | | - | | |
| Total number of others receiving over \$50 | 0.000 |) for professional convises | | | (|
| Part IX-A Summary of Direct | | | | · · · · · · · · · | |
| List the foundation's four largest direct charitable | | | ude relevant statistical inform | nation such as the number of | |
| organizations and other beneficiaries served, cor | feren | ces convened, research paper | s produced, etc | lation such as the number of | Expenses |
| 1 | | | | | |
| | | | | | |
| | | | | | |
| 2 | | | | | |
| | | | | | |
| | | | | | |
| 3 | | | | | |
| | | | | | |
| | | | | | |
| 4 | | | | | |
| | | | | | |
| Company of Duccous | D | alakad Tarraskaraska | / | | |
| Part IX-B Summary of Progra | | | · · · · · · · · · · · · · · · · · · · | | A |
| Describe the two largest program-related inv | estme | ints made by the foundation d | uring the tax year on lines 1 | and Z | Amount |
| 1 | | | | | |
| | | | | | |
| 2 | | | | | |
| | | | | | |
| | | | | | |
| All other program-related investments | See | ınstructions | | | |
| 3 | | - | | | |
| | | | | | |
| | | | | | |
| Total. Add lines 1 through 3 . | | | | | |
| | | | | L | 5 000 DE (0045) |

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 set aside for specific charitable projects that satisfy the

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

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

income Enter 1% of Part I. line 27b (see instructions).

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.

3

4

5

2

3a 3b

4

5

311.420

311,420

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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.

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 required—see instructions). **d** Applied to 2017 distributable amount. . . .

e Remaining amount distributed out of corpus

6 Enter the net total of each column as

b Prior years' undistributed income Subtract 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 (If an amount appears in column (d), the

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. . .

d Excess from 2016. . .

e Excess from 2017. . .

c Excess from 2015. . . .

b Excess from 2014. .

same amount must be shown in column (a))

(d)

2017

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2,233

2,233

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| 101111 990-F1 (2 | 017) |
|------------------|-------|
| Part XIII | Undis |

b Total for prior years

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

d From 2015. . . .

a From 2012.

e From 2016.

stribute ions) (a)

| b | Income | (see | ınstruc | t |
|---|--------|------|---------|---|
| | | | | |

291.391 310,342

406 865

337.961 319,794

310.342 406,865

337.961

319,794

309.187

(b)

Years prior to 2016

Corpus

1.666.353

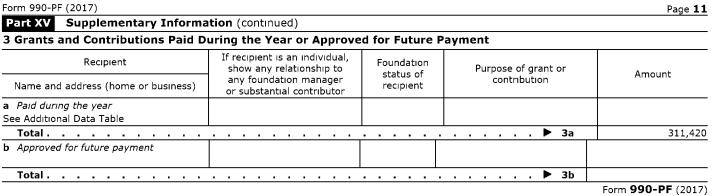
309.187

1,975,540

291.391

1,684,149

(c)



