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

Department of the Treasury

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.

		Elige delivide					Abbut of Lamp uspection
For c	alend	ar year 2017 or tax year beginning $04/01/17$ ,	and ending 03/3	<u>1/18</u>			
	ne of fou					oyer identification number	<del></del>
ĮP]	ESC	OSOLIDO FAMILY SCHOLARSHIP			04	32V	
		LINO RULLO			**	-***9148	
		street (or P O box number if mail is not delivered to street address)	Ro	om/suite		hone number (see instructions	B)
		DLEY ROAD	<u>_</u>		78	1-862-1633	
		, state or province, country, and ZIP or foreign postal code			C If exe	mption application is pending,	check here
_ <u>L</u> ]	<u>EXI</u>	NGTON MA 02173			- II CAC	приот аррисацот то ретоту,	Check here
G C	heck a	all that apply: Initial return Initial retu	rn of a former public ch	arity	D 1. Fo	oreign organizations, check he	re 🕨 📘
		Final return Amended	return		<b>2</b> . Fo	oreign organizations meeting t	he
		Address change Name cha	ange		85	% test, check here and attach	computation
H C	heck t	ype of organization: X Section 501(c)(3) exempt private	e foundation		E If priva	ate foundation status was tem	anated under
_			le private foundation	91		n 507(b)(1)(A), check here	▶ ∏
		ket value of all assets at J Accounting method:			F If the	foundation is in a 60-month te	
		ear (from Part II, col (c), Other (specify)	Casii II Acci	/		section 507(b)(1)(B), check h	
	•		ha an each basis )	,			, <u> </u>
	e 16) l	<del> </del>			L.—	Γ -	(d) Disbursements
re	ert I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per	(b) Net inv		(c) Adjusted net	for charitable
		the amounts in column (a) (see instructions) )	books	incor	ne	income	purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	3,175				
	2	Check ► X if the foundation is <b>not</b> required to attach Sch B					
	3	Interest on savings and temporary cash investments	1,582		1,582	1,582	
	4	Dividends and interest from securities					
	5a	Gross rents					
	b	Net rental income or (loss)					
Revenue	-	· · · <del>- · · · · · · · · · · · · · · · ·</del>					
e	6a	Net gain or (loss) from sale of assets not on line 10					
ě	<u> </u>	Gross sales price for all assets on line 6a			0		
œ	7	Capital gain net income (from Part IV, line 2)					
	8	Net short-term capital gain	100 877 db 02000 xx	J		0	
	9	Income modifications	CEIVED	1			
	10a	Gross sales less returns and allowances	10				
	b	Less: Cost of goods sold	<u>6 1 7 2018   7</u>				
	C	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	$\bigcirc$ : $\mathbb{N}$ , $\bigcirc$ 4,757		1,582	1,582	<u></u>
Ś	13	Compensation of officers, directors, trustees, etc.	Ŏ				
enses	14	Other employee salaries and wages					
	15	Pension plans, employee benefits					
Exp	16a	Legal fees (attach schedule)					
а	b	Accounting fees (attach schedule) Stmt 1	625		625		
.≚	C	Other professional fees (attach schedule)					
ā	17	Interest					
<u>st</u>	18	Taxes (attach schedule) (see instructions) Stmt 2	50		_50		
Operating and Administrative	19	Depreciation (attach schedule) and depletion					
਼ ਦ	20	Occupancy					
्र≰	21	Travel, conferences, and meetings					
. 🖺	22	Printing and publications					
् ing a	23	Other expenses (att sch) Stmt 3	349		349		
ੁ <u>ਛੱ</u>	24	Total operating and administrative expenses.					
rat	l	Add lines 13 through 23	1,024		1,024	o	0
be	25	Contributions, gifts, grants paid	6,000				6,000
~ Ō	26	Total expenses and disbursements. Add lines 24 and 25	7,024		1,024	0	6,000
<u> </u>	+		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<del></del>	-/ 723		3,000
	27	Subtract line 26 from line 12:	-2,267				
	a	Excess of revenue over expenses and disbursements	-2,201		558		
	b	Net investment income (if negative, enter -0-)			338	1,582	
	l c	Adjusted net income (if negative, enter -0-)	1 1			1,384	

For Paperwork Reduction Act Notice, see instructions.

