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Form 990-PF

Department of the Treasury
Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

OMB No 1545-0052

2017

Open to Public Inspection

For calendar year 2017, or tax year beginning 01-01-2017

, and ending 12-31-2017

Name of foundation THE LINDA HAMMETT ORY & ANDREW ORY CHARITABLE TRUST		A Employer identification number 38-7082936	
Number and street (or P O box number if mail is not delivered to street address) PO BOX 6358		Room/suite	B Telephone number (see instructions) (781) 259-1596
City or town, state or province, country, and ZIP or foreign postal code LINCOLN, MA 01773		C If exemption application is pending, check here ▶ <input type="checkbox"/>	
G Check all that apply <div><input type="checkbox"/> Initial return</div> <div><input type="checkbox"/> Initial return of a former public charity</div> <div><input type="checkbox"/> Final return</div> <div><input type="checkbox"/> Amended return</div> <div><input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Name change</div>		D 1. Foreign organizations, check here ▶ <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation ▶ <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16)▶ \$ 17,812,289		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ <input type="checkbox"/>	
J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)			

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	292,257			
	2 Check ▶ <input type="checkbox"/> If the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities . . .	221,139	214,438	221,139	
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	545,418			
	b Gross sales price for all assets on line 6a _____ 5,400,430				
	7 Capital gain net income (from Part IV, line 2) . . .		833,189		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances _____				
b Less Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)	-11,665	-11,665	-11,665		
12 Total. Add lines 1 through 11	1,047,149	1,035,962	209,474		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	0	0	0	0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	19,790	0	0	0
	c Other professional fees (attach schedule)	115,113	113,613	0	0
	17 Interest	492	492	0	0
	18 Taxes (attach schedule) (see instructions) . . .	15,226	1,826	0	1,826
	19 Depreciation (attach schedule) and depletion . . .				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	1,354	111	0	0
	24 Total operating and administrative expenses. Add lines 13 through 23	151,975	116,042	0	1,826
	25 Contributions, gifts, grants paid	2,332,275			2,332,275
	26 Total expenses and disbursements. Add lines 24 and 25	2,484,250	116,042	0	2,334,101
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	-1,437,101			
	b Net investment income (if negative, enter -0-)		919,920		
c Adjusted net income(if negative, enter -0-) . . .			209,474		

For Paperwork Reduction Act Notice, see instructions.

Cat No 11289X

Form 990-PF (2017)

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	34,538	143,868	143,868
	2 Savings and temporary cash investments	725,932	675,941	675,941
	3 Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____	369,502		
	4 Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U S and state government obligations (attach schedule)	1,033,704	1,168,564	1,167,025
	b Investments—corporate stock (attach schedule)	9,827,965	8,350,543	11,981,955
	c Investments—corporate bonds (attach schedule)	984,225	1,376,236	1,381,368
	11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	2,109,169	1,940,425	2,462,132
	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)	15,085,035	13,655,577	17,812,289	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)	0	0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds	0	0	
	28 Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
	29 Retained earnings, accumulated income, endowment, or other funds	15,085,035	13,655,577	
30 Total net assets or fund balances (see instructions)	15,085,035	13,655,577		
31 Total liabilities and net assets/fund balances (see instructions) .	15,085,035	13,655,577		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	15,085,035
2 Enter amount from Part I, line 27a	2	-1,437,101
3 Other increases not included in line 2 (itemize) ▶ _____	3	7,643
4 Add lines 1, 2, and 3	4	13,655,577
5 Decreases not included in line 2 (itemize) ▶ _____	5	0
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	13,655,577

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a See Additional Data Table			
b			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a See Additional Data Table			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a See Additional Data Table			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	833,189
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 { }	3	74,510

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2016	1,282,100	17,440,239	0 073514
2015	669,675	14,571,648	0 045957
2014	2,286,524	14,969,425	0 152746
2013	2,193,500	16,792,301	0 130625
2012			

2 Total of line 1, column (d) { }	2	0 402842
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years { }	3	0 100711
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5 { }	4	17,681,229
5 Multiply line 4 by line 3 { }	5	1,780,694
6 Enter 1% of net investment income (1% of Part I, line 27b) { }	6	9,199
7 Add lines 5 and 6 { }	7	1,789,893
8 Enter qualifying distributions from Part XII, line 4 { }	8	2,334,101

