2018 EXTENDED TO NOVEMBER 15

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. Go to www.irs.gov/Form990PF for instructions and the latest information.

		ndar year 2017 or tax year beginning		, and ending	\	Open to Public inspection
		of foundation		, and ending	A. Forelesson identification	
14	aiiie C	nioundation			A Employer identification	n number
	TCE	FAMILY FOUNDATION			47-4324008	?
		and street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	<u> </u>
		GROVE STREET		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	617-726-72	52
		town, state or province, country, and ZIP or foreign p	netal code		i	
		DHAM, MA 02492	Usiai code		C If exemption application is p	bending, check here
		k all that apply: Initial return	Initial return of a fe	ormer public charity	D 1. Foreign organization:	s chack hara
u	Unec	Final return	Amended return	officer public charity	1. Foreign organizations	s, check here
		Address change	Name change	. 1	2 Foreign organizations me check here and attach co	seting the 85% test,
H	Chec	k type of organization: X Section 501(c)(3) ex		F /	.]	
Ϊ̈	_		Other taxable private foundation	ation () \Box	E If private foundation sta under section 507(b)(1	· · · · · · · · · · · · · · · · · · ·
_ <u>_</u> _		arket value of all assets at end of year J Accounti		Accrual		
		·	ther (specify)	7.001.001	F If the foundation is in a under section 507(b)(1	
ì	S	906,354. (Part I, colun	nn (d) must be on cash basi	s.)		(D), GHOOK HOLD
∠ ſĔ	art	Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
,		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)
(1	Contributions, gifts, grants, etc., received	275,118.		N/A	1
•	2	Check If the foundation is not required to attach Sch. B				
	3	Interest on savings and temporary cash investments				1
	4	Dividends and interest from securities	12,113.	12,113.		STATEMENT 2
	58	Gross rents	5			
	t	Net rental income or (loss)	· ·			
	∫ 68	Net gain or (loss) from sale of assets not on line 10	-1,425.			STATEMENT 1
	≝ t	Gross sales price for all assets on line 6a 341,552.				
	8 7	Capital gain net income (from Part IV, line 2)		289,952.		
C	8	Net short-term capital gain				
2019	9	Income modifications				
20	108	Gross sales less returns and allowances				
~	1	Less Cast of goods sold				'
c 0	(Gross profit or (loss)				
EB	11	Other income	239.	239.	ļ —	STATEMENT 3
II.	12	Total Add lines 1 through 11	286,045.	302,304.		<u> </u>
E	13	Compensation of officers, directors, trustees, etc	0.	0.		0.
"	14	Other employee salaries and wages				
Z	15	Pension plans, employee benefits				
A.	<u> </u> 16	Legal fees	1 240		 	1 240
S		Accounting fees STMT 4	1,340.	0.	DECENT	1,340.
Ú	0 .	Other professional fees			RECEIVE	
4	17	Interest			92	
į	18	Taxes STMT 5	3,000.	0.	NOV 21 201	
	2 19	Depreciation and depletion				
	20	Occupancy Travel, conferences, and meetings			OGUEN, t	
3	21	Printing and publications			0000	
į	5 22 20 23	_	35.	0.		35.
1	24	•				
SCA	֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	expenses. Add lines 13 through 23	4,375.	0.		1.375.
ć	25		35,100.			1,375. 35,100.
	26					
	-	Add lines 24 and 25	39,475.	0.		36,475.
_	27		33,12.34			,
		Excess of revenue over expenses and disbursements	246,570.			1
	- 1	Net investment income (if negative, enter -0-)		302,304.		
	4	Adjusted net income (if negative, enter -0-)			N/A	

	22	Other Hadrities (describe	
	23	Total liabilities (add lines 17 through 22)	
		Foundations that follow SFAS 117, check here	
		and complete lines 24 through 26, and lines 30 and 31 °	
Çes	24	Unrestricted	
<u>[a</u> n	25	Temporarily restricted	
Ba	26	Permanently restricted	
ď		Foundations that do not follow SFAS 117, check here	
or Fund Balances		and complete lines 27 through 31	
	27	Capital stock, trust principal, or current funds	
sets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	

29 Retained earnings, accumulated income, endowment, or other funds

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

21 Mortgages and other notes payable

30 Total net assets or fund balances

31 Total liabilities and net assets/fund balances

<u> </u>	
0.	0.
0.	0.
<u>540,555.</u>	787,125.
540,555.	787,125.
540,555.	787,125.

0.