	3mm4 #1	Balance Sheets Attached schedules and amounts in the description column		Beginning of year	End c	of year
	Part II	should be for end-of-year amounts only (See instructions )		(a) Book Value	(b) Book Value	(c) Fair Market Value
Т	1	Cash – non-interest-bearing		5,376	6,576	6,576
- [	2	Savings and temporary cash investments		109,519	106,101	106,101
	3	Accounts receivable ▶			•	
		Less. allowance for doubtful accounts ▶				
-	4	Pledges receivable ▶		1	·	
		Less allowance for doubtful accounts ▶				
	5	Grants receivable				
Ì	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons (attach schedule) (see				
ļ		instructions)				
	7	Other notes and loans receivable (att schedule)		1		
		Less: allowance for doubtful accounts ▶	0	<u></u>	<del></del>	
S	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
As	10a	Investments – U S and state government obligations (attach schedule)			······	
1	b	Inve stments – corporate stock (attach schedule)		LL		
	С	Investments – corporate bonds (attach schedule)				
- {	11	Investments – land, buildings, and equipment basis				
ŀ		Less accumulated depreciation (attach sch.)				
	12	Inve stments – mortgage loans				
<u> </u>	13	Inve stments - other (attach schedule)				
	14	Land, buildings, and equipment basis				
Į		Less accumulated depreciation (attach sch.)				
	15	Other assets (describe ▶	)			
	16	Total assets (to be completed by all filers – see the			<del>-</del>	
		instructions. Also, see page 1, item I)		114,895	112,677	112,677
-	17	Accounts payable and accrued expenses				
	18	Grants payable				
es	19	Deferred revenue				]
Liabilities	20	Loarns from officers, directors, trustees, and other disqualified persons				
æ	21	Mortgages and other notes payable (attach schedule)				
	22	Other liabilities (describe ▶	)			
	23	Total liabilities (add lines 17 through 22)		0	0	
1		Foundations that follow SFAS 117, check here				
ces		and complete lines 24 through 26 and lines 30 and 31.				
Š	24	Unrestricted		Ĺ		
읆	25	Tem porarily restricted				]
8	26	Permanently restricted				
Net Assets or Fund Balan		Foundations that do not follow SFAS 117, check here	► X			
Ē		and complete lines 27 through 31.				
ō	27	Capital stock, trust principal, or current funds				
100	28	Paid-in or capital surplus, or land, bldg., and equipment fund				]
Si	29	Retained earnings, accumulated income, endowment, or other funds		114,895	112,677	1
7	30	Total net assets or fund balances (see instructions)		114,895	112,677	<u> </u>
ž	31	Total liabilities and net assets/fund balances (see				
		instructions)		114,895	112,677	
	Part					
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line		ist agree with	İ	1
		of-year figure reported on prior year's return)			1	114,895
	2 Ente	r amount from Part I, line 27a			2	-2,267
		r increases not included in line 2 (itemize) ▶ See Statement	4		3	49
		lines 1, 2, and 3			4	112,677
		eases not included in line 2 (itemize)			5	
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, o	olumn (	b), line 30	6	112,677
						- 000 DE