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

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

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	9,199
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2.	3	9,199
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	9,199
6	Credits/Payments		
a	2017 estimated tax payments and 2016 overpayment credited to 2017	6a	9,718
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	0
7	Total credits and payments. Add lines 6a through 6d.	7	19,718
8	Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	8	0
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶	10	10,519
11	Enter the amount of line 10 to be Credited to 2018 estimated tax ▶ 10,519 Refunded ▶	11	0

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$ 0 (2) On foundation managers ▶ \$ 0		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ 0		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>	2	No
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	Yes
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	Yes
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i>	5	No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	No
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ MA		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i> .	8b	Yes
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the taxable year beginning in 2017 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	9	No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	10	No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► N/A	13	Yes	
14	The books are in care of ► LINDA G HAMMETT ORY Telephone no ► (781) 259-0593			

Located at **►** PO BOX 6358 LINCOLN MA ZIP+4 **►** 01773

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year ► 15			
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country ►	16	Yes	No

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

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

1a	During the year did the foundation (either directly or indirectly)		Yes	No
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here. ► <input type="checkbox"/>	1b		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2017? <input type="checkbox"/>	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions). <input type="checkbox"/>	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ► 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2017). <input type="checkbox"/>	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		No

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

5a	<p>During the year did the foundation pay or incur any amount to</p> <p>(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(3) Provide a grant to an individual for travel, study, or other similar purposes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>			
b	<p>If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/> </p>	5b		
c	<p>If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i></p>			
6a	<p>Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>			
b	<p>Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><i>If "Yes" to 6b, file Form 8870</i></p>	6b		No
7a	<p>At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>			
b	<p>If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	7b		

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

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
LINDA G HAMMETT ORY PO BOX 6358 LINCOLN, MA 01773	TRUSTEE 0 00	0	0	0
ANDREW D ORY PO BOX 6358 LINCOLN, MA 01773	TRUSTEE 0 00	0	0	0

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

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

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

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

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

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

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	0

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	17,228,382
b	Average of monthly cash balances.	1b	722,104
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	17,950,486
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	17,950,486
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	269,257
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	17,681,229
6	Minimum investment return. Enter 5% of line 5.	6	884,061

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

1	Minimum investment return from Part X, line 6.	1	884,061
2a	Tax on investment income for 2017 from Part VI, line 5.	2a	9,199
b	Income tax for 2017 (This does not include the tax from Part VI).	2b	853
c	Add lines 2a and 2b.	2c	10,052
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	874,009
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	874,009
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	874,009

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	2,334,101
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	4	2,334,101
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions).	5	9,199
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	2,324,902

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				874,009
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only.			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2017				
a From 2012.				
b From 2013.				1,840,594
c From 2014.				1,543,381
d From 2015.				
e From 2016.				415,879
f Total of lines 3a through e.	3,799,854			
4 Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ <u>2,334,101</u>				
a Applied to 2016, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2017 distributable amount.				874,009
e Remaining amount distributed out of corpus	1,460,092			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	5,259,946			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b Taxable amount—see instructions		0		
e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).	0			
8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions).	0			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	5,259,946			
10 Analysis of line 9				
a Excess from 2013.				1,840,594
b Excess from 2014.				1,543,381
c Excess from 2015.				
d Excess from 2016.				415,879
e Excess from 2017.				1,460,092

b Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)Form **990-PF** (2017)

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total			3a	2,332,275
b <i>Approved for future payment</i>				
Total			3b	0

Enter gross amounts unless otherwise indicated

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

Form **990-PF** (2017)

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

	Yes	No
--	-----	----

--	--	--

1a(1)		No
1a(2)		No

--	--	--

1b(1)	No
--------------	-----------

1b(2)		No
--------------	--	-----------

1b(3)		No
--------------	--	-----------

1b(4)	No
--------------	-----------

1b(5)		No
--------------	--	-----------

1b(6)		No
--------------	--	-----------

1c		No
----	--	----

value
ue

[illegible]

described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

(a) Name of organization	(b) Type of organization	(c) Description of relationship

**Sign
Here**

* * * * *

Title

(see instr)? ☒ Yes ☐ No

Form **990-PF** (2017)

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, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
SHORT TERM GAINS FROM PASS-THROUGH ENTITIES	P		
LONG TERM GAINS FROM PASS-THROUGH ENTITIES	P		
PUBLICLY TRADED SECURITIES			
PUBLICLY TRADED SECURITIES			
DISPOSITION OF INTEREST IN HBK MULTI-STRATEGY OFFSHORE FUND LT	P		
DISPOSITION OF INTEREST IN HUDSON BAY INTERNATIONAL FUND LTD	P		
NVIDIA CORP	D		
ALTRAI GROUP	D		
GUDANG GARAM	D		
IMPERIAL BRANDS	D		

