

For calendar year 2017, or tax year beginning 07-01-2017, and ending 06-30-2018

Name of foundation JANEY FUND CHARITABLE TRUST C/O C&R MANAGEMENT		A Employer identification number 11-2836564	
Number and street (or P.O. box number if mail is not delivered to street address) 1330 BOYLSTON STREET		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code CHESTNUT HILL, MA 02467		B Telephone number (see instructions) (617) 734-3600	
G Check all that apply <div><input type="checkbox"/> Initial return</div> <div><input type="checkbox"/> Initial return of a former public charity</div> <div><input type="checkbox"/> Final return</div> <div><input type="checkbox"/> Amended return</div> <div><input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Name change</div>		D 1. Foreign organizations, check here 2. Foreign organizations meeting the 85% test, check here and attach computation	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 19,856,433		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here	
J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) (Part I, column (d) must be on cash basis)			

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)				
	2 Check <input checked="" type="checkbox"/> If the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	1,516	1,516		
	4 Dividends and interest from securities	746,962	746,962		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	-199,929			
	b Gross sales price for all assets on line 6a	5,468,578			
	7 Capital gain net income (from Part IV, line 2)		0		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	548,549	748,478		
	13 Compensation of officers, directors, trustees, etc	0	0		0
	14 Other employee salaries and wages	85,173	0		85,173
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	6,500	3,250		3,250
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	25,367	0		6,945
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	49,354	5,353		44,001
	24 Total operating and administrative expenses. Add lines 13 through 23	166,394	8,603		139,369
	25 Contributions, gifts, grants paid	5,612,307			5,612,307
	26 Total expenses and disbursements. Add lines 24 and 25	5,778,701	8,603		5,751,676
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	-5,230,152			
	b Net investment income (if negative, enter -0-)		739,875		
c Adjusted net income (if negative, enter -0-)					

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing			
	2 Savings and temporary cash investments	1,190,219	1,628,574	1,628,574
	3 Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)			
	c Investments—corporate bonds (attach schedule)	24,259,235	18,590,728	18,227,859
	11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)			
	14 Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	15 Other assets (describe ▶ _____)			
	16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	25,449,454	20,219,302	19,856,433
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)			

[illegible]

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

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b	1	14,798
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2.	3	14,798
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	14,798
6	Credits/Payments		
a	2017 estimated tax payments and 2016 overpayment credited to 2017	6a	20,000
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	0
7	Total credits and payments. Add lines 6a through 6d.	7	20,000
8	Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	8	1
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	5,201
11	Enter the amount of line 10 to be Credited to 2018 estimated tax <input type="checkbox"/> 5,201 Refunded <input type="checkbox"/>	11	0

Part VII-A Statements Regarding Activities

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

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address N/A	13	Yes	
14	The books are in care of C&R MANAGEMENT Telephone no (617) 734-3600			

Located at **1330 BOYLSTON STREET CHESTNUT HILL MA** ZIP+4 **02467**

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

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

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

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

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

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

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

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
SUSAN ROTHENBERG C/O CR MANAGEMENT 1330 BOYLSTON ST CHESTNUT HILL, MA 02467	TRUSTEE 1 00	0	0	0
EDWARD ROTHENBERG C/O CR MANAGEMENT 1330 BOYLSTON ST CHESTNUT HILL, NY 02467	MANAGER 1 00	0	0	0
WILLIAM J BUCKLEY 44 MEETING STREET CHARLESTON, SC 29401	TRUSTEE 1 00	0	0	0
ANN ROTHENBERG C/O CR MANAGEMENT 1330 BOYLSTON ST CHESTNUT HILL, MA 02467	TRUSTEE 1 00	0	0	0

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

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred compensation (d)	Expense account, (e) other allowances
DEBORAH DENHART 595 COLES MEADOW RD NORTHAMPTON, MA 01060	ADMINISTRATOR 30 00	85,173	38,898	0

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

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

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

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 NONE	0
2	
3	
4	

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE	0
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	0

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	21,142,191
b	Average of monthly cash balances.	1b	1,634,689
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	22,776,880
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	22,776,880
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	341,653
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	22,435,227
6	Minimum investment return. Enter 5% of line 5.	6	1,121,761