0

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	540,555
2	Enter amount from Part I, line 27a	2	246,570
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4	787,125
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	787,125

Form **990-PF** (2017)

<u> </u>		osses for Tax on In			10.71				
		s) of property sold (for exar or common stock, 200 shs		ite,	(b) Ho P - F D - I	w acquired Purchase Donation	(c) Date (mo , c	acquired day, yr)	(d) Datè sold (mo , day, yr.)
1a CHEMOURS COMPA	NY					D	05/1	4/15	01/12/17
b CINCINNATI FIN		RP				D	_	8/09	01/13/17
c PANERA BREAD C	O CL	A				D	12/2	6/07	07/19/17
d CAPITAL GAINS	DIVI	DENDS							
_e					<u> </u>				
(e) Gross sales price	(f)	Depreciation allowed (or allowable)		st or other basis expense of sale				Sain or (loss s (f) minus	
_a 4,856.				1,92					2,931.
<u>b</u> 56,143.				17,67					38,467.
<u>c</u> 275,625.				31,99	99.				243,626.
_d 4,928.	_								4,928.
Complete only for accets showing		column (h) and award by t	the foundation	n on 12/21/60	-		//\ Co //	2al (b) as a	
Complete only for assets showing		·						Col (h) gain not less tha	
(i) FMV as of 12/31/69		(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any		v	Losses	(from col (h)) /
		45 01 12/01/00		00 (), 0	-+				2,931.
_a _b		 -	· - -						38,467.
									243,626.
_c					-+				4,928.
e					$\overline{}$				4,520.
		C 16 ann also antes	ın Dantı lına		$\overline{}$				
2 Capital gain net income or (net ca	oital loss	If gain, also enter $\{f(loss), enter -0-\}$	in Part I, line	<i>1</i> 7	 	2			289,952.
·		•		•				<u></u> _	
3 Net short-term capital gain or (los if gain, also enter in Part I, line 8,			u (b)		1				
If (loss), enter -0- in Part I, line 8	0010111111	·).] j	3		N/A	
Part V Qualification U	nder S	Section 4940(e) for	Reduced	Tax on Net	Inves	stment In	come		
Was the foundation liable for the sect of "Yes," the foundation doesn't qualification that the appropriate amount in a section.	tion 4942 y under s	tax on the distributable amsection 4940(e). Do not com	plete this par	t		<u></u>			Yes X No
(a) Base period years		(b)			(c)			Distrit	(d). oution ratio
Calendar year (or tax year beginnii	ng ın)	Adjusted qualifying dist	tributions	Net value of no	oncharita	ible-use asset	s	(col (b) div	rided by col. (c))
2016			5,800.			491,74	7.		.052466
2015		1	8,840.			<u>414,43</u>	2		.045460
2014									
2013									··
2012									
2 Total of line 1, column (d)							2		.097926
3 Average distribution ratio for the state the foundation has been in exister	-	· ·	on line 2 by 5 (0, or by the numb	er of yea	ars	3		048963
4 Enter the net value of noncharitab	ام-برده عد	seats for 2017 from Part X I	ıne 5				4		753,639.
	16 036 03	sols for 2017 from at X, 1							
5 Multiply line 4 by line 3							5		36,900.
6 Enter 1% of net investment incom	ne (1% o	f Part I, line 27b)					6		3,023.
7 Add lines 5 and 6							7		39,923.
8 Enter qualifying distributions from	n Part XII	, line 4		•			8		36,475.
If line 8 is equal to or greater than See the Part VI instructions	line 7, c	heck the box in Part VI, line	1b, and comp	lete that part usin	ng a 1% i	tax rate.			
									000 DE (0047