| nter gross | amounts unless otherwise indicated | Unrelated bu | isiness income | Excluded by section | 512, 513, or 514 | (e) Related or exempt |
|--|---|--|---------------------------------|------------------------------------|----------------------|--|
| 1 Progran | n service revenue | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | function income (See instructions) |
| a | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| g Fees 2 Membe | and contracts from government agencies ership dues and assessments. | | | | | |
| ınvest | est on savings and temporary cash ments | | | | | 31 |
| | ntal income or (loss) from real estate | | | | | |
| | financed property | | | | | |
| | ebt-financed property ental income or (loss) from personal property | | | | | |
| | nvestment income | | | | | |
| | or (loss) from sales of assets other than | | | | | |
| | tory | | | | | |
| O Gross | profit or (loss) from sales of inventory | | | | | |
| | revenue a | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | al Add columns (b), (d), and (e). | | | | | 31 |
| | Add line 12, columns (b), (d), and (e) | | | 13 | } | |
| | Add life 12, coldiffis (b), (d), and (e). | | | | , | |
| (See w | orksheet in line 13 instructions to verify calcul | lations) | | | <u> </u> | |
| (See we Part XV | Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | lations) e Accomplish income is reporte | ment of Exemed in column (e) of | pt Purposes of Part XVI-A contribu | ted importantly to | |
| (See wo Part XV Line No. ▼ | rksheet in line 13 instructions to verify calcules Relationship of Activities to th Explain below how each activity for which | lations) e Accomplish income is reporte | ment of Exemed in column (e) of | pt Purposes of Part XVI-A contribu | ted importantly to | |
| (See wo Part XV Line No. ▼ | Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's exinstructions) | lations) e Accomplish income is reporte | ment of Exemed in column (e) of | pt Purposes of Part XVI-A contribu | ted importantly to | |
| (See wo Part XV Line No. ▼ | Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's exinstructions) | lations) e Accomplish income is reporte | ment of Exemed in column (e) of | pt Purposes of Part XVI-A contribu | ted importantly to | |
| (See wo Part XV Line No. ▼ | Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's exinstructions) | lations) e Accomplish income is reporte | ment of Exemed in column (e) of | pt Purposes of Part XVI-A contribu | ted importantly to | |
| (See wo Part XV Line No. ▼ | Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's exinstructions) | lations) e Accomplish income is reporte | ment of Exemed in column (e) of | pt Purposes of Part XVI-A contribu | ted importantly to | |
| (See wo Part XV Line No. ▼ | Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's exinstructions) | lations) e Accomplish income is reporte | ment of Exemed in column (e) of | pt Purposes of Part XVI-A contribu | ted importantly to | |
| (See wo Part XV Line No. ▼ | Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's exinstructions) | lations) e Accomplish income is reporte | ment of Exemed in column (e) of | pt Purposes of Part XVI-A contribu | ted importantly to | |
| (See wo Part XV Line No. ▼ | Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's exinstructions) | lations) e Accomplish income is reporte | ment of Exemed in column (e) of | pt Purposes of Part XVI-A contribu | ted importantly to | |
| (See wo Part XV Line No. ▼ | Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's exinstructions) | lations) e Accomplish income is reporte | ment of Exemed in column (e) of | pt Purposes of Part XVI-A contribu | ted importantly to | |
| (See wo Part XV Line No. ▼ | Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's exinstructions) | lations) e Accomplish income is reporte | ment of Exemed in column (e) of | pt Purposes of Part XVI-A contribu | ted importantly to | |
| (See wo Part XV Line No. ▼ | Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's exinstructions) | lations) e Accomplish income is reporte | ment of Exemed in column (e) of | pt Purposes of Part XVI-A contribu | ted importantly to | |
| (See wo Part XV Line No. ▼ | Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's exinstructions) | lations) e Accomplish income is reporte | ment of Exemed in column (e) of | pt Purposes of Part XVI-A contribu | ted importantly to | |
| (See wo Part XV Line No. ▼ | Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's exinstructions) | lations) e Accomplish income is reporte | ment of Exemed in column (e) of | pt Purposes of Part XVI-A contribu | ted importantly to | |
| (See wo Part XV Line No. ▼ | Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's exinstructions) | lations) e Accomplish income is reporte | ment of Exemed in column (e) of | pt Purposes of Part XVI-A contribu | ted importantly to | |
| (See wo Part XV Line No. ▼ | Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's exinstructions) | lations) e Accomplish income is reporte | ment of Exemed in column (e) of | pt Purposes of Part XVI-A contribu | ted importantly to | |
| (See wo Part XV Line No. ▼ | Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's exinstructions) | lations) e Accomplish income is reporte | ment of Exemed in column (e) of | pt Purposes of Part XVI-A contribu | ted importantly to | |
| (See wo Part XV Line No. ▼ | Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's exinstructions) | lations) e Accomplish income is reporte | ment of Exemed in column (e) of | pt Purposes of Part XVI-A contribu | ted importantly to | |
| (See wo Part XV Line No. ▼ | Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's exinstructions) | lations) e Accomplish income is reporte | ment of Exemed in column (e) of | pt Purposes of Part XVI-A contribu | ted importantly to | |
| (See work (See Work) Part XV: Line No. | Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's exinstructions) | lations) e Accomplish income is reporte | ment of Exemed in column (e) of | pt Purposes of Part XVI-A contribu | ted importantly to | |
| (See wo Part XV Line No. ▼ | Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's exinstructions) | lations) e Accomplish income is reporte | ment of Exemed in column (e) of | pt Purposes of Part XVI-A contribu | ted importantly to | |
| (See wo Part XV Line No. ▼ | Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's exinstructions) | lations) e Accomplish income is reporte | ment of Exemed in column (e) of | pt Purposes of Part XVI-A contribu | ted importantly to | |