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
1,352			1,352
25,507			25,507
1,254,568		1,266,746	-12,178
3,298,618		2,772,158	526,460
175,066		163,425	11,641
151,941		162,500	-10,559
124,295		38,959	85,336
239,800		121,451	118,349
26,443		14,955	11,488
8,760		5,708	3,052

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			1,352
			25,507
			-12,178
			526,460
			11,641
			-10,559
			85,336
			118,349
			11,488
			3,052

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, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
REYNOLDS AMERN INC	D		
NVIDIA CORP	D		

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
20,239		11,256	8,983
73,841		10,083	63,758

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			8,983
			63,758

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
AMERICAN REPERTORY THEATER 64 BRATTLE ST CAMBRIDGE, MA 02138	N/A	501(C)(3)	GENERAL	23,500
AMERICAN REPERTORY THEATER 64 BRATTLE ST CAMBRIDGE, MA 02138	N/A	501(C)(3)	GENERAL	5,000
AMERICAN REPERTORY THEATER 64 BRATTLE ST CAMBRIDGE, MA 02138	N/A	501(C)(3)	GENERAL	100,000
Total ▶ 3a				2,332,275

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
AMERICAN REPERTORY THEATER 64 BRATTLE ST CAMBRIDGE, MA 02138	N/A	501(C)(3)	GENERAL	10,000
ARNOLD ARBORETUM 124 MOUNT AUBURN ST CAMBRIDGE, MA 02138	N/A	501(C)(3)	GENERAL	500
BAY COVE HUMAN SERVICES 66 CANAL STREET BOSTON, MA 02114	N/A	501(C)(3)	GENERAL	300
Total ▶ 3a				2,332,275

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BEACON ACADEMY477 LONGWOOD AVE BOSTON, MA 02215	N/A	501(C)(3)	GENERAL	500
BERKLEE COLLEGE OF MUSIC 1140 BOYLSTON ST BOSTON, MA 022153693	N/A	501(C)(3)	GENERAL	10,000
BIG SISTER ASSOCIATION OF GREATER BOSTON 20 PARK PLAZA 1420 BOSTON, MA 02116	N/A	501(C)(3)	GENERAL	5,000
Total ▶ 3a				2,332,275

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CODMAN COMMUNITY FARMS 58 CODMAN RD LINCOLN, MA 01773	N/A	501(C)(3)	GENERAL	500
CONCORD ACADEMY166 MAIN ST CONCORD, MA 01742	N/A	501(C)(3)	GENERAL	25,000
CONCORD ACADEMY166 MAIN ST CONCORD, MA 01742	N/A	501(C)(3)	GENERAL	200,000
Total ▶ 3a				2,332,275

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
CONCORD MUSEUM200 LEXINGTON RD CONCORD, MA 01742	N/A	501(C)(3)	GENERAL	250
CONCORD MUSEUM200 LEXINGTON RD CONCORD, MA 01742	N/A	501(C)(3)	GENERAL	1,775
DECORDOVA SCULPTURE PARK & MUSEUM 51 SANDY POND RD LINCOLN, MA 01773	N/A	501(C)(3)	GENERAL	23,750
Total ▶ 3a				2,332,275

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
DECORDOVA SCULPTURE PARK & MUSEUM 51 SANDY POND RD LINCOLN, MA 01773	N/A	501(C)(3)	GENERAL	275,000
DECORDOVA SCULPTURE PARK & MUSEUM 51 SANDY POND RD LINCOLN, MA 01773	N/A	501(C)(3)	GENERAL	50,000
DECORDOVA SCULPTURE PARK & MUSEUM 51 SANDY POND RD LINCOLN, MA 01773	N/A	501(C)(3)	GENERAL	100,000
Total ▶ 3a				2,332,275

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
DECORDOVA SCULPTURE PARK & MUSEUM 51 SANDY POND RD LINCOLN, MA 01773	N/A	501(C)(3)	GENERAL	50,000
DECORDOVA SCULPTURE PARK & MUSEUM 51 SANDY POND RD LINCOLN, MA 01773	N/A	501(C)(3)	GENERAL	10,000
DECORDOVA SCULPTURE PARK & MUSEUM 51 SANDY POND RD LINCOLN, MA 01773	N/A	501(C)(3)	GENERAL	50,000
Total ▶ 3a				2,332,275