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

1	Minimum investment return from Part X, line 6.	1	1,121,761
2a	Tax on investment income for 2017 from Part VI, line 5.	2a	14,798
b	Income tax for 2017 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	14,798
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	1,106,963
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	1,106,963
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	1,106,963

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	5,751,676
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	4	5,751,676
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	5,751,676

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				1,106,963
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only.			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2017				
a From 2012.	4,609,811			
b From 2013.	3,888,641			
c From 2014.	4,084,661			
d From 2015.	4,474,108			
e From 2016.	4,193,753			
f Total of lines 3a through e.	21,250,974			
4 Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ <u>5,751,676</u>				
a Applied to 2016, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2017 distributable amount.				1,106,963
e Remaining amount distributed out of corpus	4,644,713			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	25,895,687			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b Taxable amount—see instructions		0		
e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).	0			
8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions).	4,609,811			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	21,285,876			
10 Analysis of line 9				
a Excess from 2013.	3,888,641			
b Excess from 2014.	4,084,661			
c Excess from 2015.	4,474,108			
d Excess from 2016.	4,193,753			
e Excess from 2017.	4,644,713			

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

Part XV **Supplementary Information** (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

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

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total			3a	5,612,307
b <i>Approved for future payment</i>				
Total			3b	0

Enter gross amounts unless otherwise indicated

(See worksheet in line 13 instructions to verify calculations)

[illegible]

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

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of			
(1) Cash.	1a(1)		No
(2) Other assets.	1a(2)		No
b Other transactions			
(1) Sales of assets to a noncharitable exempt organization.	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization.	1b(2)		No
(3) Rental of facilities, equipment, or other assets.	1b(3)		No
(4) Reimbursement arrangements.	1b(4)		No
(5) Loans or loan guarantees.	1b(5)		No
(6) Performance of services or membership or fundraising solicitations.	1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.	1c		No
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.			

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule

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

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	*****	2018-11-14	*****
	Signature of officer or trustee	Date	Title

May the IRS discuss this return with the preparer shown below (see instr)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--

Paid Preparer Use Only	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	THEODORE S SAMET CPA				P01330378
	Firm's name ▶ SAMET & COMPANY PC				Firm's EIN ▶ 04-3027605
Firm's address ▶ 1330 BOYLSTON STREET CHESTNUT HILL, MA 024672111					Phone no (617) 731-1222

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
ACLU FOUNDATION125 BROAD STREET NEW YORK, NY 10004	NONE	EXEMPT	UNRESTRICTED	5,000
ADMIRAL NIMITZ FOUNDATION 310 E AUSTIN ST FREDERICKSBURG, TX 78624	NONE	EXEMPT	UNRESTRICTED	100
ADOLESCENT CONSULTATION SERVICES 189 CAMBRIDGE STREET CAMBRIDGE, MA 02141	NONE	EXEMPT	UNRESTRICTED	20,000
Total ▶ 3a				5,612,307

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ALBANIAN HUMAN RIGHTS PROJECT 5 PENN PLAZA 16TH FLOOR NEW YORK, NY 10001	NONE	EXEMPT	UNRESTRICTED	2,500
ALBERT EINSTEIN COLLEGE OF MEDICINE 1300 MORRIS PARK AVENUE BRONX, NY 10461	NONE	EXEMPT	UNRESTRICTED	50,000
ALL DORCHESTER SPORTS LEAGUE 1565 DORCHESTER AVE DORCHESTER, MA 02122	NONE	EXEMPT	UNRESTRICTED	10,000
Total ► 3a				5,612,307

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ALL NEWTON MUSIC SCHOOL 321 CHESTNUT STREET WEST NEWTON, MA 02465	NONE	EXEMPT	UNRESTRICTED	10,000
ALLEGHENY COLLEGE520 N MAIN ST MEADVILLE, PA 16335	NONE	EXEMPT	UNRESTRICTED	6,178
ALPER'S CHAMPIONS 761 SUNSET CIRCLE CRANBERRY TWP, PA 16066	NONE	EXEMPT	UNRESTRICTED	2,500
Total ▶ 3a				5,612,307

