SCANNED MAR 0 1 2019

Department of the Treasury

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

OMB No 1545-0052

internal	Revenue Service Go to www irs		ructions and the latest in		pen to Public Inspection
	alendar year 2017 or tax year beginning	1	2/22 , 2017, and end		12/31, 2017
	of foundation PETER AND ANN LAMBE	RTUS FAMILY FO	JNDATION, INC	A Employer identif	
	BARTLETT P C	82-379461			
Numb	er and street (or P O box number if mail is not delivered	to street address)	Room/suite	B Telephone numb	er (see instructions)
3 5 5	CEDEDAI CMPDDM		'.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	NA 0424
	FEDERAL STREET		402	(617) 90	04-9424
City of	r town, state or province, country, and ZIP or foreign po	stai code	•	C If exemption applica	ation is
POC	TON MA 02110		- -	pending check here	
	STON, MA 02110				
G Che	eck all that apply X Initial return	\vdash	of a former public chai	J D I Foreign organiza	,
	Final return	Amended re		. 2 Foreign organiza 85% test, check i	
H Ch	Address change eck type of organization X Section 501	Name chang		computation .	▶ ∟_
		· — · · ·	1/	E If private foundatio	
	Section 4947(a)(1) nonexempt charitable trust remarket value of all assets at J According to the section of the	ounting method X C	rivate foundation Cash Accrual		o)(1)(A) check here .
	1—	other (specify)	Zasn Accidal	i e	in a 60-month termination
	40 000 000	column (d) must be on c	ach bacie)	Under section 507(b)(1)(B), check here . ►
	Analysis of Revenue and Expenses (The	1	asii basis)		(d) Disbursements
T GIT	total of amounts in columns (b), (c), and (d)	(a) Revenue and expenses per	(b) Net investment	(c) Adjusted net	for charitable
	may not necessarily equal the amounts in column (a) (see instructions))	books	income	income	purposes (cash basis only)
T 4	Contributions, gifts, grants, etc., received (attach schedule) .	42,000,000	Kata marka mar	no elementario	703 PH 12 14 15 15 15
2	Check I if the foundation is not required to				TOWN OFFI THE STATE OF THE
3	attach Sch B	CONTRACTOR CONTRACTOR OF THE SECOND	# WILLIAM CO. (1981 to 2461417561 Wolff?)	es crain indraganti pro The	
J 4	Dividends and interest from securities				ATT TO THE REAL PROPERTY.
` 5a			,		TENY TENY
	Net rental income or (loss)			- COFI	NEETINA
1	Net gain or (loss) from sale of assets not on line 10	ZALISCA SMICHIELE MCZZI W SKII.		TO RILL	3/0/3
ᆲᄬ	Gross sales price for all	250360354460			12010 2 191
Kevenue 6a 7	assets on line 6a		0	Vois Int	
۶ ع	Net short-term capital gain			zavez Calza de Bassa	THE PROPERTY OF THE PARTY OF TH
٩	Income modifications			111 00	CILL
10 a	Gross sales less returns and allowances				
b	Less Cost of goods sold .		27/24/2020/03/21/2		
ı	Gross profit or (loss) (attach schedule)				THE PROPERTY OF THE PARTY OF TH
11	Other income (attach schedule)				WATER TO THE REAL PROPERTY.
12	Total Add lines 1 through 11	42,000,000	0	-	
13	Compensation of officers, directors, trustees, etc	.0			
9 14	Other employee salaries and wages				
14 15	Pension plans, employee benefits			·	
	Legal fees (attach schedule)				
d L	Accounting fees (attach schedule)			- W	
dx 16a b c 17 18 19 20 21 22 22	Other professional fees (attach schedule)				
17	Interest				
18	Taxes (attach schedule) (see instructions)				TOTAL DE SA BOUND WAS ORDER OF THE
Ē 19	Depreciation (attach schedule) and depletion.				WY BETTER
20 E	Occupancy				
21	Travel, conferences, and meetings	,			
22	Printing and publications		1 /		
23 24 24 25	Other expenses (attach schedule)	(····_	,
ই 24	Total operating and administrative expenses	0			
집	Add lines 13 through 23		Billingston Control	NO AND SECURITION AS	-
	Contributions, gifts, grants paid		《京都》,《京都》	STATE OF THE WORLD AND STATES	
26	Total expenses and disbursements Add lines 24 and 25	l	Takky make as with the control of	Kaltanasas Asamasas es as-	5.54456483275 1856 5 2 1856 5 10
27	Subtract line 26 from line 12	LE SERVE S			
		<u>4</u> 2 AAA AAA			
a.	Excess of revenue over expenses and disbursements	42,000,000		<u> </u>	MALICIA WAS A STATE
a. b	Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-) Adjusted net income (if negative, enter -0-)	42,000,000	0		