Part IV Capital Gains a	and Losses for Tax on Investme	ent Income						
	e the kind(s) of property sold (for example, real estate, rarehouse, or common stock, 200 shs MLC Co )		(b) How acquired P – Purchase D – Donation	(c) Date ac		(d) Date sold (mo , day, yr )		
1a N/A								
b			<del> </del>					
_c	<del></del>		<del> </del>					
_d			<del> </del>			<del></del>		
e	(6) Description allowed	(=) Cost	as other beau			. #>		
(e) Gross sales price	(f) Depreciation allowed (or allowable)		or other basis bense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))				
_a	<del></del>							
_ <u>b</u>								
_ <del>c</del>								
е								
Complete only for assets showing	ng gain in column (h) and owned by the fo	oundation on 12/31	/69.	(0)	Gains (Col	(h) gain minus		
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	·				less than -0-) or		
a								
<u>b</u>	<del></del>							
<u>c</u>	<del></del>	<del></del> -				<del></del>		
_d								
2 Capital gain net income or (net d	capital loss) If gain, also enter in If (loss), enter -0- in							
3 Net short-term capital gain or (lo	oss) as defined in sections 1222(5) and (6	_		2				
· · · · · · · · · · · · · · · · · · ·	B, column (c) See instructions. If (loss), e	·						
Part I, line 8	(3-7)			3				
Part V Qualification U	nder Section 4940(e) for Reduc	ed Tax on Net	Investment Inco	me				
	his part blank ction 4942 tax on the distributable amount alify under section 4940(e) Do not comple	= =	base period?			Yes X No		
1 Enter the appropriate amount in	each column for each year; see the instri	uctions before mak	ing any entries					
(a)  Base penod years  Calendar year (or tax year beginning ii	(b) Adjusted qualifying distributions	Net valu	(c) ue of nonchantable-use asset	ls		(d) ibution ratio ivided by col (c))		
2016	5	,994	112,	136	(1)	0.053453		
2015	5.	,998	119,	442		0.050217		
2014	6	,000	121,	537		0.049368		
2013								
2012				<del></del>				
2 Total of line 1, column (d)				2		0.153038		
•	5-year base period – divide the total on li	•	the		 			
number of years the foundation	has been in existence if less than 5 years	;		3_		0.051013		
4 Enter the net value of noncharita	able-use assets for 2017 from Part X, line	5		4		117,629		
5 Multiply line 4 by line 3				5		6,001		
6 Enter 1% of net investment inco	me (1% of Part I, line 27b)			6		6		
7 Add lines 5 and 6				7		6,007		
8 Enter qualifying distributions from	m Part XII, line 4 in line 7, check the box in Part VI, line 1b,	and complete the	t nort using a 1% tay s	ate See the	L	6,000		
Part VI instructions.	mine 7, oneon the box in Part VI, line 10,	. and withhele tha	t part using a 1% tdX f	alo. Jee lile				

orm	990-PF(2017) PESCOSOLIDO FAMILY SCHOLARSHIP **-***9148		Р	age 4	<u>.</u>
	rt 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 ▶ ☐ 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	·		<u>11</u>	
	here ▶ ☐ and enter 1% of Part I, line 27b				
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-)			0	_
3	Add lines 1 and 2			11	
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-		······	11	
6	Credits/Payments				
а	2017 estimated tax payments and 2016 overpayment credited to 2017				
b	Exempt foreign organizations – tax withheld at source				
C	Tax paid with application for extension of time to file (Form 8868)				
d	Backup withholding erroneously withheld 6d 6d				
7	Total credits and payments Add lines 6a through 6d				
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			11	
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				
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	<u> </u>	Yes	No	
	participate or intervene in any political campaign?	1a	ļ	<u>X</u>	
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the	1	}	 	
	Instructions for the definition	1b	<u> </u>	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				
С	Did the foundation file Form 1120-POL for this year?	1c	ļ	X	
đ	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	ļ	<u> </u>	,
	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	<b></b>	<u> X</u>	
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	<u> </u>	X	
þ	If "Yes," has it filed a tax return on Form 990-T for this year?  N/A		<u> </u>		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	ļ	<u> </u>	
	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:				
	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_	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				
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? If "No," attach explanation	_8b	<b>x</b>		
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. If "Yes,"	-	]		
	complete Part XIV	9	[	X	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				
	names and addresses	10		X	
			n-PF		

_ <u>P</u>	art VII-A Statements Regarding Activities (continued)			ugu
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the		1	1
	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	11	l	x
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		x
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?  Website address NOT AVAILABLE	13	Х	
14	The books are in care of ► SALVATORE BRAMANTE  Telephone no. ► 781-	962	160	2
	874 FELLSWAY	002-	103	3
	Located at ▶ MEDFORD MA ZIP+4 ▶ 0215	5		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – check here	<b>J</b>		
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16	163	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of	1.0		
	the foreign country ▶			
P	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required	<u></u> -		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	T	Yes	No
1a	5 5 Manual and an addy of managery).			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?  (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  Yes  X No No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  Yes X 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)?  Yes X 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			
b	termination of government service, if terminating within 90 days.)  If any answer is "Yes" to 1a(1)-(6), did any of the cate foil to much forward at the service of the cate f			
_	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			
	Section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions  N/A  Organizations relying on a current notice regarding disaster assistance, check here	1b		
С	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?		- 1	
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	1c		
	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?			
	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 )	2b	Ì	
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?			
þ	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 penod (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.)  N/A	_3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
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		<u>X</u>
		m 990	-PF	2017)