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
DECORDOVA SCULPTURE PARK & MUSEUM 51 SANDY POND RD LINCOLN, MA 01773	N/A	501(C)(3)	GENERAL	100
DECORDOVA SCULPTURE PARK & MUSEUM 51 SANDY POND RD LINCOLN, MA 01773	N/A	501(C)(3)	GENERAL	17,000
DECORDOVA SCULPTURE PARK & MUSEUM 51 SANDY POND RD LINCOLN, MA 01773	N/A	501(C)(3)	GENERAL	10,000
Total ▶ 3a				2,332,275

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
DECORDOVA SCULPTURE PARK & MUSEUM 51 SANDY POND RD LINCOLN, MA 01773	N/A	501(C)(3)	GENERAL	300,000
DELEGATION FOR FRIENDSHIP AMONG WOMEN 18926 E LATIGO LN RIO VERDE, AZ 852637170	N/A	501(C)(3)	GENERAL	500
FENN SCHOOL516 MONUMENT ST CONCORD, MA 01742	N/A	501(C)(3)	GENERAL	35,000
Total ▶ 3a				2,332,275

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FENN SCHOOL516 MONUMENT ST CONCORD, MA 01742	N/A	501(C)(3)	GENERAL	25,000
FENN SCHOOL516 MONUMENT ST CONCORD, MA 01742	N/A	501(C)(3)	GENERAL	300,000
FENN SCHOOL516 MONUMENT ST CONCORD, MA 01742	N/A	501(C)(3)	GENERAL	10,000
Total ▶ 3a				2,332,275

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FENN SCHOOL516 MONUMENT ST CONCORD, MA 01742	N/A	501(C)(3)	GENERAL	5,047
FOOD PROJECT555 DUDLEY ST DORCHESTER, MA 02125	N/A	501(C)(3)	GENERAL	500
GIRL SCOUTS OF EASTERN MASSACHUSETTS 95 BERKELEY ST STE 404 BOSTON, MA 02116	N/A	501(C)(3)	GENERAL	5,000
Total ▶ 3a				2,332,275

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
GIRLS INC OF LYNN50 HIGH ST LYNN, MA 01902	N/A	501(C)(3)	GENERAL	300
GLOBAL GRASSROOTS 1950 LAFAYETTE RD PORTSMOUTH, NH 03801	N/A	501(C)(3)	GENERAL	1,000
GODDARD HOUSE 201 S HUNTINGTON AVE BOSTON, MA 02130	N/A	501(C)(3)	GENERAL	5,000
Total ▶ 3a				2,332,275

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
THE GREATER BOSTON FOOD BANK 70 SOUTH BAY AVE BOSTON, MA 02118	N/A	501(C)(3)	GENERAL	200
HABITAT FOR HUMANITY YORK COUNTY PO BOX 267 KENNEBUNK, ME 04043	N/A	501(C)(3)	GENERAL	200
HARVARD ART MUSEUMS 124 MOUNT AUBURN ST CAMBRIDGE, MA 02138	N/A	501(C)(3)	GENERAL	1,000
Total ▶ 3a				2,332,275

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HARVARD GRADUATE SCHOOL OF EDUCATION 124 MOUNT AUBURN ST CAMBRIDGE, MA 02138	N/A	501(C)(3)	GENERAL	200,000
HARVARD GRADUATE SCHOOL OF EDUCATION 124 MOUNT AUBURN ST CAMBRIDGE, MA 02138	N/A	501(C)(3)	GENERAL	25,000
HARVARD UNIVERSITY 124 MOUNT AUBURN ST CAMBRIDGE, MA 02138	N/A	501(C)(3)	GENERAL	35,000
Total ▶ 3a				2,332,275

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
INVEST IN GIRLS INC 281 SUMMER STREET 5TH FLOOR BOSTON, MA 02110	N/A	501(C)(3)	GENERAL	2,500
JUMBY BAY FUND INCPO BOX 243 ANTIGUA, WEST INDIES AC	N/A	501(C)(3)	GENERAL	1,000
KENNEBUNK CONSERVATION TRUST PO BOX 7004 CAPE PORPOISE, ME 04014	N/A	501(C)(3)	GENERAL	1,000
Total ▶ 3a				2,332,275