	990-PF (2017)			Page 4
1a	Exempt operating foundations described in section 4940(d)(2), check here 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 and enter 1%	-	6.0	46.
_	of Part I, line 27b		<u> </u>	
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).			•
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			0.
3	Add lines 1 and 2		6,0	46.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		6,0	46.
6	Credits/Payments:			
а	2017 estimated tax payments and 2016 overpayment credited to 2017 [6a] 2,320.			ı l
b	Exempt foreign organizations - tax withheld at source			:
C	Tax paid with application for extension of time to file (Form 8868) 6c 0 •			
d	Backup withholding erroneously withheld 6d 0.			i
	Total credits and payments. Add lines 6a through 6d		$2,\bar{3}$	20.
8	Enter any penalty for underpayment of estimated tax. Check here 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		3,7	26.
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
_11	Enter the amount of line 10 to be: Credited to 2018 estimated tax			
Pa	rt VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	No
	any political campaign?	1a		_X_
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b		<u>X</u> _
	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.			
C	Did the foundation file Form 1120-POL for this year?	10		_X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			1
	(1) On the foundation. ▶ \$ 0 . (2) On foundation managers. ▶ \$ 0 .			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	1 1		,
	managers > \$O.			i
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		_X
	If "Yes," attach a detailed description of the activities.			1
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or		_	1
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		_X_
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	_4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		<u>X</u> _
	If "Yes," attach the statement required by General Instruction T			ı
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			ł
	By language in the governing instrument, or	1 1		
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law			-1
	remain in the governing instrument?	6		_X_
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	X	
				+
8a	Enter the states to which the foundation reports or with which it is registered. See instructions			\$
	MA			;
þ	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? If "No," attach explanation	8b	X	
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 tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV	9		$\perp x \perp$
10_	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses STMT 10	10	X	(00.47)
	FC	rm 990	1-PF	(2017)

<u></u> `	The All Statements Regulating Activities (continued)			
	·		Yes	No
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 '		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?	40		v
12	If "Yes," attach statement See instructions Did the foundation comply with the public inspection requirements for its annual returns and exemption application? N/A	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? N/A Website address N/A			<u> </u>
14	The books are in care of ► DOMENIC COLASACCO Telephone no. ► (617)	726	-72	52
•	Located at ► 426 GROVE STREET, NEEDHAM, MA ZIP+4 ►0	_		<u> </u>
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	1		١.
	foreign country	<u> </u>		<u></u> !
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required		τ,	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
18	During the year, did the foundation (either directly or indirectly):			,
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	i		l .
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(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)?			.
	(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.)			
t	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 N/A	1b		<u> </u>
	Organizations relying on a current notice regarding disaster assistance, check here			ļ ,
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?	1c		X
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?	}		
	If "Yes," list the years \blacktriangleright			<u> </u>
t	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) N/A	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			
2.	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		'	1
06	during the year? — Yes X No			
h	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after	1		:
•	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		j	1
	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,			<u>'</u> '
	Form 4720, to determine if the foundation had excess business holdings in 2017.) N/A	3b		L
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
t	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		X
	Fo	rm 99 0	J-PF	(2017)

Form 990-PF (2017)

Total number of other employees paid over \$50,000

Form 990-PF (2017) JSP FAMILY FOUNDATION	47-4	324008 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	on Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "N	IONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
MARC A. ELFMAN, LLC		•
50 CONGRESS STREET, #925, BOSTON, MA 02109	TAX PREPARATION	1,200.
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 number of organizations and other beneficiaries served, conferences convened, research papers product	I information such as the	Expenses
1 N/A	70,00	
2		
3		
4		
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on line	s 1 and 3.	Amount
1 N/A	1	
2		
All other program-related investments. See instructions		
3		
		•
Total, Add lines 1 through 3	—	_0.
		Form 990-PF (2017)

P	art X Minimum Investment Return (All domestic foundations must complete this part Foreign four	ndations,	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
·	Average monthly fair market value of securities	1a	739,441.
ь	Average of monthly cash balances	1b	25,675.
c	Fair market value of all other assets	1c	
ď	Total (add lines 1a, b, and c)	1d	765,116.
e			
_	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	765,116.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	11,477.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	753,639.
6	Minimum investment return Enter 5% of line 5	6	37,682.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an foreign organizations, check here and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	37,682.
2a	Tax on investment income for 2017 from Part VI, line 5 2a 6,046.		
b	Income tax for 2017 (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	6,046.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	31,636.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	31,636.
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	31,636.
P	art 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	36,475.
b	Program-related investments - total from Part IX-B	1b	0.
?	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	<u> </u>
3	Amounts set aside for specific charitable projects that satisfy the:		
а	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	<u>36,475.</u>
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	5	0.
6	Adjusted qualifying distributions Subtract line 5 from line 4	_6	<u>36,475.</u>
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation q	jualifies for	the section
	4040(a) radiction of tay in those years		

Form **990-PF** (2017)