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
ALZHEIMER'S DISEASE RESEARCH 322 EIGHT AVE NEW YORK, NY 10001	NONE	EXEMPT	UNRESTRICTED	400
AMERICAN ASSOCIATION OF UNIVERSITY WOMEN 1310 L ST NW SUITE 1000 WASHINGTON, DC 20005	NONE	EXEMPT	UNRESTRICTED	300
AMERICAN FRIENDS OF HEBREW UNIVERSITY 1 BATTERY PL NEW YORK, NY 10004	NONE	EXEMPT	UNRESTRICTED	300
Total ▶ 3a				5,612,307

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
AMERICAN FRIENDS SERVICE COMMITTEE 1501 CHERRY STREET PHILADELPHIA, PA 19102	NONE	EXEMPT	UNRESTRICTED	200
AMERICAN JEWISH COMMITTEE 165 EAST 56TH ST NY, NY 10022	NONE	EXEMPT	UNRESTRICTED	50,000
AMERICAN MUSEUM OF NATURAL HISTORY CENTRAL PARK WEST 79TH ST NEW YORK, NY 10024	NONE	EXEMPT	UNRESTRICTED	200
Total ▶ 3a				5,612,307

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
AMERICAN RED CROSSPO BOX 37839 BOONE, IA 50037	NONE	EXEMPT	UNRESTRICTED	540
AMERICAN TECHNION SOCIETY 1 GATEWAY CTR 515 NEWTON, MA 02458	NONE	EXEMPT	UNRESTRICTED	50,000
APPALACHIAN MOUNTAIN CLUB 10 CITY SQUARE BOSTON, MA 02129	NONE	EXEMPT	UNRESTRICTED	250
Total ▶ 3a				5,612,307

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
AQUINNAH PUBLIC LIBRARY 1 CHURCH ST AQUINNAH, MA 02535	NONE	EXEMPT	UNRESTRICTED	2,000
ARROWMONT SCHOOL OF ARTS AND CRAFTS 556 PARKWAY GATLINBURG, TN 37738	NONE	EXEMPT	UNRESTRICTED	5,000
ARTISTIC NOISE 315 FLATBUSH AVENUE 507 BROOKLYN, NY 11217	NONE	EXEMPT	UNRESTRICTED	15,000
Total ► 3a				5,612,307

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
ARTISTS FOR HUMANITY 100 WEST SECOND STREET BOSTON, MA 02127	NONE	EXEMPT	UNRESTRICTED	20,000
AUTISTIC CHILDREN OF AMERICA 228 W LINCOLN HWY 301 SCHERERVILLE, IN 46375	NONE	EXEMPT	UNRESTRICTED	200
BAY COVE - SMALL WONDERS 105 VICTORY ROAD DORCHESTER, MA 02122	NONE	EXEMPT	UNRESTRICTED	15,000
Total ▶ 3a				5,612,307

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BEACON ACADEMY 477 LONGWOOD AVENUE BOSTON, MA 02115	NONE	EXEMPT	UNRESTRICTED	20,000
BERKLEE CITY MUSIC PROGRAM 1140 BOYLSTON STREET BOSTON, MA 02215	NONE	EXEMPT	UNRESTRICTED	150,000
BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVENUE BOSTON, MA 02215	NONE	EXEMPT	UNRESTRICTED	50,000
Total ▶ 3a				5,612,307

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BIG SISTER ASSOCIATION OF GREATER BOSTON 161 MASSACHUSETTS AVENUE BOSTON, MA 02115	NONE	EXEMPT	UNRESTRICTED	15,000
BLUE RIDER STABLESPO BOX 924 GREAT BARRINGTON, MA 01230	NONE	EXEMPT	UNRESTRICTED	35,000
BORN FREE USA 8737 COLESVILLE ROAD SUITE 715 SILVER SPRING, MD 20910	NONE	EXEMPT	UNRESTRICTED	5,000
Total ▶ 3a				5,612,307