Form	1990-PF (2017) PESCOSOLIDO FAMILY SCHOLARSHIP	**_*	***9148			Page (
P	art VII-B Statements Regarding Activities for Which Form	4720 May Be R	Required (cont	tinued)		
5a	During the year did the foundation pay or incur any amount to:					
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1945(e))?		Yes 🗓 No		
	(2) Influence the outcome of any specific public election (see section 4955); or	to carry on,				
	directly or indirectly, any voter registration drive?			Yes X No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?			Yes X No		
	(4) Provide a grant to an organization other than a charitable, etc., organization	described in				
	section 4945(d)(4)(A)? See instructions		<b>,</b>	Yes X No		
	(5) Provide for any purpose other than religious, chantable, scientific, literary, or	educational				
	purposes, or for the prevention of cruelty to children or animals?		<b>,</b>	Yes X No		
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify und	er the exceptions d	lescribed in	_		
	Regulations section 53 4945 or in a current notice regarding disaster assistance	? See instructions		N/A	5b	
	Organizations relying on a current notice regarding disaster assistance, check h	ere		<b>&gt;</b>		
C	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from	m the tax	. —			
	because it maintained expenditure responsibility for the grant?		N/A 🗌	Yes No		
	If "Yes," attach the statement required by Regulations section 53 4945–5(d)					
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pa	ay premiums				
	on a personal benefit contract?			Yes X No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a pe	rsonal benefit conti	ract?		6b	X
	If "Yes" to 6b, file Form 8870			C==		
7a	At any time during the tax year, was the foundation a party to a prohibited tax sh			Yes X No		
	If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b	
P	art VIII Information About Officers, Directors, Trustees, Fo	undation Man	agers, Highly	Paid Employ	ees,	
	and Contractors					
1_	List all officers, directors, trustees, and foundation managers and their com	oensation. See in:	structions.	<u> </u>	_	
		(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit	(e) Ex	ense account,
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	plans and deferred		allowances
		<u> </u>	·	compensation	-	
S	ee Statement 5					
					-	
	•					
_	Company of the highest wild ampleyees (ather they there included a		<u> </u>			
2	Compensation of five highest-paid employees (other than those included of "NONE."	on line 1 – see ins	tructions). If non	ie, enter		
	NONE.		<u> </u>	(d) Contributions to	Т	
	(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit		ense account,
	(a) Name and address of each employee paid more than \$50,000	devoted to position	(c) compensation	plans and deferred compensation	othe	allowances
		<u>-</u>		compensation		
N	ONE			]		
			<del></del>			·
		<del>                                     </del>			<u> </u>	
		<del> </del>			<u> </u>	
	<del></del>		<del>                                     </del>		<del>                                     </del>	
				ĺ	1	

Form 990-PF (2017)

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

Form 990-PF (2017) PESCOSOLIDO FAMILY SCHO	LARSHIP **	-***9148	Pac	je <b>7</b>
Part VIII Information About Officers, Directors, and Contractors (continued)	Trustees, Foundation M	lanagers, Highly Paid E	mployees,	نــــ
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 \$	550,000	(b) Type of service	(c) Compensation	,
NONE				
				—
		+		
Total number of others receiving over \$50,000 for professional service		<del>L</del>	•	
Part IX-A Summary of Direct Charitable Activiti				
List the foundation's four largest direct charitable activities during the tax year. Include releasing anizations and other beneficianes served, conferences convened, research papers pro		umber of	Expenses	
1 N/A		<del></del>	<del> </del>	_
		<del></del>	<del> </del>	
2				
3				
			<del></del>	
•				
	·		<u></u>	
Part IX-B Summary of Program-Related Investr			<del>1</del>	
Describe the two largest program-related investments made by the foundation during the to N/A	ax year on lines 1 and 2		Amount	
1 N/A				
			_	
2				
All other program-related investments See instructions				
3				
			1	

Form **990-PF** (2017)

Total. Add lines 1 through 3

6,000 2 Amounts set aside for specific charitable projects that satisfy the 3 Suitability test (prior IRS approval required) За Cash distribution test (attach the required schedule) 3b 6,000 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 4 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 6,000 Adjusted qualifying distributions. Subtract line 5 from line 4 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

Form 990-PF (2017)