| Fo | rm 990-P | F (2017) | | | | Pa | ge 13 |
|----|-------------------------|---|--|---|------------|--------|--------------|
| | Part XV | Information Re Exempt Organi | | ions and Relationships With Nonchari | table | | |
| 1 | | | idirectly engage in any of the following with a on 501(c)(3) organizations) or in section 527 | any other organization described in section 501 , relating to political organizations? | | Yes | No |
| a | Transfer | s from the reporting foun | idation to a noncharitable exempt organization | on of | | | |
| | (1) Ca: | sh | | | 1a(1) | | No |
| | (2) Oth | ner assets | | | 1a(2) | | No |
| Ŀ | | ansactions | | | | | |
| | (1) Sal | es of assets to a nonchar | itable exempt organization. | | 1b(1) | | No |
| | | | | | 1b(2) | | No |
| | | | | | 1b(3) | | No |
| | | | , nts | | 1b(4) | | No |
| | | _ | | | 1b(5) | | No |
| | | _ | embership or fundraising solicitations | | 1b(6) | | No |
| (| | | nailing lists, other assets, or paid employees | | 1c | | No |
| | I If the ar of the g | nswer to any of the above bods, other assets, or ser | is "Yes," complete the following schedule. C | column (b) should always show the fair market one foundation received less than fair market valu | | | |
| (a |) Line No | (b) Amount involved | (c) Name of noncharitable exempt organization | (d) Description of transfers, transactions, and sha | ırıng arra | ngemer | its |
| | | | | | | | |
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| | | | | | | | |

| c Sharing | of facilities, equipment, r | mailing lists, other | assets, or paid employees | | | 1c | NO_ |
|--------------------|-----------------------------|-----------------------|--------------------------------|--------------|--|---------------|-----------------|
| d If the an | swer to any of the above | ıs "Yes " complete | the following schedule C | olumn (b) s | hould always show the fair marke | t value | |
| | | | | | n received less than fair market va | | |
| | | | | | ther assets, or services received | iluc | |
| iii aiiy ti | ansaction or snaring arra | ingement, snow in | column (d) the value of the | ne goods, ot | iller assets, or services received | | |
| | | | | | | | |
| (a) Line No | (b) Amount involved | (c) Name of noncha | arıtable exempt organization | (d) Desc | cription of transfers, transactions, and s | haring arrang | gements |
| | | | | | | | |
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| | | | | | | | |
| 2a Is the for | undation directly or indire | ectly affiliated with | , or related to, one or moi | re tax-exem | pt organizations | | |
| | • | • | • | | | Пv | ✓ No |
| described | a in section 501(c) of the | Code (other than | section $SUI(C)(3)$) or in se | ection 52// | | ∟ Yes | I ▼ I NO |
| b If "Yes," | complete the following s | chedule | | | | | |
| · | (a) Name of organization | on | (b) Type of organiza | ation | (c) Description of rela | ationship | |
| - | (a) Harrie or organization | o., | (B) Type of organize | 20011 | (c) Bescription of rea | actoristip | |
| | | | | | | | |
| | | | | | | | |
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge May the IRS discuss this return with the preparer shown 2018-05-11 Signature of officer or trustee Date Title (see instr)? 🔲 Yes 🗆 No Print/Type preparer's name Preparer's Signature PTIN Date Check if self-P00739485 employed ▶ □ EDWARD J BELL 2018-05-11 **Preparer** GRIES FINANCIAL LLC Firm's name ▶ Firm's EIN ▶ **Use Only** Firm's address ► 1801 E 9TH ST STE 1600 Phone no (216) 861-1148 CLEVELAND, OH 441143188