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BOSTON AREA RAPE CRISIS CENTER 99 BISHOP ALLEN DRIVE CAMBRIDGE, MA 02139	NONE	EXEMPT	UNRESTRICTED	15,000
BOSTON ARTS ACADEMY 174 IPSWICH STREET BOSTON, MA 02215	NONE	EXEMPT	UNRESTRICTED	35,000
BOSTON HEALTH CARE FOR THE HOMELESS 780 ALBANY ST BOSTON, MA 02118	NONE	EXEMPT	UNRESTRICTED	75,000
Total 3a				5,612,307

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BOSTON MEDICAL CENTER(PEDIATRICS DEPT) 818 HARRISON AVE BROOKLINE, MA 02118	NONE	EXEMPT	UNRESTRICTED	25,000
BOSTON SYMPHONY ORCHESTRA 301 MASSACHUSETTS AVENUE BOSTON, MA 02115	NONE	EXEMPT	UNRESTRICTED	100,000
BOTTOMLINE NEW YORK 44 COURT STREET SUITE 300 BROOKLYN, NY 11201	NONE	EXEMPT	UNRESTRICTED	25,000
Total ► 3a				5,612,307

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BOYS AND GIRLS CLUB OF BOSTON 50 CONGRESS STREET BOSTON, MA 02109	NONE	EXEMPT	UNRESTRICTED	15,000
BOYS AND GIRLS CLUB OF DORCHESTER 1135 DORCHESTER AVE DORCHESTER, MA 02125	NONE	EXEMPT	UNRESTRICTED	5,000
BOYS AND GIRLS CLUB OF NEWTON 675 WATERTOWN ST NEWTON, MA 02460	NONE	EXEMPT	UNRESTRICTED	20,000
Total ► 3a				5,612,307

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BRANDEIS - HELLER SCHOOL 415 SOUTH ST WALTHAM, MA 02453	NONE	EXEMPT	UNRESTRICTED	50,000
BRANDEIS UNIVERSITY - POSSE 415 SOUTH ST WALTHAM, MA 02453	NONE	EXEMPT	UNRESTRICTED	100,000
BRANDEIS UNIVERSITY - HILLEL FOUNDATION 415 SOUTH ST WALTHAM, MA 02453	NONE	EXEMPT	UNRESTRICTED	1,000
Total ▶ 3a				5,612,307

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
BRANDEIS UNIVERSITY - TRANS YEAR PROGRAM 415 SOUTH ST WALTHAM, MA 02453	NONE	EXEMPT	UNRESTRICTED	50,000
BRANDEIS UNIVERSITY - LATIN AMERICAN STUDIES 415 SOUTH ST WALTHAM, MA 02453	NONE	EXEMPT	UNRESTRICTED	55,000
BRIGHAM AND WOMEN'S HOSPITAL 116 HUNTINGTON AVE BOSTON, MA 02116	NONE	EXEMPT	UNRESTRICTED	500
Total ▶ 3a				5,612,307

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BRONX RIVER ALLIANCE 785 MAMARONECK AVE WHITE PLAINS, NY 10605	NONE	EXEMPT	UNRESTRICTED	5,000
BROOKLINE COMMUNITY MENTAL HEALTH CENTER 41 GARRISON RD BROOKLINE, MA 02445	NONE	EXEMPT	UNRESTRICTED	15,000
BROOKLYN WORKFORCE INNOVATIONS 621 DEGRAW STREET BROOKLYN, MA 11217	NONE	EXEMPT	UNRESTRICTED	40,000
Total ▶ 3a				5,612,307

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
CAMP HARBOR VIEW46 PLYMPTON ST BOSTON, MA 02118	NONE	EXEMPT	UNRESTRICTED	2,500
CARE151 ELLIS ST ATLANTA, GA 30303	NONE	EXEMPT	UNRESTRICTED	200
CARROLL CENTER FOR THE BLIND 770 CENTRE STREET NEWTON, MA 02458	NONE	EXEMPT	UNRESTRICTED	10,000
Total ▶ 3a				5,612,307