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
THE KENNEBUNKPORT HISTORICAL SOCIETY 125 NORTH STREET KENNEBUNKPORT, ME 04046	N/A	501(C)(3)	GENERAL	200
KEREM SHALOMPO BOX 1646 CONCORD, MA 01742	N/A	501(C)(3)	GENERAL	1,000
KEREM SHALOMPO BOX 1646 CONCORD, MA 01742	N/A	501(C)(3)	GENERAL	40,000
Total ▶ 3a				2,332,275

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
KEREM SHALOMPO BOX 1646 CONCORD, MA 01742	N/A	501(C)(3)	GENERAL	440
LINCOLN LAND CONSERVATION TRUST 145 LINCOLN RD STE 102A LINCOLN, MA 01773	N/A	501(C)(3)	GENERAL	250
LINCOLN MMCPO BOX 393 LINCOLN, MA 01773	N/A	501(C)(3)	GENERAL	500
Total ▶ 3a				2,332,275

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
LINCOLN NURSERY SCHOOL 51 SANDY POND RD LINCOLN, MA 01773	N/A	501(C)(3)	GENERAL	500
LINCOLN NURSERY SCHOOL 51 SANDY POND RD LINCOLN, MA 01773	N/A		GENERAL	500
LINCOLN OLD TOWN HALL CORPORATION 25 LINCOLN RD LINCOLN, MA 01773	N/A		GENERAL	1,000
Total ▶ 3a				2,332,275

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
LINCOLN SCHOLARSHIP COMMITTEE 16 LINCOLN RD LINCOLN, MA 01773	N/A		GENERAL	200
LINCOLN SCHOOL FOUNDATION 6 BALLFIELD RD LINCOLN, MA 01773	N/A		GENERAL	250
LOUIS T GRAVES MEMORIAL PUBLIC LIBRARY 18 MAINE ST KENNEBUNKPORT, ME 04046	N/A		GENERAL	200
Total ▶ 3a				2,332,275

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
LYN STACIE GETZ FOUNDATION 101 W MT ROYAL AVE BALTIMORE, MD 21201	N/A		GENERAL	1,000
MASSACHUSETTS GENERAL HOSPITAL CANCER CENTER 55 FRUIT ST BOSTON, MA 02114	N/A		GENERAL	10,000
MHSA (MASSACHUSETTS HOUSING AND SHELTER ALLIANCE) PO BOX 120070 BOSTON, MA 02112	N/A		GENERAL	250
Total ▶ 3a				2,332,275

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
THE MEADOWBROOK SCHOOL 10 FARM RD WESTON, MA 02493	N/A		GENERAL	5,000
MIDDLESEX SCHOOL1400 LOWELL RD CONCORD, MA 01742	N/A		GENERAL	30,000
MIDDLESEX SCHOOLPO BOX 9122 CONCORD, MA 01742	N/A		GENERAL	220,000
Total ▶ 3a				2,332,275

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MINUTE MAN ARC35 FOREST RIDGE RD CONCORD, MA 01742	N/A		GENERAL	1,000
ORCHARD HOUSE399 LEXINGTON RD CONCORD, MA 01742	N/A		GENERAL	500
PINE STREET INN444 HARRISON AVE BOSTON, MA 02118	N/A		GENERAL	200
Total ▶ 3a				2,332,275

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PLANNED PARENTHOOD LEAGUE OF MASSACHUSETTS 1055 COMMONWEALTH AVE BOSTON, MA 02110	N/A		GENERAL	2,500
RADCLIFFE INSTITUTE 124 MOUNT AUBURN ST CAMBRIDGE, MA 02138	N/A		GENERAL	500
ROSIE'S PLACE889 HARRISON AVE BOSTON, MA 02118	N/A		GENERAL	250
Total ▶ 3a				2,332,275

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
UASPIRE31 MILK STREET BOSTON, MA 02109	N/A		GENERAL	5,000
THE UMBRELLA40 STOW ST CONCORD, MA 01742	N/A		GENERAL	200
WILLIAM JAMES COLLEGE ONE WELLS AVE NEWTON, MA 02459	N/A		GENERAL	201
Total ▶ 3a				2,332,275

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
WORCESTER JCC (JEWISH COMMUNITY CENTER) 633 SALISBURY ST WORCESTER, MA 01609	N/A		GENERAL	250
THE CITY OF WORCESTER20 IRVING ST WORCESTER, MA 01609	N/A		GENERAL	88,712
WOUNDED WARRIOR PROJECT 4899 BELFORT RD JACKSONVILLE, FL 32256	N/A		GENERAL	250
Total ▶ 3a				2,332,275