Sign Here Paid

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

| l . | | | |
|---|--------|--------------|--------|
| New England Conservatory of Music 290 Huntington Ave Boston, MA 02115 | exempt | General Fund | 10,000 |
| Museum of Fine Arts Boston 465 Huntington Ave Boston, MA 02115 | exempt | General Fund | 150 |

| Boston, MA 02115 | | | |
|---|--------|--------------|--------|
| Museum of Fine Arts Boston 465 Huntington Ave Cambridge, MA 02138 | exempt | General Fund | 40,000 |
| Huntington Theatre Company | exempt | General Fund | 1,500 |

| 465 Huntington Ave Cambridge, MA 02138 | exempt | General i unu | 40,000 |
|--|--------|---------------|--------|
| Huntington Theatre Company 264 Huntington Ave Boston, MA 02115 | exempt | General Fund | 1,500 |
| WGBH1 Guest St | exempt | General Fund | 15.000 |

| Cambridge, MA 02138 | | | |
|--|--------|--------------|--------|
| Huntington Theatre Company 264 Huntington Ave Boston, MA 02115 | exempt | General Fund | 1,500 |
| WGBH1 Guest St | exempt | General Fund | 15,000 |

| Huntington Theatre Company 264 Huntington Ave Boston, MA 02115 | exempt | General Fund | 1,500 |
|--|--------|--------------|--------|
| WGBH1 Guest St Boston, MA 02135 | exempt | General Fund | 15,000 |
| | | | |

| WGBH1 Guest St Boston, MA 02135 | exempt | General Fund | 15,000 |
|------------------------------------|--------|--------------|---------|
| Total | | | 311,420 |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

| 1 | | | | | |
|---|-------------------------------------|--|-----------|--------------|--|
| | a Paid during the year | | | | |
| | Name and address (home or business) | any foundation manager or substantial contributor | recipient | contribution | |

| - · / | | | |
|---|--------|--------------|--------|
| Opera America 330 Seventh Ave 18th Floor New York, NY 10001 | exempt | General Fund | 2,500 |
| | | 6 | F0 000 |

| Boston Lyric Opera 11 Avenue de Lafayette Boston, MA 02111 | exempt | General Fund | 50,000 |
|--|--------|--------------|--------|
| WGBH1 Guest Street | exempt | General Fund | 10,000 |

| Boston, MA 02111 | | | |
|--|--------|--------------|--------|
| WGBH1 Guest Street Boston, MA 02135 | exempt | General Fund | 10,000 |
| Boston Lyric Opera | exempt | General Fund | 52,000 |

| Boston, MA 02135 | CACHIPE | ochici di l' dila | 10,000 |
|--|---------|-------------------|--------|
| Boston Lyric Opera 11 Avenue de Lafayette Boston, MA 02111 | exempt | General Fund | 52,000 |
| Huntington Theatre Company | exempt | General Fund | 10,000 |

| 11 Avenue de Lafayette Boston, MA 02111 | exempt | General Fund | 32,000 |
|--|--------|--------------|--------|
| Huntington Theatre Company 264 Huntington Ave | exempt | General Fund | 10,000 |

| Boston, MA 02111 | | | |
|--|--------|--------------|--------|
| Huntington Theatre Company 264 Huntington Ave Boston, MA 02115 | exempt | General Fund | 10,000 |

| Huntington Theatre Company 264 Huntington Ave Boston, MA 02115 | exempt | General Fund | 10,000 |
|--|--------|--------------|---------|
| Total | | | 311,420 |