Pa	rt XIII Undistributed Income (	see instructions	)			
			(a)	(b)	(c)	(d)
1	Distributable amount for 2017 from Part XI	•	Corpus	Years prior to 2016	2016	2017
	line 7					5,870
2	Undistributed income, if any, as of the end	of 2017				
а	Enter amount for 2016 only				5,551	
b	Total for prior years: 20 , 20	. 20				
3	Excess distributions carryover, if any, to 20					
a	From 2012					
b	From 2013		1			
c	From 2014	<del>_</del> -	1		İ	
4	From 2015	····	1			
	From 2016		1			
f	Total of lines 3a through e	- · · · · · · · · · · · · · · · · · · ·				
4	Qualifying distributions for 2017 from Part	ΥII				······
_	line 4 ▶ \$6,000	· · · · · · · · · · · · · · · · · · ·	-	}		
а	Applied to 2016, but not more than line 2a				5,551	
b	Applied to undistributed income of prior year	are		-	3,331	
~	(Election required – see instructions)	410				
С	Treated as distributions out of corpus (Elec	rtion				
v	required – see instructions)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
d	Applied to 2017 distributable amount					449
e	Remaining amount distributed out of corpu	c				147
5	Excess distributions carryover applied to 20					
J	(If an amount appears in column (d), the sa					
	amount must be shown in column (a) )	ine				
6	Enter the net total of each column as					
0	indicated below:					
_	Corpus. Add lines 3f, 4c, and 4e Subtract	lino 6				
a	Prior years' undistributed income Subtract					
b	line 4b from line 2b					
_		ad				
С	Enter the amount of prior years' undistribut income for which a notice of deficiency has					
	•					
	been issued, or on which the section 4942(	a)				
	tax has been previously assessed Subtract line 6c from line 6b Taxable					······
u				ļ		
_	amount – see instructions Undistributed income for 2016. Subtract lin	_				
е	4a from line 2a Taxable amount – see	e				
	instructions					
	Undistributed income for 2017. Subtract lin	••				
•	4d and 5 from line 1. This amount must be	65				
	distributed in 2018	ĺ				E 421
7	Amounts treated as distributions out of corp	2110				5,421
•	to satisfy requirements imposed by section					
	170(b)(1)(F) or 4942(g)(3) (Election may be					
	required—see instructions)	,				
8	•					
0	Excess distributions carryover from 2012 no			ł		
C.	applied on line 5 or line 7 (see instructions)					
9	Excess distributions carryover to 2018.					
40	Subtract lines 7 and 8 from line 6a					
10	Analysis of line 9.			-		
a	Excess from 2013					
b	Excess from 2014					
C	Excess from 2015					
ď	Excess from 2016				•	
<u> </u>	Excess from 2017		·	<u>_</u>		