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				31,636.
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only			0.	
b Total for prior years		•		•
3 Excess distributions carryover, if any, to 2017		0.		
a From 2012				:
b From 2013				
c From 2014				1
d From 2015 11, 479.				
e From 2016 2,533.				i
f Total of lines 3a through e	14,012.			
4 Qualifying distributions for 2017 from				
Part XII, line 4: ►\$,
a Applied to 2016, but not more than line 2a			0.	i
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		ļ
c Treated as distributions out of corpus	· · · · · · · · · · · · · · · · · · ·			
(Election required - see instructions)	0.			
d Applied to 2017 distributable amount				31,636.
e Remaining amount distributed out of corpus	4,839.			
5 Excess distributions carryover applied to 2017	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:	e .			,
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	18,851.			
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 instr		<u> </u>	0.	
f Undistributed income for 2017 Subtract				
lines 4d and 5 from line 1. This amount must				_
be distributed in 2018		<u> </u>	<u></u>	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	0.			
9 Excess distributions carryover to 2018	10 051			٠,
Subtract lines 7 and 8 from line 6a	18,851.			<u> </u>
10 Analysis of line 9.			1	,
a Excess from 2013				٠ ، ١
b Excess from 2014				,
c Excess from 2015 11,479.	•			
d Excess from 2016 2,533.				
e Excess from 2017 4,839.				5 000 DE (0047)

Form 990-PF (2017) Part XIV Private Operating F	ILY FOUNDAT		//I.A. question (1)		324008 Page 10
1 a If the foundation has received a ruling				N/A	
foundation, and the ruling is effective for	\		•		
b Check box to indicate whether the found	\	-	I in section	4942(J)(3) or	4942())(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(%) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
investment return from Part X for	· /			/	
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,		1			
line 4 for each year listed				/	
d Amounts included in line 2c not					
used directly for active conduct of exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.	Ì				
Subtract line 2d from line 2c	,				
3 Complete 3a, b, or c for the alternative test relied upon;		X			
a "Assets" alternative test - enter:		/ `	\		
(1) Value of all assets			\		
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)				<u> </u>	
b "Endowment" alternative test - enter		1			
2/3 of minimum investment return shown in Part X, line 6 for each year listed		_			
c "Support" alternative test - enter:	,				
(1) Total support other than gross			\		j
investment income (interest,		}			
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public	[
and 5 or more exempt organizations, as provided in				. \	
section 4942(j)(3)(B)(iii)			<u> </u>	\perp	_
(3) Largest amount of support from					
an exempt organization	•	ļ	 	 	\
(A) Gross investment income	1 (01-	4 - 41-1 4 1	if Alas favoral asian	- h = d &C 000 = = =	
Part XV Supplementary Info			if the foundation	າ nad ຈວ,ບບບ or n	iore in assets
		uctions.,			
1 Information Regarding Foundation	-	than 00/ of the total ear	stributions resoured by the	a faundation hafara tha a	loop of any tay
a List any managers of the foundation wh year (but only if they have contributed n			unbullons received by the	e toutioation before the c	lose of any tax
NONE		(-)(-)-			
b List any managers of the foundation wh	no own 10% or more of th	ne stock of a cornoration	(or an equally large ports	on of the ownership of a	partnership or
other entity) of which the foundation ha			(or air equally large port	on or the ownership or a	partition of the
NONE					
2 Information Regarding Contribut	ion, Grant, Gift, Loan,	Scholarship, etc., P	rograms:		
Check here X if the foundation of the foundation makes gifts, grants, etc.,	only makes contributions	to preselected charitable	e organizations and does		quests for funds. If
a The name, address, and telephone num					
a The hame, address, and telephone norm	oci oi cinali adaless oi ti	to person to whom appr	ioditorio circula de adares		•
				•	
b The form in which applications should be	pe submitted and informa	tion and materials they s	should include:		
c Any submission deadlines.	·				
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields	s, kinds of institutions, or	other factors	
,	-, as o, goograpino		,		
723601 01-03-18					Form 990-PF (2017)

Part XV Supplementary Informati		Davim ant		**
3 Grants and Contributions Paid During the Recipient	If recipient is an individual,			
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
a Paid during the year				
WALNUT STREET SHUL	NONE	N/A	UNRESTRICTED GIFT FOR	
145 WALNUT STREET	4		ITS GENERAL PURPOSES	
CHELSEA, MA 02150		-		350
KATIE BROWN EDUCATIONAL PROGRAM	NONE	N/A	UNRESTRICTED GIFT FOR	
209 BEDFORD STREET, SUITE 302			ITS GENERAL PURPOSES	
FALL RIVER, MA 02720		-		1,000,
			,	
			UNRESTRICTED GIFT FOR	
		 	ITS GENERAL PURPOSES	
AIDS ACTION COMMITTEE	NONE ·	N/A	UNRESTRICTED GIFT FOR	
75 AMORY STREET	•		ITS GENERAL PURPOSES	
BOSTON, MA 02119				500.
	,			
APCC	NONE	N/A	UNRESTRICTED GIFT FOR	
482 MAIN STREET			ITS GENERAL 'PURPOSES	
DENNIS MA 02638	LOYMET NEED TO LEGIS		N 0:	500.
	CONTINUATION SHE	ET(S)	▶ 3a	35,100.
b Approved for future payment	. '			
NONE		}		
	·	-		
	t			
	•	 		-
•				ŧ
Tabel	1	<u> </u>		
Total			▶ 3b	0.