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CASA NUEVA VIDA 53 GLEN ROAD PO BOX 302115 JAMAICA PLAIN, MA 02130	NONE	EXEMPT	UNRESTRICTED	15,000
CENTER FOR COURT INNOVATION 520 8TH AVENUE 18TH FLOOR NEW YORK, NY 10018	NONE	EXEMPT	UNRESTRICTED	50,000
CENTER FOR FAMILY LIFE IN SUNSET PARK 345 43RD STREE BROOKLYN, NY 11232	NONE	EXEMPT	UNRESTRICTED	35,000
Total ► 3a				5,612,307

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
CHILDREN'S MUSEUM 300 CONGRESS STREET BOSTON, MA 02210	NONE	EXEMPT	UNRESTRICTED	25,000
CHILDRENS WISH FOUNDATION 8615 ROSWELL RD ATLANTA, GA 30350	NONE	EXEMPT	UNRESTRICTED	20,000
CITIZENS INN INC81 MAIN ST PEABODY, MA 01960	NONE	EXEMPT	UNRESTRICTED	52,500
Total ▶ 3a				5,612,307

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CITY SCHOOL614 COLUMBIA ROAD DORCHESTER, MA 02125	NONE	EXEMPT	UNRESTRICTED	20,000
COALITION TO SALUTE AMERICA'S HEROES 552 FORT EVANS ROAD SUITE 300 LEESBURG, VA 20176	NONE	EXEMPT	UNRESTRICTED	200
CODMAN SQUARE HEALTH CENTER 637 WASHINGTON STREET DORCHESTER, MA 02124	NONE	EXEMPT	UNRESTRICTED	50,000
Total ▶ 3a				5,612,307

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
COLONEL DANIEL MARR BOYSGIRLS CLUB 1135 DORCHESTER AVE DORCHESTER, MA 02125	NONE	EXEMPT	UNRESTRICTED	30,000
COLUMBIA COUNTY LAND CONSERVANCY 49 MAIN ST CHATHAM, NY 12037	NONE	EXEMPT	UNRESTRICTED	10,000
COMBINED JEWISH PHILANTHROPIES 126 HIGH STREET BOSTON, MA 02110	NONE	EXEMPT	UNRESTRICTED	40,000
Total ▶ 3a				5,612,307

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
COMMUNITY ACTION 3 WASHINGTON SQUARE HAVERHILL, MA 01830	NONE	EXEMPT	UNRESTRICTED	20,000
COMMUNITY MUSIC SCHOOL SPRINGFIELD 127 STATE STREET SPRINGFIELD, MA 01103	NONE	EXEMPT	UNRESTRICTED	20,000
COMMUNITY PREPARTORY SCHOOL 126 SOMERSET STREET PROVIDENCE, RI 02907	NONE	EXEMPT	UNRESTRICTED	30,000
Total ▶ 3a				5,612,307

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
COMMUNITY RESOURCES FOR JUSTICE 355 BOYLSTON STREET BOSTON, MA 02116	NONE	EXEMPT	UNRESTRICTED	20,000
COMMUNITY SERVINGS 18 MARBURY TERRACE JAMAICA PLAIN, MA 02130	NONE	EXEMPT	UNRESTRICTED	25,000
DAVID PROJECTPO BOX 52390 BOSTON, MA 02205	NONE	EXEMPT	UNRESTRICTED	10,000
Total ▶ 3a				5,612,307

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
DISMAS HOUSE30 RICHARDS ST WORCESTER, MA 01603	NONE	EXEMPT	UNRESTRICTED	25,000
EMPATH10 PERTHSHIRE RD BOSTON, MA 02135	NONE	EXEMPT	UNRESTRICTED	300
EPIPHANY SCHOOL154 CENTRE ST DORCHESTER, MA 02124	NONE	EXEMPT	UNRESTRICTED	20,000
Total ▶ 3a				5,612,307

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
EQUINE ADVOCATES 3212 STATE ROUTE 66 CHATHAM, NY 12037	NONE	EXEMPT	UNRESTRICTED	10,000
EXALT YOUTH 175 REMSEN STREET SUITE 1000 BROOKLYN, NY 11201	NONE	EXEMPT	UNRESTRICTED	25,000
FACING HISTORY & OURSELVES 16 HURD ROAD BROOKLINE, MA 02445	NONE	EXEMPT	UNRESTRICTED	100,000
Total ▶ 3a				5,612,307