JSA For Paperwork Reduction Act Notice, see instructions 1774NL 649N 11/7/2018 10 49 19 AM

PAGE 2

F	art I	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	of year
_	al L I	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1 1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments		42,000,000	42,000,000
	3	Accounts receivable >	AND THE PROPERTY OF THE PROPER		
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			1
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
		Less allowance for doubtful accounts ▶			
ts	8	Inventories for sale or use,	·		
ssets	9	Prepaid expenses and deferred charges			
ĕ	10a	Investments - U S and state government obligations (attach schedule).	··		
	ь	Investments - corporate stock (attach schedule)		-, -	
	c	Investments - corporate bonds (attach schedule)			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)			
	12	Investments - mortgage loans			
	13	Investments - other (attach schedule)			
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)			
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers - see the			
		ınstructions Also, see page 1, item I)	0	42,000,000	42,000,000
	17	Accounts payable and accrued expenses			
	18	Grants payable			- [
Se	19	Deferred revenue			1
ij	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable (attach schedule)			
Ë	22	Other liabilities (describe ▶)			1
					ļ
	23	Total liabilities (add lines 17 through 22)	0	0	
		Foundations that follow SFAS 117, check here ▶ X	. "		f
alances		and complete lines 24 through 26, and lines 30 and 31	i		!
길	24	Unrestricted		42,000,000	£
a	25	Temporarily restricted			1
9	26	Permanently restricted			
Ĭ		Foundations that do not follow SFAS 117, check here ▶ ☐			,
띡		and complete lines 27 through 31			i
ō	27 28 29 30 31	Capital stock, trust principal, or current funds			,
ets	28	Paid-in or capital surplus, or land, bldg , and equipment fund			F
SS	29	Retained earnings, accumulated income, endowment, or other funds			
tΔ	30	Total net assets or fund balances (see instructions)	0	42,000,000	,
Ž	31	Total liabilities and net assets/fund balances (see			;
		instructions)	0	42,000,000	
P	art II	Analysis of Changes in Net Assets or Fund Balan	nces		
		I net assets or fund balances at beginning of year - Part I		must agree with	
		of-year figure reported on prior year's return)		·	0
2		er amount from Part I, line 27a			42,000,000
		er increases not included in line 2 (itemize) >			
		lines 1, 2, and 3			42,000,000
		reases not included in line 2 (itemize) ▶		5_	
6	Tota	l net assets or fund balances at end of year (line 4 minus	line 5) - Part II, column (I	b), line 30 6	42,000,000
					5 000 DE (0017)