Pa	rt XIV Private Operating Fou	undations (see in	structions and Par	t VII-A, question 9	9)	i age 1
1a	If the foundation has received a ruling or					
	foundation, and the ruling is effective for		-	<b>•</b>		
b	Check box to indicate whether the found		•	bed in section 4	942(j)(3) or 49	42(1)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		
	income from Part I or the minimum	(a) 2017	<b>(b)</b> 2016	(c) 2015	(d) 2014	(e) Total
	investment return from Part X for					,
	each year listed					•
ь	85% of line 2a				/	
c	Qualifying distributions from Part XII,	<del></del>			<del> </del>	
Ŭ	line 4 for each year listed					1
d	Amounts included in line 2c not used directly		<del> </del>		<del> </del>	
ď	for active conduct of exempt activities				/	
е	Qualifying distributions made directly			<del>                                     </del>	<del>/</del>	<del> </del>
•	for active conduct of exempt activities.					
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the			<del></del>	<del> </del>	<del> </del>
3	alternative test relied upon					
_	"Assets" alternative test – enter					
а						İ
	(1) Value of all assets		<del></del>	<del>/′</del>	<del> </del>	<del> </del>
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)		/			}
_	•		<del></del>	<del></del>	<del> </del>	<del> </del>
b	"Endowment" alternative test – enter 2/3		/			
	of minimum investment return shown in					
	Part X, line 6 for each year listed		/	<del></del>	<del> </del>	<del> </del>
С	"Support" alternative test enter				<b>(</b>	
	(1) Total support other than gross investment income (interest,		Í			
	dividends, rents, payments on		<i></i>		]	
	securities loans (section		/			
	512(a)(5)), or royalties)		/		<u> </u>	
	(2) Support from general public	,			}	
	and 5 or more exempt	/				
	organizations as provided in				İ	
	section 4942(j)(3)(B)(III)	<del></del>	<del></del>		<del> </del>	<del> </del>
	(3) Largest amount of support from	,'				
	an exempt organization	<del></del>		<del></del>	<del> </del>	<del> </del> -
	(4) Gross investment income		this mark and if i	41 <b>6</b>	-1 65 000	
PE	Supplementary Inform			tne toundation n	ad \$5,000 or moi	e in assets at
	any time during the ye		tions.)			
1	Information Regarding Foundation Ma	_	a than 20/ at the test		hough a facilities	
а	List any managers of the foundation who					
	before the close of any tax year (but only <b>N/A</b>	ir they have contribute	ed more than \$5,000).	(See section 507(a)(2	))	
	List any managers of the foundation who	our 109/ or more of t	bo stock of a same and	/		
b	•		•		e portion of the	
	ownership of a partnership or other entity <b>N/A</b>	y or willion the louridat	ion nasa 10% or great	er merest.		
		Front Ciff Loon Sol	olorobin etc. Decem			
2	Information Regarding Contribution, G Check here ▶ ☐ If the foundation only		to preselected chantab		doog not accost	
	<del></del>			-		
	unsolicited requests for funds. If the foun		arts, etc., to individual	s or organizations und	ier other conditions,	
	complete items 2a, b, c, and d. See instru		f the manner to the		- 14	
а	The name, address, and telephone numb	per or email address o	the person to whom a	applications should be	addressed.	
	N/A					
	The form in which applications should be	submitted and inform	ation and materials the	av should include		
þ	SEE ATTACHED	Submitted and midfill	adon and materials the	y snould include		
c	Any submission deadlines.					
	NONE		<del></del>			
d	Any restrictions or limitations on awards,	such as by geographi	cal areas, chantable fie	elds, kinds of institutio	ns, or other	
	factors:					
	COMMONWEALTH OF MASS	ACHUSETTS 1	RESIDENTS			

Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year JASON KANG 1350 MASSACHUSETTS AVENUE NONE STUDENT BOSTON MA 02138 ITALIAN EDUCATION 1,000 FIONA FITZGERALD 190 EACHWOOD CIRCUIT NONE STUDENT BOSTON MA 02132 ITALIAN EDUCATION 1,000 NICHOLAS MAIO 175 FOREST STREET NONE STUDENT WALTHAM MA 02452 ITALIAN STUDIES 1,000 ANGELA SIEW P.ZA GIOVANNI AMENDOLA NONE STUDENT **SIENA** 53100 ITALIAN STUDIES 1,000 MICHAEL WAITE 84 BRAYTON ROAD NONE STUDENT BOSTON MA 02135 ITALIAN STUDIES 1,000 KATHLEEN WALKER 1000 MORRISSEY BOULEVARD NONE STUDENT BOSTON MA 02125 ITALIAN STUDIES 1,000 ▶ 3a 6,000 Approved for future payment N/A Total ▶ 3b

Form 990-PF (2017)