За

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 | | | |
|---|------------------------------------|--------|--------------|--|
| l | Pine Manor College400 Heath Street | exempt | General Fund | |

750

300

10,000

| = | | | |
|--|--------|--------------|--|
| Kids Wish NetworkPO Box 9569 Wilton, NH 03086 | exempt | General Fund | |
| Chestnut Hill, MA 02467 | | | |

| • | | | |
|----------------------------|--------|--------------|--|
| luntington Theatre Company | exempt | General Fund | |
| 64 Huntington Ave | | | |
| oston, MA 02115 | | | |

| PMC Jimmy Fund77 Fourth Ave | exempt | General Fund | |
|--|--------|--------------|--|
| 264 Huntington Ave Boston, MA 02115 | | | |
| Huntington Theatre Company | exempt | General Fund | |

| Boston, MA 02115 | | | |
|--|--------|--------------|-----|
| PMC Jimmy Fund77 Fourth Ave Needham Heights, MA 02494 | exempt | General Fund | 300 |

| PMC Jimmy Fund77 Fourth Ave | exempt | General Fund | I |
|-----------------------------|--------|--------------|-----|
| Needham Heights, MA 02494 | | | I |
| <u> </u> | | | I . |
| Museum of Fine Arts Boston | evemnt | General Fund | |

| Needham Heights, MA 02494 | | | |
|--|--------|--------------|--------|
| Museum of Fine Arts Boston 465 Huntington Ave | exempt | General Fund | 50,000 |

| Museum of Fine Arts Boston | exempt | General Fund | 50,00 |
|----------------------------|--------|--------------|-------|
| 465 Huntington Ave | · | | |
| Boston, MA 02115 | | | |

| Boston, MA 02115 | | |
|------------------|------|---------|
| Total | | 311,420 |

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 Wildlife Conservation Society exempt General Fund 1,500 2300 Southern Blvd Bronx, NY 10460 African Wildlife Foundation General Fund 500 exempt 1400 Sixteenth St NW Suite 120 Washington, DC 20036 00

| CAREPO Box 1870 Merrifield, VA 22116 | exempt | General Fund | 500 |
|---|--------|--------------|-------|
| Discalded Inc(Mark Morris Dance Group) 3 Lafayette Ave Brooklyn, NY 11217 | exempt | General Fund | 1,000 |

| 3 Lafayette Ave Brooklyn, NY 11217 | | | |
|---|--------|--------------|-----|
| ASPCA424 East 92nd St New York, NY 10128 | exempt | General Fund | 500 |

| DIOOKIYII, IVI 11217 | | | |
|---|--------|--------------|--|
| ASPCA424 East 92nd St New York, NY 10128 | exempt | General Fund | |

Total. 311,420 3a

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 Walden Woods Project44 Baker Road exempt General Fund 1,000 Lincoln, MA 01773

| MSPCA350 South Huntington Ave Boston, MA 02130 | exempt | General Fund | 300 |
|--|--------|--------------|--------|
| Marine Toys for Tots Foundation 18251 Quantico Gateway Dr Triangle, VA 22172 | exempt | General Fund | 400 |
| WGBH1 Guest Street Brighton, MA 02135 | exempt | General Fund | 10,000 |

| ······································ | | | |
|--|--------|--------------|-------|
| WGBH1 Guest Street Brighton, MA 02135 | exempt | General Fund | 10,00 |
| American Repertory Theater64 Brattle St Cambridge, MA 02138 | exempt | General Fund | 1,00 |

| Brighton, MA 02135 | | | 23,3 |
|--|--------|--------------|------|
| American Repertory Theater64 Brattle St Cambridge, MA 02138 | exempt | General Fund | 1,0 |

| American Repertory Theater64 Brattle St Cambridge, MA 02138 | | exempt | General Fund | 1,000 |
|--|---------|--------|--------------|-------|
| Total | 311 420 | | | |