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income		Exclu	ded by section 512, 513, or 514	(e)	
	(a) Business	(b) Amount	(C) Exclu- sion code	(d) . Amount	Related or exempt function income	
1 Program service revenue:	code		code	, intoditi		
a	-	- · 		·		
b		-				
<u> </u>			\vdash			
d			-	- 		
e '	- 					
	-					
g Fees and contracts from government agencies	-	 -				
2 Membership dues and assessments				-		
3 Interest on savings and temporary cash						
Investments	 		1 4	10 110		
4 Dividends and interest from securities			14	12,113.		
5 Net rental income or (loss) from real estate:		· 				
a Debt-financed property	-			·		
b Not debt-financed property						
6 Net rental income or (loss) from personal	1		1			
property		·	-	000		
7 Other investment income			14	239.		
8 Gain or (loss) from sales of assets other			امما	4 405		
than inventory			14	-1,425.		
9 Net income or (loss) from special events	-	<u></u>				
10 Gross profit or (loss) from sales of inventory	-					
11 Other revenue:						
a	-					
b	1					
<u> </u>						
d	•					
e				10.007		
12 Subtotal Add columns (b), (d), and (e)		0.	L I		0.	
13 Total Add line 12, columns (b), (d), and (e)				13	10,927.	
(See worksheet in line 13 instructions to verify calculations)						
Part XVI-B Relationship of Activities t	to the Acco	mplishment of Ex	emp	t Purposes		
Land No.		a saturan (a) of Part VVII A		t.d .magazta.ath. to the account	-lichmost of	
Explain below how each activity for which income the foundation's exempt purposes (other than			COULLID	uted importantly to the accom	plishment of	
the foundation's exempt purposes (other than	by providing fur	ius ioi sucii purposes).				
				·	-	
	_ _	-				
						
 -	-					
						
	·					
				<u> </u>		
					 _	
	- • -				<u> </u>	
						
		_ _				
_ _				 		
 						

723821 01-03-18

Pai	T AVII	Information Re Exempt Organ	egarding Transfers to a	and Transactions a	ind Relationsh	nips With Nonch	aritable	
	Did the ei				an deserted in east		Vo	s No
			rectly engage in any of the following	• •		וטוו טט ו(ט)		12 140
			nizations) or in section 527, relation]
	(1) Cash		ation to a noncharitable exempt o	organization of			10(1)	v
	(1) Casii (2) Othe						1a(1) 1a(2)	X
		rassets rsactions:					18(2)	^-
		s of assets to a noncharital	ible exempt organization				1b(1)	x
			ncharitable exempt organization				1b(2)	X
		al of facilities, equipment,	· · · · · · · · · · · · · · · · · · ·				1b(3)	X
		bursement arrangements					1b(4)	X
		is or loan guarantees					1b(5)	<u> </u>
			embership or fundraising solicitati	ions			1b(6)	X
	` '		aling lists, other assets, or paid er				1c	X
d	If the ans	wer to any of the above is	"Yes," complete the following sch	nedule. Column (b) should al	ways show the fair n	narket value of the goods	s, other assets,	
	or service	es given by the reporting fo	oundation. If the foundation recei	ved less than fair market vali	ue in any transaction	or sharing arrangement	, show in	
		·	other assets, or services received					
(a) Lir	ne no	(b) Amount involved	(c) Name of noncharitab	le exempt organization	(d) Description	of transfers, transactions, ar	nd sharing arrange	ments
		*****	N/A					
		*						
				 	 			
			c					
			}					
		 .	 	<u> </u>				
								
			c					
					<u></u>			
		•	tly affiliated with, or related to, on	ie or more tax-exempt organ	izations described			·
			on 501(c)(3)) or in section 527?				Yes L	X No
_ <u>b</u> _	It "Yes," c	omplete the following sche		(h) Tune of organization	T	(c) Description of relation	ochin '	
		(a) Name of org	janization	(b) Type of organization	<u> </u>	(c) Description of relation	isilib.	
		N/A		 -		<u></u>		
	_				-			
				 				