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FAMILY ACCESS OF NEWTON 492 WALTHAM ST NEWTON, MA 02465	NONE	EXEMPT	UNRESTRICTED	75,000
FEEDING AMERICA 35 EAST WACKER DRIVE SUITE 2000 CHICAGO, IL 60601	NONE	EXEMPT	UNRESTRICTED	600
FELLOWSHIP FOR INTENTIONAL COMMUNITY 1 DANCING RABBIT LN BOX 23 RUTLEDGE, MO 63563	NONE	EXEMPT	UNRESTRICTED	2,500
Total ► 3a				5,612,307

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FENWAY HIGH SCHOOL 67 ALLEGHANY ST ROXBURY CROSSING, MA 02120	NONE	EXEMPT	UNRESTRICTED	15,000
FOOD PROJECT10 LEWIS STREET LINCOLN, MA 01773	NONE	EXEMPT	UNRESTRICTED	20,000
FOR THE TROOPS 2960 COCHRAN STREET SIMI VALLEY, CA 93065	NONE	EXEMPT	UNRESTRICTED	250
Total ▶ 3a				5,612,307

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FORESTDALE CENTER67-35 112TH ST FOREST HILL, NY 11375	NONE	EXEMPT	UNRESTRICTED	30,000
FRIENDS OF CHILDREN BOSTON 555 AMORY ST JANAICA PLAIN, MA 02130	NONE	EXEMPT	UNRESTRICTED	20,000
FRIENDS OF YEMIN ORDE 4340 EAST-WEST HIGHWAY SUITE 202 BETHESDA, MD 20814	NONE	EXEMPT	UNRESTRICTED	125,000
Total ▶ 3a				5,612,307

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FRIENDSHIP CIRCLE SAN DIEGO 16934CHABAD WAY POWAY, CA 92064	NONE	EXEMPT	UNRESTRICTED	5,000
FROM THE TOP 140 CLARENDON STREET SUITE 301 BOSTON, MA 02116	NONE	EXEMPT	UNRESTRICTED	20,000
GIVAT HAVIVA EDUCATION FOUNDATION 424 WEST 33RD ST 150 NEW YORK, NY 10001	NONE	EXEMPT	UNRESTRICTED	10,000
Total ► 3a				5,612,307

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
GLOBAL GLIMPSE 101 BROADWAY SUIT 301 OAKLAND, CA 94607	NONE	EXEMPT	UNRESTRICTED	70,000
GOOD SHEPHERD SERVICES 305 SEVENTH AVENUE NEW YORK, NY 10001	NONE	EXEMPT	UNRESTRICTED	85,000
GREATER BOSTON FOOD BANK 99 ATKINSON STREET BOSTON, MA 02118	NONE	EXEMPT	UNRESTRICTED	52,500
Total ▶ 3a				5,612,307

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
GREATER BOSTON LEGAL SERVICES 197 FRIEND STREET BOSTON, MA 02114	NONE	EXEMPT	UNRESTRICTED	75,000
GREENAGERS 342 NORTH PLAIN R SUITE 1 HOUSATONIC, MA 01236	NONE	EXEMPT	UNRESTRICTED	30,000
GROW HEALTHY GARDEN PROGRAM 74 CHURCH ST NORTH ADAMS, MA 01247	NONE	EXEMPT	UNRESTRICTED	5,000
Total ▶ 3a				5,612,307

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
GUARDIAN ANGELS MEDICAL SERVICE DOGS 3251 NE 180TH AVE WILLISTON, FL 32696	NONE	EXEMPT	UNRESTRICTED	300
GUTHRIE CENTER 2 VAN DEUSENVILLE RD GREAT BARRINGTON, MA 01230	NONE	EXEMPT	UNRESTRICTED	5,000
HABITAT FOR HUMANITY 121 HABITAT STREET AMERICUS, GA 31709	NONE	EXEMPT	UNRESTRICTED	250
Total ► 3a				5,612,307