TY 2017 Accounting Fees Schedule

Name: THE LINDA HAMMETT ORY & ANDREW ORY
CHARITABLE TRUST

EIN: 38-7082936

Accounting Fees Schedule

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ANDERSEN TAX, LLC PREP FEES	19,790	0	0	0

TY 2017 Investments Corporate Bonds Schedule

Name: THE LINDA HAMMETT ORY & ANDREW ORY
CHARITABLE TRUST

EIN: 38-7082936

Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
FIDELITY BONDS	1,376,236	1,381,368

TY 2017 Investments Corporate Stock Schedule

Name: THE LINDA HAMMETT ORY & ANDREW ORY
CHARITABLE TRUST

EIN: 38-7082936

Name of Stock	End of Year Book Value	End of Year Fair Market Value
FIDELITY STOCKS	8,350,543	11,981,955

TY 2017 Investments Government Obligations Schedule

Name: THE LINDA HAMMETT ORY & ANDREW ORY
CHARITABLE TRUST

EIN: 38-7082936

**US Government Securities - End
of Year Book Value:**

1,168,564

**US Government Securities - End
of Year Fair Market Value:**

1,167,025

**State & Local Government
Securities - End of Year Book
Value:**

0

**State & Local Government
Securities - End of Year Fair
Market Value:**

0

TY 2017 Investments - Other Schedule

Name: THE LINDA HAMMETT ORY & ANDREW ORY
CHARITABLE TRUST

EIN: 38-7082936

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
MUTUAL FUNDS	AT COST	873,853	1,079,775
AMERICAN TOWER CORPORATION	AT COST	282,543	428,010
CEDAR FAIR LP	AT COST	370,525	448,431
BLACKSTONE GROUP LP	AT COST	413,504	505,916

TY 2017 Other Expenses Schedule

Name: THE LINDA HAMMETT ORY & ANDREW ORY
CHARITABLE TRUST

EIN: 38-7082936

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PASSTHROUGH EXPENSES	1,234	111	0	0
BANK AND WIRE FEES	120	0	0	0

TY 2017 Other Income Schedule

Name: THE LINDA HAMMETT ORY & ANDREW ORY
CHARITABLE TRUST

EIN: 38-7082936

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
PASSTHROUGH - ORDINARY LOSS	-11,665	-11,665	-11,665

TY 2017 Other Increases Schedule

Name: THE LINDA HAMMETT ORY & ANDREW ORY
CHARITABLE TRUST

EIN: 38-7082936

Description	Amount
UNREALIZED GAIN (LOSS)	7,643

TY 2017 Other Professional Fees Schedule

Name: THE LINDA HAMMETT ORY & ANDREW ORY
CHARITABLE TRUST

EIN: 38-7082936

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT FEES	113,613	113,613	0	0
BEECHTREE PROFESSIONAL SERVICES	1,500	0	0	0

TY 2017 Taxes Schedule

Name: THE LINDA HAMMETT ORY & ANDREW ORY
CHARITABLE TRUST

EIN: 38-7082936

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL 990-PF EXTENSION PAYMENT	10,400	0	0	0
FOREIGN TAXES	1,826	1,826	0	1,826
FEDERAL ESTIMATED PAYMENT	3,000	0	0	0

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93491320007118	
Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service		Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990			OMB No 1545-0047 2017
Name of the organization THE LINDA HAMMETT ORY & ANDREW ORY CHARITABLE TRUST				Employer identification number 38-7082936	

Organization type (check one)

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organizationTHE LINDA HAMMETT ORY & ANDREW ORY
CHARITABLE TRUST**Employer identification number**

38-7082936

Part I **Contributors** (See instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LINDA G HAMMETT ORY AND ANDREW D ORY PO BOX 6358 LINCOLN, MA 01773	\$ 292,257	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization THE LINDA HAMMETT ORY & ANDREW ORY CHARITABLE TRUST	Employer identification number 38-7082936
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Part II **Noncash Property** (See instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	3398 SHS OF MO	\$ 239,831	2017-05-04
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	5050 SHS OF GGNPF	\$ 23,735	2017-05-08
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	180 SHS OF IMBBY	\$ 8,541	2017-05-04
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	312 SHS OF RAI	\$ 20,150	2017-05-04
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

Name of organizationTHE LINDA HAMMETT ORY & ANDREW ORY
CHARITABLE TRUST**Employer identification number**

38-7082936

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