I	art XVI-A	Analysis of Income-Producing Act	<u>tivities</u>				
En	ter gross amo	ounts unless otherwise indicated.	(a) Business code	(b) Amount	(c) Exclusion code	d by section 512, 513, or 514  (d) Amount	(e) Related or exempt function income
1	Program ser	rvice revenue			1		(See instructions )
	a			ļ	<b></b>		
	b		<b></b>	ļ	<b></b>	ļ	
		<del></del>	<del></del>	ļ	<b></b>	<del> </del>	
		<del></del>	<b></b>	<del> </del>	<b>├</b>	ļ	<del></del>
			<u> </u>	<del> </del>	<del> </del>	<del> </del>	<del></del>
		<del></del>	<u> </u>	<del> </del>	<del> </del>	<del> </del>	
	•	d contracts from government agencies	<del></del>	<b> </b>	<del> </del>	<del></del>	
		dues and assessments	<b> </b>	<del> </del>	<del> </del>	<del> </del>	1 500
		savings and temporary cash investments	<del></del>		┼──	<del> </del>	1,582
4		nd interest from securities			-		······································
5		come or (loss) from real estate.	<del></del>	<u> </u>	+		
		anced property t-financed property	}	<del> </del>	┼──	<del> </del>	
6		come or (loss) from personal property	\ <del></del>	<del> </del>	<del> </del>	<del> </del>	
	Other invest	• • • • • • • • • • • • • • • • • • • •	<del> </del>	<del> </del>	<del> </del>	<del> </del>	
8		s) from sales of assets other than inventory	<b> </b>	<del></del>	<del> </del> -	<del> </del>	<del></del>
		or (loss) from special events		<del> </del>	+	<del> </del>	
		or (loss) from sales of inventory	<del></del>	<del> </del>	<del> </del>	<del> </del>	<del></del>
	•	ue. a		<del> </del>	<del> </del>		<del></del>
•					†		
					†		
					1		
	е						
12	Subtotal. Ad	dd columns (b), (d), and (e)		(	)	0	1,582
13	Total. Add l	ne 12, columns (b), (d), and (e)				13	1,582
<u>(S</u>	ee worksheet	ın line 13 instructions to verify calculations)					
	Part XVI-B	Relationship of Activities to the A	ccomplishm	ent of Exempt P	urpose	es	
	Line No.	Explain below how each activity for which income					
_	▼	accomplishment of the foundation's exempt purp					ons)
_	3	INTEREST EARNED ADDS TO	THE AVA	ILABILITY C	F DI	STRIBUTING	
_		ADDITIONAL SCHOLARSHIPS					
_							
_				<del></del>			
		<del> </del>		<del></del>			
		<del> </del>					
							<del></del> -
_		<del></del>					
		<del> </del>				<del></del>	
		<del></del>					
		<del></del>					
		<del> </del>	<del></del>				
_							
_						<del></del>	<del></del>
_						··—	
_						<del></del>	<del></del>
_							
_							
_							
_							
_							
_							

_				TILL DONOLINEDITE	3140		Pa	ge 13
Pa		Information Regarization Regarization	_	ansfers To and Transaction	ons and Relationships W	ith Noncharitable		
1				ge in any of the following with any	other organization described		Yes	No
•			=	organizations) or in section 527, r	<del>-</del>		1	
	organization	s?						
а	Transfers fro	om the reporting found	lation to a no	oncharitable exempt organization of	ıf.			
	(1) Cash					1a(1)		X
	(2) Other as	ssets				1a(2)		X
b	Other transa	actions.						
	<b>\</b> -,	fassets to a noncharite	•			1b(1)	<del> </del>	X
	• •	ses of assets from a no		=		<u>1b(2</u> )	<b>!</b>	X
	• •	of facilities, equipment,		sets		1b(3)		X
	` '	rsement arrangements	5			1b(4)	T	X
		r loan guarantees	omborobin o	r fundraising collections		1b(5)	T	X
_	* *		•	r fundraising solicitations other assets, or paid employees		1 <u>b(6</u> )	+	X
ď	_		_	nplete the following schedule. Colu	mn (h) should always show the f	<u>1c</u>	1	_ <u>^</u>
u				even by the reporting foundation. If				
		_		nt, show in column (d) the value of				
	(a) Line no.	(b) Amount involved		e of noncharitable exempt organization		ransactions, and sharing arrangem	ents	
N/	<u>A</u>							_
					<b></b>			
		Ĺ <u> </u>			<u> </u>			
		<u> </u>	<u> </u>					
			<b></b>					
					<del> </del>			
		<del> </del>			<del> </del>			
			<del> </del>		<del> </del>			
		<del> </del>	<del>                                     </del>	<del></del>	<del> </del>	<del></del>		
			<del>                                     </del>			<del> </del>		
					<del> </del>			
								_
2a	Is the found	ation directly or indirec	tly affiliated	with, or related to, one or more tax	-exempt organizations			
	described in	section 501(c) (other	than section	501(c)(3)) or in section 527?		Y	es X	No
b	If "Yes," con	nplete the following sc	hedule	·	·			
		a) Name of organization		(b) Type of organization	(c) Descri	ption of relationship		
	N/A			<del>[</del>	<u> </u>			
		<del></del> _		<del> </del>	<del> </del>			
_				<del> </del>	<del> </del>			_
		<del>/:</del>		<del> </del>	<del> </del>			
_				ned this return, including accompanying sch		my knowledge and belief, it is tru	<del></del>	
	correct, as	nd complete. Declaration of	ceparer (other t	than taxpayer) is based on all information of	which preparer has any knowledge	May the IRS discuss this	eturn	_
Sig	n	/ \	,			with the preparer shown b	elow? _	_
Her		1.	' 1	1/1	0/	See instructions	Yes	No
			lon,	18	V√V N PRES	SIDENT		
	Signa	ature of officer or trustee		Date	Title			
	Print/Ty	pe proparer's name	<u></u>	Prepare 4 signal		Date	Check	
Dai-	.   /					7/3/1/	ı	nployed
Paid Pror	GERRY					112410		
•	Only Firm's n			AVIN & GROTT ACCO		FIN	***	
J 36	Firm's a			ational Drive Sui	te 225	Firm's EIN > **-**		
		Ports	mouth,	NH 03801-6810		Phone no 603-76	<u>6-1</u>	968