			that I have examined this return, includ				May the IRS discu	ss this
Sig	in 🛌	elief, it is true, correct, and con	mplete Declaration of preparer (other the	ian taxpayer) is based on all inform	nation of which preparer	nas any knowledge	eturn with the pre hown below? See	parer
Hei		XXXV		15 NOUZO1	8 Truct	ee	X Yes	No
	Sigi	nature of officer or trustee		Date	Title			
		Print/Type preparer's na	ame Preparer's	signature	Date	Check if PTIN	l .	
Pai	d		- AL	6)2		self- employed	0004400	^
	o eparer	MARC A. EL		1.2	11/14/18		0004432	
	e Only	Firm's name ► MAR	C A. ELFMAN, LI	LC		Firm's EIN ► 20-	±004563	
J3(J Jiny		CONGRESS STREE	ET, #925				
			STON, MA 02109	üΙ, π949		Phone no. (617	227-3	400
			DIVITE VALUE		 .		Form 990-P	

3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
	5. 55. 55. 55. 55. 55. 55. 55. 55. 55.	 		
BABY QUEST FOUNDATION	NONE ;	N/A	UNRESTRICTED GIFT FOR	
49 S. BARRINGTON AVENUE, #112	,		ITS GENERAL PURPOSES	
OS ANGELES, CA 90049				1,00
	,			
BOSTON CHILDREN'S HOSPITAL	NONE	N/A	UNRESTRICTED GIFT FOR	
300 LONGWOOD AVENUE		[ITS GENERAL PURPOSES	1 00
OSTON, MA 02115				1,00
BROADMOOR WILDLIFE SANCTUARY (MASS	NONE .	N/A	UNRESTRICTED GIFT FOR	
AUDUBON)		,	ITS GENERAL PURPOSES	
280 ELIOT STREET				
NATICK, MA 01760				2,50
CASA MYRNA VAZQUEZ	NONE	N/A	UNRESTRICTED GIFT FOR ITS GENERAL PURPOSES	
PO BOX 180019 BOSTON MA 02118			ITS GENERAL FORFOSES	50
20100, 111 02110	4			
COMMUNITY SERVINGS	NONE	N/A	UNRESTRICTED GIFT FOR	
18 MARBURY TERRACE	HONE	,,,,	ITS GENERAL PURPOSES	
JAMAICA PLAIN, MA 02130				50
			,	
CRADLES TO CRAYONS	NONE	N/A	UNRESTRICTED GIFT FOR	
155 NORTH BEACON STREET		[""	ITS GENERAL PURPOSES	
BOSTON, MA 02135				1,00
DANA FARBER	NONE	N/A	UNRESTRICTED GIFT FOR	
450 BROOKLINE AVENUE			ITS GENERAL PURPOSES	•
BROOKLINE, MA 02215	•	 	_	1,00
JEWISH COMMUNITY HOUSING FOR THE	NONE	N/A	UNRESTRICTED GIFT FOR	
ELDERLY			ITS GENERAL PURPOSES	
30 WALLINGFORD ROAD	· c			
BOSTON, MA 02135				2,00
				1
MASSACHUSETTS AUDUBON SOCIETY	NONE	N/A	UNRESTRICTED GIFT FOR	
208 S GREAT ROAD	·	ļ	ITS GENERAL PURPOSES	
LINCOLN, MA 01773		 	+	2,50
PLANNED PARENTHOOD	NONE .	N/A	UNRESTRICTED GIFT FOR	
1225 4TH STREET NE			ITS GENERAL PURPOSES	1 00
VASHINGTON DC 20002 Total from continuation sheets		<u> </u>		1,00 32,75