311,420 3a

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 Metropolitan Opera Guild exempt General Fund 2,125 70 Lincoln Square New York, NY 10023 Boston Symphony Orchestra General Fund 3.000 exempt

| 301 Massachusetts Ave Boston, MA 02115 | | | 2,555 |
|--|--------|--------------|--------|
| New England Conservatory of Music 290 Huntington Ave Boston, MA 02115 | exempt | General Fund | 15,000 |
| Max Warburg Courage Curriculum 265 Huntington Ave Box 366 Boston, MA 02115 | exempt | General Fund | 300 |

The Fund for Sarah Lawrence College General Fund 1,500 exempt

1 Meadway Bronxville, NY 10708

Total . 311,420

3a

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

| Animal Rescue League of Boston 10 Chandler St Boston, MA 02116 | exempt | General Fund | 200 |
|--|--------|--------------|--------|
| American Repertory Theater64 Brattle St | exempt | General Fund | 10,000 |

| Cambridge, MA 02138 | | | |
|---|--------|--------------|-----|
| Isabella Stewart Gardner Museum 25 Evans Way Boston, MA 02115 | exempt | General Fund | 500 |
| | | | |

| 25 Evans Way Boston, MA 02115 | exempt | General i unu | 300 |
|--|--------|---------------|-----|
| NSCDADumberton House 2715 Q Street NW Washington, DC 20007 | exempt | General Fund | 350 |

| NSCDADUMBERTON House 2715 Q Street NW Washington, DC 20007 | exempt | General Fund | 350 |
|--|--------|--------------|-----|
| The Boston Philharmonic 236 Huntington Ave 209 | exempt | General Fund | 100 |

| ashington, DC 20007 | | | |
|--|--------|--------------|---|
| ne Boston Philharmonic 36 Huntington Ave 209 oston, MA 02115 | exempt | General Fund | 1 |

| | | _ | |
|---|--------|--------------|---|
| he Boston Philharmonic 36 Huntington Ave 209 ioston, MA 02115 | exempt | General Fund | 1 |
| | | | |

| 236 Huntington Ave 209 Boston, MA 02115 | | |
|--|------|-------------|
| Total | | 311,420 |

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 | | | |
|---|--------|--------------|--|
| The Boston Philharmonic 236 Huntington Ave 209 Boston, MA 02115 | exempt | General Fund | |

| Boston, MA 02115 | | | |
|--|--------|--------------|--|
| The Paramount Center30 Center Street Rutland, VT 05701 | exempt | General Fund | |
| SPCAI242 W 30th Street | evemnt | General Fund | |

| PCAI242 W 30th Street ew York, NY 10001 | exempt | General Fund | 2. |
|--|--------|--------------|----|
| utland, VT 05701 | | | |

1,000

| SPCAI242 W 30th Street New York, NY 10001 | exempt | General Fund | 250 |
|--|--------|--------------|-----|
| MADDPO Box 70005 Prescott, AZ 86304 | exempt | General Fund | 810 |

| MADDPO Box 70005 Prescott, AZ 86304 | exempt | General Fund | 810 |
|--|--------|--------------|-----|
| American Red Cross | exempt | General Fund | 300 |

| American Red Cross 1495 Hancock Street 300 Quincy, MA 02169 exempt General Fund | 3 |
|--|---|

| Quincy, MA 02169 | | |
|------------------|------|-------------|
| Total | | 311,420 |

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)