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HAWLEMONT REGIONAL SCHOOL 10 SCHOOL ST CHARLEMONT, MA 01339	NONE	EXEMPT	UNRESTRICTED	5,000
HEBREW SENIOR LIFE 1200 CENTRE STREET ROSLINDALE, MA 02131	NONE	EXEMPT	UNRESTRICTED	25,000
HEBREW SENIOR LIFE CENTER 1200 CENTRE STREET BOSTON, MA 02131	NONE	EXEMPT	UNRESTRICTED	50,000
Total ▶ 3a				5,612,307

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HIGH & MIGHTY71 COUNTY ROUTE 21C GHENT, NY 12075	NONE	EXEMPT	UNRESTRICTED	5,000
HOLOCAUST MUSEUM 100 RAOUL WALLENBERG PLACE WASHINGTON, DC 20024	NONE	EXEMPT	UNRESTRICTED	15,000
HOMES FOR VETERANS 105 HIGHLAND AVE HARRINGTON PARK, NJ 07640	NONE	EXEMPT	UNRESTRICTED	300
Total ▶ 3a				5,612,307

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HORIZONS FOR HOMELESS CHILDREN 1705 COLUMBUS AVENUE ROXBURY, MA 02119	NONE	EXEMPT	UNRESTRICTED	55,000
HOUR CHILDREN36-11 12TH ST LONG ISLAND CITY, NY 11106	NONE	EXEMPT	UNRESTRICTED	15,000
JEWISH COMMUNITY CENTERS OF GREATER BOSTON 333 NAHANTON STREET NEWTON, MA 02459	NONE	EXEMPT	UNRESTRICTED	50,000
Total ▶ 3a				5,612,307

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
JEWISH FAMILY AND CHILDREN'S SERVICE 1430 MAINE STREET WALTHAM, MA 02451	NONE	EXEMPT	UNRESTRICTED	45,000
JULIE'S FAMILY LEARNING PROGRAM 133 DORCHESTER STREET SOUTH BOSTON, MA 02127	NONE	EXEMPT	UNRESTRICTED	50,000
KESTREL LAND TRUST 284 N PLEASANT ST AMHERST, MA 01002	NONE	EXEMPT	UNRESTRICTED	25,000
Total ► 3a				5,612,307

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
KIDS WISH NETWORK4060 LOUIS AVE HOLIDAY, FL 34691	NONE	EXEMPT	UNRESTRICTED	200
KISHORIT VILLAGEPO BOX 370362 WEST HARTFORD, CT 06137	NONE	EXEMPT	UNRESTRICTED	25,000
LAND'S SAKE90 WELLESLEY ST WESTON, MA 02493	NONE	EXEMPT	UNRESTRICTED	10,000
Total <div>▶</div> 3a				5,612,307

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
LEHMAN COLLEGE 250 BEDFORD PARK BLVD BRONX, NY 10468	NONE	EXEMPT	UNRESTRICTED	5,000
LIGHTHOUSE GUILD 250 WEST 64TH STREET NEW YORK, NY 10023	NONE	EXEMPT	UNRESTRICTED	500
MACULAR DEGENERATION ASSOCIATION 22512 GATEWAY CENTER DRIVE CLARKSBURG, MD 20871	NONE	EXEMPT	UNRESTRICTED	300
Total ▶ 3a				5,612,307

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
MANHATTAN SCHOOL OF MUSIC 120 CLAREMONT AVE NEW YORK, NY 10027	NONE	EXEMPT	UNRESTRICTED	5,000
MASSACHUSETTS COLLEGE OF ART AND DESIGN 621 HUNTINGTON AVE BOSTON, MA 02115	NONE	EXEMPT	UNRESTRICTED	50,000
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET YAW 8 B BOSTON, MA 02114	NONE	EXEMPT	UNRESTRICTED	31,000
Total ► 3a				5,612,307

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
MATCH BEYOND 50 MILK STREET 6TH FLOOR BOSTON, MA 02110	NONE	EXEMPT	UNRESTRICTED	20,000
MERCY CORPSPO BOX 2669 DEPT W PORTLAND, OR 97208	NONE	EXEMPT	UNRESTRICTED	550
METROPOLITAN WIND SYMPHONY 62 MOSSDALE ROAD JAMAICA PLAIN, MA 02130	NONE	EXEMPT	UNRESTRICTED	2,000
Total ▶ 3a				5,612,307