JSP FAMILY FOUNDATION

Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to contribution Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor **PLAYWORKS** NONE N/A UNRESTRICTED GIFT FOR 67 KEMBLE STREET, SUITE 3.6 ITS GENERAL PURPOSES BOSTON MA 02119 1,000, POLARIS NONE N/A UNRESTRICTED GIFT FOR PO BOX 65323 ITS GENERAL PURPOSES WASHINGTON, DC 20035 500, LEUKEMIA & LYMPHOMA SOCIETY NONE UNRESTRICTED GIFT FOR N/A 70 WALNUT STREET, SUITE 301 ITS GENERAL PURPOSES WELLESLEY MA 02481 500. UNRESTRICTED GIFT FOR BOSTON CELTICS SHAMROCK FOUNDATION N/A NONE ITS GENERAL PURPOSES 226 CAUSEWAY STREET, 4TH FLOOR 1,000. BOSTON, MA 02114 NONE UNRESTRICTED GIFT FOR BIRDS CARIBBEAN N/A 4201 WILSON BLVD., SUITE 110-174 ITS GENERAL PURPOSES € 1,000. ARLINGTON VA 22203-1589 UNRESTRICTED GIFT FOR N/A ISLAND HEALTH AND WELLNESS CENTER NONE ITS GENERAL PURPOSES 5000 ESTATE ENIGHED PMB 311 10,000. ST. JOHN, VI 00830 ORLEANS CONSERVATION TRUST UNRESTRICTED GIFT FOR NONE N/A ITS GENERAL PURPOSES 203 SOUTH ORLEANS ROAD 500. ORLEANS, MA 02653 N/A INRESTRICTED GIFT FOR NONE FRIENDS OF PLEASANT BAY ITS GENERAL PURPOSES 2287 MA-28 250, HARWICH MA 02645 ENDICOTT COLLEGE NONE ' N/A UNRESTRICTED GIFT FOR ITS GENERAL PURPOSES 376 HALE STREET 5,000, BEVERLY, MA 01915 Total from continuation sheets

Schedule B (Form 990, 990-EZ,

or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ➤ Go to www.irs.gov/Form990 for the latest information.

¢

OMB No 1545-0047

Employer identification number

JS	SP FAMILY FOUNDATION	47-4324008
Organization type (check o	ne)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
Priers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation 4 501(c)(3) taxable private foundation 4 501(c)(3) taxable private foundation 6 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 7 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling is property) from any one contributor Complete Parts I and II See instructions for determining a contributor's special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to sections 509(a)(1) and 170(b)(1)(A)(v), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, can organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ hat received from a year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educative 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 a year, total contributions or more than \$1,000 exclusively for religious, charitable, scientific, literary, or educative prevention of cruelty to children or animals. Complete Parts I, III, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled mo is checked, enter here the total contributions that we		
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	,
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	•	
		ule See instructions
General Rule		
	· · · · · · · · · · · · · · · · · ·	
Special Rules	•	
sections 509(a)(1) any one contributo	and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a or, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amou	, or 16b, and that received from
year, total contribu	itions of more than \$1,000 excluşively for religious, charitable, scientific, literary, or educ	
year, contributions is checked, enter h purpose Don't cor	exclusively for religious, charitable, etc., purposes, but no such contributions totaled note the total contributions that were received during the year for an exclusively religious applete any of the parts unless the General Rule applies to this organization because it	nore than \$1,000 If this box s, charitable, etc ,
	•	
		5 550 i i , i ait i, iii6 2, to
LHA For Paperwork Redu	action Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule	B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

Employer identification number

JSP FAMILY FOUNDATION

47-4324008

Part I	Contributors (see instructions) Use duplicate copies of Part I if	fadditional space is needed	·
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DOMENIC COLASACCO 426 GROVE STREET NEEDHAM, MA 02492	\$\$\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Name of organization

Employer identification number

JSP FAMILY FOUNDATION

47-4324008

Part II	Noncash Property (see instructions) Use duplicate copies of Pa	art 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	875 SHS PANERA BREAD CO (PNRA)	s275,118.	05/31/17
(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
		\$	
(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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

ame of organize	ation		Employer identification number			
JSP FAMI	LY FOUNDATION		47-4324008			
Part III	Exclusively religious, charitable, etc., con the year from any one contributor. Complete	columns (a) through (e) and the fol	ed in section 501(c)(7), (8), or (10) that total more than \$1,000 fo			
	completing Part III, enter the total of exclusively religio	us, charitable, etc., contributions of \$1,000	O or less for the year (Enler this info once)			
(a) No.	Use duplicate copies of Part III if addition	nai space is needed				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of g	gift			
	Transferencia nome address d	and 71D : 4	Delationship of transferor to transferor			
-	Transferee's name, address, a	and 21P + 4	Relationship of transferor to transferee			
			-			
(a) No.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		•				
		(e) Transfer of g	gift			
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
		,				
		· -				
			•			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I						
_		(e) Transfer of g	gift			
		•				
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee			
		•				
(a) No.						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		-				
		-				
		(e) Transfer of g	gift			
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee			
<u> </u>	rransieree's name, address, a	ING CIF T T	Treationarily of transferor to transferee			
						