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

| , | or substantial contributor | | | |
|--|----------------------------|--------|--------------|-----|
| a Paid during the year | | | | |
| Smile TrainPO Box 96231 Washington, DC 20090 | | exempt | General Fund | 500 |
| Humane Society of the United States 1255 23rd Street NW Suite 450 Washington, DC 20037 | | exempt | General Fund | 100 |
| Massachusetts Chiefs of Police Assn | | exempt | General Fund | 135 |

| Washington, DC 20037 | | | |
|---|--------|--------------|-----|
| Massachusetts Chiefs of Police Assn Fund 353 Providence Road South Grafton, MA 01560 | exempt | General Fund | 135 |
| Friends of Caritas Cubana | exempt | General Fund | 300 |

| South Grafton, MA 01560 | | | |
|---|--------|--------------|-----|
| Friends of Caritas Cubana 81 Washington Ave Cambridge, MA 02140 | exempt | General Fund | 300 |
| Blessings in a BackpackPO Box 950291 | exempt | General Fund | 200 |

| Friends of Caritas Cubana 81 Washington Ave Cambridge, MA 02140 | exempt | General Fund | (3) |
|---|--------|--------------|-----|
| Blessings in a BackpackPO Box 950291 | exempt | General Fund | 2 |

| 81 Washington Ave Cambridge, MA 02140 | exempt | General Fund | |
|--|--------|--------------|--|
| Blessings in a BackpackPO Box 950291 | exempt | General Fund | |

3a

| Callibridge, MA 02140 | | | |
|--|--------|--------------|---------|
| Blessings in a BackpackPO Box 950291 Louisville, KY 40295 | exempt | General Fund | 200 |
| Total | | | 311,420 |

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 The Dorset Theater Festival exempt General Fund 2,500 104 Cheney Rd Dorset, VT 05251 250

| Galapagos Conservancy 1150 Fairfax Blvd Suite 408 Fairfax, VA 22030 | exempt | General Fund | 250 |
|---|--------|--------------|-------|
| NSCDA-MA55 Beacon St | exempt | General Fund | 1,500 |

| NSCDA-MA55 Beacon St Boston, MA 02108 | exempt | General Fund | |
|--|--------|--------------|--|
| NSCDA-MA55 Beacon St | exempt | General Fund | |

| Boston, MA 02108 | | | |
|--|--------|--------------|--|
| NSCDA-MA55 Beacon St Boston, MA 02108 | exempt | General Fund | |
| | | | |

| NSCDA-MA55 Beacon St Boston, MA 02108 | exempt | General Fund | |
|--|--------|--------------|--|
| Buddy Dog Humane Society | exempt | General Fund | |

| Boston, MA 02108 | exempt | General Fund | |
|--|--------|--------------|--|
| Buddy Dog Humane Society 151 Boston Post Rd | exempt | General Fund | |

| • | | | |
|---|--------|--------------|-----|
| Buddy Dog Humane Society 151 Boston Post Rd Sudbury, MA 01776 | exempt | General Fund | 250 |
| | | | |

| Buddy Dog Humane Society | exempt | General Fund | 2 |
|--------------------------|--------|--------------|---|
| 151 Boston Post Rd | | | |
| Sudbury, MA 01776 | | | |
| | | | |

| 151 Boston Post Rd Sudbury, MA 01776 | | |
|---|------|---------|
| Total | | 311,420 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Purpose of grant or Recipient If recipient is an individual, Foundation Amount show any relationship to status of contribution

recipient

| Marine Toys for Tots Foundation | | exempt | General Fund | 40 |
|---|----------------------------|--------|--------------|----|
| a Paid during the year | | | | |
| , | or substantial contributor | | | |

19251 Ouantico Catoway Dr.

any foundation manager

Name and address (home or husiness)