Pa	rt IV Capital Gains	and Losses for Tax on Inv	estment Income	1 8.		,
	• •	scribe the kind(s) of property sold (for rick warehouse, or common stock, 200	• •	(b) How acquired P - Purchase D - Donation		(d) Date sold (mo , day, yr)
<u>1</u> a	<u> </u>					
k	<u> </u>					
	<u> </u>					
	·			 		
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo ((e) plus (f) mini	
a			-			
	:					
	j					
<u> </u>	<u> </u>					
	Complete only for assets s	howing gain in column (h) and owned	by the foundation on 12/31/69	(I)	Gains (Col (h) ga	ain minus
	(ı) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (ı) over col (j), if any	col	(k), but not less the Losses (from col	
a	1		· · · · · · · · · · · · · · · · · · ·			
t)					
	···.					
e	•			ļ		
2	Capital gain net income Net short-term capital g	or (net capital loss)	pain, also enter in Part I, line 7 loss), enter -0- in Part I, line 7 s 1222(5) and (6)	2		
	lf gain, also enter in P	art I, line 8, column (c) See in	structions If (loss), enter -0- in $\}$			
		· • • • • • • • • • • • • • • • • • • •		3		
Pa	rt V Qualification l	<u> Jnder Section 4940(e) for Re</u>	duced Tax on Net Investment I	ncome		
Was		the section 4942 tax on the distrib	I AVAILABLE FOR INITIAL butable amount of any year in the b		م	Yes No
		't qualify under section 4940(e)				
		mount in each column for each ye	ear, see the instructions before mak	ing any en		
Cal	(a) Base period years endar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		(d) Distribution ra (col_(b) divided by	
	2016					
	2015					
	2014					
	2013					
	2012		L			
2				2		
3	-		de the total on line 2 by 5 0, or by			
	the number of years the	foundation has been in existence	ıf less than 5 years	3		
4	Enter the net value of no	oncharitable-use assets for 2017 f	from Part X, line 5	4		
5	Multiply line 4 by line 3.			5		
6	Enter 1% of net investm	ent income (1% of Part I, line 27b)		6		
7	Add lines 5 and 6			7		
8			x in Part VI, line 1b, and complete		using a 1% ta	x rate See the

Pa	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	ınstrı	iction	s)
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			0
	here and enter 1% of Part I, line 27b			
С	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-)			
3	Add lines 1 and 2			0
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	Credits/Payments			
a	2017 estimated tax payments and 2016 overpayment credited to 2017 6a Exempt foreign organizations - tax withheld at source			į
b	- Land of the state of the stat			1
C	Tax paid with application for extension of time to file (Form 8868) 6c Backup withholding erroneously withheld			ţ
d 7	Total credits and payments Add lines 6a through 6d			0
8	Enter any penalty for underpayment of estimated tax. Check here			
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed			0
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 ▶ Refunded ▶ 11			
Pai	t 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		Yes	No
	participate or intervene in any political campaign?	1a		Х
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			ļ
	instructions for the definition	1b		X
	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			لببا
	Did the foundation file Form 1120-POL for this year?	1 c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			}
_	(1) On the foundation \$ (2) On foundation managers \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ► \$,
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			
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? 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		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			į
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that		Х]
_	conflict with the state law 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		
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.			
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
U	(or designate) of each state as required by General Instruction G ² If "No," attach explanation	8b		İ
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		ı x L
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses . ATCH 1	10	Х	
	Fo	m 99	0-PF	2017)

Form	990-PF(2017) PETER AND ANN LAMBERTUS FAMILY FOUNDATION, INC 82-379	4617	1	Page 5
Р́а	rt VII-A. Statements Regarding 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		Х
12				
	person had advisory privileges? If "Yes," attach statement See instructions	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			
14	The books are in care of ► EDWARD J BARTLETT JR Telephone no ► 617-904	-9424	1	
	Located at ▶155 FEDERAL STREET, SUITE 402 BOSTON, MA ZIP+4 ▶ 02110			
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			1
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority	نـــــ	Yes	
	over a bank, securities, or other financial account in a foreign country?	16	V	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of			
	the foreign country	12.5		
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required	Ingraen.cd		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	X2000-00	Yes	No
1a	During the year, did the foundation (either directly or indirectly)	安哥		1
	(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			
	(c) v animon goods, our reason or reason to the adopt them worth a diagram of person in the contract of the co			
	(1, 1 = 1	時に		
	(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)			4
h	termination of government service, if terminating within 90 days)			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b	*****	المنشئة المنا
	Organizations relying on a current notice regarding disaster assistance, check here			200
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	. Marine . Marine	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			判論
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	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? Yes	表现		禁門
	If "Yes," list the years			
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)	2b		Х
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or			123
	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			<u> </u>
	foundation had excess business holdings in 2017)	3b		
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a ⊁≾⊛^~+	(A) #[36%)	X #8%%83 4
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	Krim	3000 C	14

charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017? 4b

Pai	rt VII-B. Statements Regarding Activities	for Which Form	4720 May Be Red	uired (continued)			
5a	During the year, did the foundation pay or incur any arr	nount to	-			Yes	No
	(1) Carry on propaganda, or otherwise attempt to influ	ience legislation (secti	on 4945(e))?	. Yes X No			-
	(2) Influence the outcome of any specific public e	lection (see section	4955), or to carry o	n,			(
	directly or indirectly, any voter registration drive?			Yes X No			
	(3) Provide a grant to an individual for travel, study, or						'
	(4) Provide a grant to an organization other than a						
	section 4945(d)(4)(A)? See instructions		<u>-</u>]	{
	(5) Provide for any purpose other than religious, of						
	purposes, or for the prevention of cruelty to children						
ь	If any answer is "Yes" to 5a(1)-(5), did any of the						
	Regulations section 53 4945 or in a current notice rega				5b		
	Organizations relying on a current notice regarding disa	-				 	
c	If the answer is "Yes" to question 5a(4), does the						}
_	because it maintained expenditure responsibility for the		•				
	If "Yes," attach the statement required by Regulations	-					
6a	Did the foundation, during the year, receive any fu		rectly to hav premiii	ms			
	on a personal benefit contract?	•					
b	Did the foundation, during the year, pay premiums, dir				6b		X
_	If "Yes" to 6b, file Form 8870	,,,			100	<u> </u>	1
7a	At any time during the lax year, was the foundation a	party to a prohibited ta	x shelter transaction?	Yes X No			
	If "Yes," did the foundation receive any proceeds or ha	•	-		7b		ļ
	Information About Officers, Director						
_	and Contractors List all officers, directors, trustees, foundation						
		(b) Title, and average	(c) Compensation	(d) Contributions to	(a) Evnan		
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	(e) Expens other all		
			,	· · · · · ·			
ATC	H 2	`	0	0			0
		`					
2	Compensation of five highest-paid employees	(other than thos	se included on lin	e 1 - see instructio	ns). If n	one,	enter
	"NONE."	1		(d) Contributions to			
(a)	Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit	(e) Expens		
		devoted to position	(-, ,	plans and deferred compensation	other all	owance	
		.					
	NONE						
Total	number of other employees paid over \$50,000						
					Form 996)-PF	(2017)

Form 990-PF (2017)	Page
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Empand Contractors (continued)	ployees,
3 Five highest-paid independent contractors for professional services. See instructions If none, enter "No	ONE "
(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	>
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 organizations and other beneficianes served, conferences convened, research papers produced, etc.	of Expenses
1 N/A	-
	_
	_
2	
	_
3	_
A	
	-
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 NONE	
2	-
	-
All other program-related investments. See instructions	
3 NONE	
	-
Total. Add lines 1 through 3	>

Pa	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign found	ations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	1,750,000
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	1,750,000
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	1,750,000
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		· ·
	instructions)	4	26,250
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	1,723,750
6	Minimum investment return. Enter 5% of line 5	6	2,361
Par	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four and certain foreign organizations, check here ▶ and do not complete this part)	ndations	
1	Minimum investment return from Part X, line 6	1	2,361
2 a	Tax on investment income for 2017 from Part VI, line 5 2a		
b	Income tax for 2017 (This does not include the tax from Part VI) 2b		
C	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	2,361
4	Recoveries of amounts treated as qualifying distributions	4	n=
5	Add lines 3 and 4	5	2,361
6	Deduction from distributable amount (see instructions)	6	··············
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	2,361
Pai	t XII Qualifying Distributions (see instructions)	. · · ·	· ·
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	
b	Program-related investments - total from Part IX-B	1b	**
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		77 · · · · · · · · · · · · · · · · ·
	purposes	2	
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	
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	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	- 0
-	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca		whether the foundation
	qualifies for the section 4940(e) reduction of tax in those years		