FORM 990-PF GA	AIN OR (LOSS) E	FROM SALE	OF A	SSETS		STA	TEMENT	1
(A) DESCRIPTION OF PROPERTY	•			ANNER QUIRED		TE IRED	DATE S	OLI
CHEMOURS COMPANY	_		DO	NATED	05/1	4/15	01/12	/17
(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE SALE	OF	(E) DEPRE	c.	GAIN	(F)	S
4,856.	5,307.		0.		0.		-4	51.
(A) DESCRIPTION OF PROPERTY	1			ANNER QUIRED		TE IRED	DATE S	OLD
CINCINNATI FINL CORP	_		DO:	NATED	03/1	8/09	01/13	/17
(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE SALE	OF	(E) DEPRE	c.	GAIN	(F) OR LOS	S
56,143.	62,552.		0.		0.		-6,4	09.
(A) DESCRIPTION OF PROPERTY				ANNER QUIRED		TE IRED	DATE S	OLD
PANERA BREAD CO CL A	•		DO	NATED	12/2	6/07	07/19	/17
(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE SALE	OF	(E) DEPRE	c.	GAIN	(F)	s
275,625.	275,118.		0.		0.		5	07.
CAPITAL GAINS DIVIDENDS	FROM PART IV				· · ·		4,9	28.
TOTAL TO FORM 990-PF, PA	ART I, LINE 6A						-1,4	 25.

FORM 990-PF DIVIDEN	DS AND INTER	EST FROM SECU	JRITIES S	TATEMENT 2
SOURCE GROSS AMOUNT	CAPITAL GAINS DIVIDEND	REVENUE	(B) NET INVEST- MENT INCOME	
DIVIDENDS - US BANK 17,04	·	8. 12,113	3. 12,113.	
TO PART I, LINE 4 17,04	1. 4,92	8. 12,113	12,113.	
FORM 990-PF	OTHER I	NCOME	S	TATEMENT 3
DESCRIPTION	3	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
SHAREHOLDER SERVICE FEE REFU	ND	239.	239.	
TOTAL TO FORM 990-PF, PART I	, LINE 11	239.	239.	
FORM 990-PF	ACCOUNTI	NG FEES	S	TATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
MARC A. ELFMAN LLC. US BANK	1,200.	0.		1,200.
TO FORM 990-PF, PG 1, LN 16B	1,340.	0.		1,340.
FORM 990-PF	TAX	ES	S	TATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
DESCRIPTION				
UNITED STATES TREASURY	3,000.	0.		0.

FORM 990-PF	OTHER EXPENSES				STATEMENT	6
DESCRIPTION	(A) (B) EXPENSES NET INVEST PER BOOKS MENT INCOM			(C) ADJUSTEI NET INCON		
COMMONWEALTH OF MASSACHUSETTS FILING FEE	35.		Ò.			35.
TO FORM 990-PF, PG 1, LN 23 =	35.		0.			35.
FORM 990-PF	CORPORAT	E STOCK			STATEMENT	7
DESCRIPTION			вос	OK VALUE	FAIR MARKE VALUE	т
250 SHS CAMBRIDGE BANCORP 301 SHS CHUBB LTD				12,005. 33,435.	19,9 43,9	
TOTAL TO FORM 990-PF, PART II, LINE 10B				45,440.	63,9	35.
FORM 990-PF	CORPORAT	E BONDS			STATEMENT	8
DESCRIPTION			вос	OK VALUE	FAIR MARKE VALUE	т
2,722.325 SHS BOSTON TRUST ASS 3,648.454 SHS BOSTON TRUST MID 1,017.186 SHS VANGUARD 500 IND	CAP	NT		108,438. 58,875. 523,000.	127,6 62,9 600,4	72.
TOTAL TO FORM 990-PF, PART II,	LINE 10C	·		690,313.	791,0	47.
FORM 990-PF	OTHER A	ASSETS			STATEMENT	9
DESCRIPTION		NING OF K VALUE		OF YEAR OK VALUE	FAIR MARKE VALUE	т
ACCRUED INCOME ADJUSTMENT FOR BOOK TO TAX -	•	978.		243.	2	43.
CHUBB MERGER	·	46,497.		0.		0.
TO FORM 990-PF, PART II, LINE	15	47,475.		243.	2	43.

STATEMENT LIST OF SUBSTANTIAL CONTRIBUTORS FORM 990-PF PART VII-A, LINE 10 NAME OF CONTRIBUTOR **ADDRESS** 426 GROVE STREET DOMENIC COLASACCO NEEDHAM, MA 02492