За

| Triangle, VA 22172 | | |
|--------------------|------|---------|
| Total | | 311,420 |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | | DLN | : 93491131018088 |
|--|--------------------------------------|--------------------------|------------------------|---|
| TY 2017 Other Expenses Schedule | | | | |
| <u>-</u> | | | | |
| Name: The Edward Lee and Slocumb Hollis Perry Foundation | | | | |
| EIN: 31-1621824 | | | | |
| Other Expenses Schedule | | | | |
| Description | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
| Service Fees | 61 | 61 | | |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | | DLN: 9349113101 | 8088 |
|--------------------------------------|--|--|-----------------|------|
| TY 2017 Other Increases Schedule | | | | |
| | | | | |
| Name: | The Edward Lee and Slocumb Hollis Perry Foundation | | | |
| EIN: | 31-1621824 | | | |
| De | escription | | Amount | |
| Rounding error | | | | -1 |

| efile GRAPHIC print - [| OO NOT PROCESS | As Filed Data - | | | | DLN: 93491131018088 |
|---|---|--|--|--|---|---|
| Schedule B | | Schedu | le of Contributo | rs | | OMB No 1545-0047 |
| (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service | ► Information a | ibout Schedule B (F | Form 990, 990-EZ, or 990- form 990, 990-EZ, or 990-P <u>ww <i>irs gov/form</i>990</u> | | ons is at | 2017 |
| Name of the organizat The Edward Lee and Sloc | | ndation | | | Employer id | dentification number |
| Organization type (che | · | | | | 31-1621824 | |
| Organization type (che | eck one) | | | | | |
| Filers of: | Section: | | | | | |
| Form 990 or 990-EZ | ☐ 501(c)(|) (enter number) o | rganization | | | |
| | ☐ 4947(a)(² | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | |
| | ☐ 527 politi | cal organization | | | | |
| Form 990-PF | ✓ 501(c)(3) | ☑ 501(c)(3) exempt private foundation | | | | |
| | ☐ 4947(a)(² | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | |
| 501(c)(3) taxable private fou | | | undation | | | |
| | | | PF that received, during t omplete Parts I and II Se | | | |
| Special Rules | | | | | | |
| under sections 5 received from ar | 509(a)(1) and 170(b) | (1)(A)(vi), that che uring the year, total | g Form 990 or 990-EZ that cked Schedule A (Form 9 al contributions of the gre plete Parts I and II | 990 or 990-EZ), P | art II, line 13, | , 16a, or 16b, and that |
| during the year, | total contributions of | f more than \$1,000 | or (10) filing Form 990 o exclusively for religious, animals Complete Parts | , charitable, scien | | |
| during the year, If this box is che purpose Don't o | contributions exclus cked, enter here the complete any of the p | eively for religious, total contributions parts unless the G e | or (10) filing Form 990 o charitable, etc., purposes that were received durin eneral Rule applies to th or more during the year. | s, but no such con ng the year for an ns organization be | itributions tota exclusively re cause it rece | aled more than \$1,000 eligious, charitable, etc , ived <i>nonexclusively</i> |
| 990-EZ, or 990-PF), but | t it must answer "No | on Part IV, line 2 | le and/or the Special Rul , of its Form 990, or chec t it doesn't meet the filing | k the box on line | H of its | |
| For Paperwork Reduction A for Form 990, 990-EZ, or 99 | | ructions | Cat No 30613X | Schedu | ıle B (Form 990 | 0, 990-EZ, or 990-PF) (2017) |

| Name of organiz | zation | Employer identification | number |
|------------------|--|---------------------------|--|
| The Edward Lee a | nd Slocumb Hollis Perry Foundation | 31-1621824 | |
| Part I | Contributors (See instructions) Use duplicate copies of Part I if ac | dditional space is needed | |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 1 | HELEN WADE GREENE CHARITABLE TRUST 127 Public Square Cleveland, OH44114 | \$ 320,000 | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| - | | | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| | | \$ | Person |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| | | | Person Payroll Noncash (Complete Part II for noncash contributions) |

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)