Page 9

Part XIII Undistributed Income (see instr	uctions)			
	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI,		Tears prior to 2010	2010	
line 7				2,361
2 Undistributed income, if any, as of the end of 2017			-	
a Enter amount for 2016 only	·			
b Total for pnor years 20_15_,20_14_,20_13				
3 Excess distributions carryover, if any, to 2017]		
a From 2012		ŀ		
b From 2013		İ		
c From 2014				
d From 2015				
e From 2016				
f Total of lines 3a through e				
4 Qualifying distributions for 2017 from Part XII,				
line 4 🕨 \$				
a Applied to 2016, but not more than line 2a			····	
b Applied to undistributed income of prior years (Election required - see instructions)				
c Treated as distributions out of corpus (Election				
required - see instructions)				
d Applied to 2017 distributable amount				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2017				
(If an amount appears in column (d), the same amount must be shown in column (a))		i		
6 Enter the net total of each column as				
indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income Subtract				
line 4b from line 2b			~=	
c Enter the amount of prior years' undistributed income for which a notice of deficiency has				
been issued, or on which the section 4942(a)				
tax has been previously assessed				
d Subtract line 6c from line 6b Taxable				
amount - see instructions				-
e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount - see				•
instructions				<u>'</u>
f Undistributed income for 2017 Subtract lines				
4d and 5 from line 1. This amount must be				2 261
distributed in 2018				2,361
7 Amounts treated as distributions out of corpus				ļ
to satisfy requirements imposed by section				
170(b)(1)(F) or 4942(g)(3) (Election may be				1
required - see instructions)				
8 Excess distributions carryover from 2012 not			•	
applied on line 5 or line 7 (see instructions)			· ·	
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	0			
0 Analysis of line 9				
a Excess from 2013				•
b Excess from 2014		1		1
c Excess from 2015				
d Excess from 2016			İ	
e Excess from 2017				

orm	990-PF (2017)	PETER AND	ANN LAMBERTUS	FAMILY FOUNDAT	rion, inc 8	2-3794617 Page 10
Ρa	rt XIV Private Op	erating Foundations	(see instructions	and Part VII-A, ques	tion 9)	NOT APPLICABL
1 a	If the foundation has	_			•	
_	foundation, and the rulin					
b	Check box to indicate		is a private operating		n section 494	2(j)(3) or 4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year	(F) 2016	Prior 3 years	(4) 2044	(e) Total
	justed net income from Part I or the minimum investment	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
	return from Part X for each					
h	year listed					
	Qualifying distributions from Part				-	
•	XII, line 4 for each year listed .					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					į
е	Qualifying distributions made					
	directly for active conduct of exempt activities. Subtract line					
3	2d from line 2c Complete 3a, b, or c for the					
	alternative test relied upon					
а	"Assets" alternative test - enter					
	(1) Value of all assets (2) Value of assets qualifying		-11-11 -1	 		***
	under section 4942(j)(3)(8)(i)					
b	"Endowment" alternative test-		VIII 44. 4.4		-	
	enter 2/3 of minimum invest- ment return shown in Part X,					
	line 6 for each year listed					
С	"Support" alternative test - enter					
	(1) Total support other than gross investment income					
	(interest, dividends, rents, payments on securities					
	loans (section 512(a)(5)),					
	or royalties) (2) Support from general		/		-	
	public and 5 or more exempt organizations as					
	provided in section 4942 (j)(3)(B)(iii)					
	(3) Largest amount of sup-	/				
	port from an exempt organization					
	(4) Gross investment income.					
Pai				t only if the founda	ation had \$5,000	or more in assets at
1	Information Regarding	uring the year - see				
		-		re than 2% of the tot	al contributions rec	eived by the foundation
	before the close of any					
	N/A					
					•	ally large portion of the
	ownership of a partner	ship or other entity) of	which the foundatio	n has a 10% or greate	r interest	
<u> </u>	N/A Information Regarding	- Caratilana - Carat	Coft I also Calculate	L		
		•		• • •		
	Check here ➤ if the constant of the cons	ne foundation only r or funds if the founds	nakes contributions	to preselected char	ritable organizations	and does not accept under other conditions,
	complete items 2a, b, o			ants, etc., to maivious	als of organizations	under other conditions,
а	The name, address, ar	nd telephone number (or email address of t	he person to whom ap	plications should be a	ddressed
	The form in which appl	ications should be sub	mitted and informat	on and materials they	should include	
-				on and materials tricy	S. Sura mondae	
С	Any submission deadlii	nes				