9812346 PESCOSOLIDO FAMILY SCHOLARSHIP \*\*\_\*\*\*9148 FYE: 3/31/2018

**Federal Statements** 

	Charitable Purpose	₩.	\$		Charitable Purpose	w.	w.		Charitable Purpose	₩			v.
orm 990-PF, Part I, Line 16b - Accounting Fees	Adjusted Net	£O.	w.	Taxes	Adjusted Net	w.	w.	Expenses	Adjusted Net	₩			₩.
16b - Acco	Net Investment	625	625	t 2 - Form 990-PF, Part I, Line 18 - Taxes	Net Investment	35 15	50	orm 990-PF, Part I, Line 23 - Other Expenses	Net Investment		65 65 65 7	104	349
Part I, Line	Inve	₩	w	90-PF, Part	Inve	w.	w	, Part I, Lin	Inve	₩.			w
rm 990-PF,	Total	625	625	2 - Form 99	Total	35	50	orm 990-PF	Total		65 65 7	104	349
Statement 1 - Fo		₩.	s,	Statement		<b>ν</b> -	w	Statement 3 - Fo		₩			w
	Description	TAX PREPARATION	Total		Description	STATE FILING FEES STATE ANNUAL REPORTS	Total		Description	אַגעיסטעסטעאַ	POSTAGE/OFFIC EXPENSES BANK SERVICE CHARGES	ADVERIENTS OFFICE EXPENSES	Total

9812346 PESCOSOLIDO FAMILY SCHOLARSHIP
\*\*-\*\*\*9148 Federal Statements

FYE: 3/31/2018

## Statement 4 - Form 990-PF, Part III, Line 3 - Other Increases

	Description	Am	Amount		
IRS REFUND		\$	49		
Total		\$	49		

9812346 PESCOSOLIDO FAMILY SCHOLARSHIP

Federal Statements

\*\*\_\*\*9148 FYE: 3/31/2018

•	Expenses	0	0	0	0	0	0	0	0	0
Trustees, Etc.	Benefits			_	_	J	J	J		0
Officers, Directors,	Compensation	0	0	0	0	0	0	0	0	0
Line 1 - List of C	Average Hours	2.00	2.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Statement 5 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc.	Title	PRESIDENT	TREAS.	SECRETARY	DIRECTOR	DIRECTOR	DIRECTOR	DIRECTOR	DIRECTOR	DIRECTOR
Stateme	Name and Address	LINO RULLO 9 DUDLEY ROAD LEXINGTON MA 02421	SALVATORE BRAMANTE 874 FELLSWAY MEDFORD MA 02155	CARMINE N. RULLO 9 DUDLEY ROAD LEXINGTON MA 02421	FRANK J. CIANO 65 WOODSIDE LANE ARLINGTON MA 02474	RONALD A. DARDENO 209 NOBSCOT ROAD SUDBURY MA 01776	PETER W. AGNES, JR. 3 WILLOW BROOK DRIVE WAYLAND MA 01778	SALVATORE DIDOMENICO 716 CAMBRIDGE STREET CAMBRIDGE MA 02141	ANTHONY CASSANO 3 MAGNOLIA DRIVE LYNFIELD MA 01940	ANNA QUADRI 209 HIGHLAND AVENUE

2

9812346 PESCOSOLIDO FAMILY SCHOLARSHIP **-***9148 Federal Statements
FYE: 3/31/2018
Form 990-PF, Part XV, Line 2b - Application Format and Required Contents
Description
SEE ATTACHED
Form 990-PF, Part XV, Line 2c - Submission Deadlines
Description
NONE
Form 990-PF, Part XV, Line 2d - Award Restrictions or Limitations
Description Description
COMMONWEALTH OF MASSACHUSETTS RESIDENTS

- ----