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Page **11**

_3	Grants and Contributions Paid Duri	ng the Year or Appr	oved for I	uture Payment	<u> </u>
	Recipient Name and address (home or business)	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	Name and address (nome or business)	or substantial contributor	recipient	Commoduen.	
а	Paid during the year				
			ĺ		
				!	
					•
	Total	<u> </u>		▶ 3a	
b	Approved for future payment				
	•				
	Total			▶ 3b	

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Part XVI-A Analysis of Income-Prod			Evaluded by	u speties 512 513 or 514	(e)
Enter gross amounts unless otherwise indicated	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income
Program service revenue	Business code	Amount	Exclusion code	Ambum	(See instructions)
a b					
					
d			-	-	
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments -					
4 Dividends and interest from securities					
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 property				-	
7 Other investment income		·····,		_	
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events10 Gross profit or (loss) from sales of inventory			-		
11 Other revenue a					, _ .
b					
С					
d					
е					
12 Subtotal Add columns (b), (d), and (e)				·	· · · · · · · · · · · · · · · · · · ·
13 Total Add line 12, columns (b), (d), and (e)				13	
(See worksheet in line 13 instructions to verify calci					
Part XVI-B Relationship of Activitie	s to the A	ccomplishment of E	xempt Pur	poses	
Line No. Explain below how each activit	y for which	n income is reported	ın column (e	e) of Part XVI-A contribu	ted importantly to the
 accomplishment of the foundation 	n's exemp	t purposes (other than	by providing	funds for such purposes) (See instructions)
	· · · · · - · · ·				
			···		
					
	•••				
					7/17/
		· · · · · · · · · · · · · · · · · · ·			, , , , , , , , , , , , , , , , , , ,
	. ,				
				· · · · · · · · · · · · · · · · · · ·	

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1 a	ın :		Exempt Organ									
а			gameanon anoot	ly or indirectly	engage in any of the fo	llowing wit	th any	other organization	described		Yes	No
а	ora:	sectio	-	-	501(c)(3) organization	_	-	-				
а	o.g.	anızatı	ons?									
	Trai	nsfers	from the reportin	ig foundation to	a noncharitable exempt	organizatio	on of					
	(1)	Cash .								1a(1)		X
	٠,,									1a(2)		X
b			nsactions									
					npt organization							X
					ble exempt organization.					1b(2)		X
	٠.		•	•	assets					1b(3)		X
			_									X
			_									X
С					ts, other assets, or paid of					1c		Х
					s," complete the follow						air m	arke
			•		ces given by the report	-		, ,	•			
	valu	e in a	any transaction or	sharing arrang	ement, show in column	(d) the v	alue of	the goods, other	assets, or se	ervice	s rece	∍ived
(a) L	ine no		a) Amount involved	(c) Name of n	oncharitable exempt organizati	on (c	d) Descri	otion of transfers, transa	ctions, and shan	ng arra	ngeme	nts
		1	N/A	-27		N	/A					
		-					_					
		 	-									
		+										
					<u> </u>							
_												
									<u> </u>			
		_										
2a	ls th	ne fou	indation directly o	or indirectly aff	iliated with, or related	lo, one or	more	tax-exempt organi	zations _			ז
					tion 501(c)(3)) or in sec	tion 527?.			L	Ye	s X	J No
b	If "Y		complete the follow		# N T /		_					
		(a	Name of organization	1	(b) Type of organiz	ation		(c) Descrip	tion of relations	пр		
-					111.00							
		-			· · · · · · · · · · · · · · · · · · ·							
							1					
					ed this return including accompa				of my knowledge	and b	elief, it	is true
Sign		irrect, an	d complete Declaration of	preparer (other than te	xpayer) is based on all information of	/ .	er has any	knowledge				
_		<u> </u>	Com W	.Land	eltas Dir 19	dus	Dice	,c10C	May the IRS with the prep			
Her	e -	Signatu	re of officer or trustee		Date	Title			See instructions	X	Yes [No
		·· , · ·										
Paid	1		int/Type preparer's nar		Preparer's signature	1/6/2		1/ -7 .61	" [TIN		_
		, -	DREW WILSON		1 (Journey)	vive	ス	11-118 se			7708	2
	pare	Lini	7.5	ANT THORNTO				Firm's Ell	N ► 36-60	5555	8	
Jse	On	I y F∷		STATE STRE	ET.		0210	<u> </u>	617-72	3_70	0.00	

Schedule B

(Form, 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service Schedule of Contributors

OMB No 1545-0047

2017

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

Name of the organization Employer identification number PETER AND ANN LAMBERTUS FAMILY FOUNDATION, INC C/O BARTLETT P C 82-3794617 Organization type (check one) Filers 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 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 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 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 33 1/3 % 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 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 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF

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

		, ago
Name of organization	PETER AND ANN LAMBERTUS FAMILY FOUNDATION, INC	Employer identification number
•	C/O BARTLETT P C	82-3794617

Part I	Contributors (see instructions) Use duplicate cop	oles of Part I if additional space is n	eeded
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	PETER K LAMBERTUS C/O BARTLETT P C 155 FEDERAL STREET SUITE 402 BOSTON, MA 02110	\$ \$ 42,000,000	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 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)

Name of organization PETER AND ANN LAMBERTUS FAMILY FOUNDATION, INC

Employer identification number 82-3794617

Part II	Noncash Property (see instructions) Use duplicate copies	of Part II if additional space is ne	eded
(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
		 \$	
(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

Schedule B (Form 990. !	99N.F7	or 990-PF)	/20171

Page 4

Name of o	rganization PETER AND ANN LAMBERTUS C/O BARTLETT P C	FAMILY FOUNDATION,	INC	Employer identification number 82-3794617
	Exclusively religious, charitable, etc., (10) that total more than \$1,000 for the following line entry. For organizatio contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions.	ne year from any one cor ns completing Part III, ente year (Enter this informatio	ntributor. Con or the total of ϵ	ed in section 501(c)(7), (8), or applete columns (a) through (e) and exclusively religious, charitable, etc
(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	Relationsh	p of transferor to transferee
(a) No from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		•		
	Transferee's name, address, and	(e) Transfer of gift ZIP + 4	Relationshi	p 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 gift	<u></u>	
	Transferee's name, address, and	ZIP + 4	Relationshi	p of transferor to transferee
				,
(a) No from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
			i -	
		(a) T		
	Transferee's name, address, and	(e) Transfer of gift ZIP + 4	Relationshi	p of transferor to transferee
				
				·

FORM 990PF, PART VII-A, LINE 10 - SUBSTANTIAL CONTRIBUTORS

PETER AND ANN LAMBERTUS FAMILY FOUNDATION, INC

82-3794617

NAME AND ADDRESS

PETER K LAMBERTUS C/O BARTLETT P C 155 FEDERAL STREET SUITE 402 BOSTON, MA 02110

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

PETER AND ANN LAMBERTUS FAMILY FOUNDATION, INC

ATTACHMENT 2

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
PETER K LAMBERTUS C/O BARTLETT P C 155 FEDERAL STREET SUITE 402 BOSTON, MA 02110	PRESIDENT 1 00	0	O	0
EDWARD J BARTLETT JR C/O BARTLETT P C 155 FEDERAL STREET SUITE 402 BOSTON, MA 02110	TREASURER & CLERK 1 00		0	0
ANN W LAMBERTUS C/O BARTLETT P C 155 FEDERAL STREET SUITE 402 BOSTON, MA 02110	DIRECTOR 1 00	0	0	
	GRAND TOTALS	0	0	0