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
MORGAN MEMORIAL GOODWILL INDUSTRIES 1010 HARRISON AVE BOSTON, MA 02119	NONE	EXEMPT	UNRESTRICTED	500
MOTHER CAROLINE ACADEMY 515 BLUE HILL AVENUE DORCHESTER, MA 02121	NONE	EXEMPT	UNRESTRICTED	30,000
MUSIC CONNECTS20 BELGRADE AVE ROSLINDALE, MA 02131	NONE	EXEMPT	UNRESTRICTED	10,000
Total ▶ 3a				5,612,307

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NAACP330 MLK JR BLVD ROXBURY, MA 02119	NONE	EXEMPT	UNRESTRICTED	200
NATIONAL CANCER RESEARCH CENTER 1730 K ST NW WASHINGTON, DC 20006	NONE	EXEMPT	UNRESTRICTED	100
NATIONAL CHORALE1650 BROADWAY NY, NY 10019	NONE	EXEMPT	UNRESTRICTED	10,000
Total ▶ 3a				5,612,307

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NATIONAL JEWISH HEALTH 1400 JACKSON ST DENVER, CO 80206	NONE	EXEMPT	UNRESTRICTED	150
NATIONAL POLICE ASSOCIATION 317 S PATRICK ST ALEXANDRIA, VA 22314	NONE	EXEMPT	UNRESTRICTED	100
NATIONAL WILDLIFE FEDERATION 11100 WILDLIFE CENTER DR RESTON, VA 20190	NONE	EXEMPT	UNRESTRICTED	100
Total ▶ 3a				5,612,307

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NATIONAL WOMEN'S HEALTH NETWORK 1413 K STREET NW 4TH FLOOR WASHINGTON, DC 20005	NONE	EXEMPT	UNRESTRICTED	250
NATIVE AMERICAN RIGHTS FUND 1506 BROADWAY BOULDER, CO 80302	NONE	EXEMPT	UNRESTRICTED	100
NATURAL RESOURCES DEFENSE COUNCIL 40 WEST 20TH STREET 11TH FLOOR NEW YORK, NY 10011	NONE	EXEMPT	UNRESTRICTED	10,300
Total ▶ 3a				5,612,307

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NAVAJO RELIEF FUND 1310 E RIVERVIEW DR PHOENIX, AZ 85034	NONE	EXEMPT	UNRESTRICTED	200
NEIGHBORHOOD HOUSE CHARTER SCHOOL 21 QUEEN STREET DORCHESTER, MA 02122	NONE	EXEMPT	UNRESTRICTED	20,000
NEW ART CENTER 61 WASHINGTON PARK NEWTONVILLE, MA 02460	NONE	EXEMPT	UNRESTRICTED	30,000
Total ► 3a				5,612,307

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NEW ENGLAND AQUARIUM CENTRAL WHARF BOSTON, MA 02110	NONE	EXEMPT	UNRESTRICTED	10,000
NEW ENGLAND CONSERVATORY 290 HUNTINGTON AVENUE BOSTON, MA 02115	NONE	EXEMPT	UNRESTRICTED	30,000
NEW YORK BOTANICAL GARDEN 2900 SOUTHERN BLVD BRONX, NY 10458	NONE	EXEMPT	UNRESTRICTED	5,000
Total ▶ 3a				5,612,307

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
NEWTON COMMUNITY DEVELOPMENT FOUNDATION 425 WATERTOWN ST 205 NEWTON, MA 02458	NONE	EXEMPT	UNRESTRICTED	250
NEWTON COMMUNITY SERVICE CENTERS 492 WALTHAM STREET WEST NEWTON, MA 02465	NONE	EXEMPT	UNRESTRICTED	35,000
NEWTON FREE LIBRARY 330 HOMER STREET NEWTON CENTRE, MA 02459	NONE	EXEMPT	UNRESTRICTED	2,500
Total ▶ 3a				5,612,307

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NEWTON WELLESLEY HOSPITAL 2014 WASHINGTON STREET ALLEN- RIDDLE BUILDING NEWTON, MA 02462	NONE	EXEMPT	UNRESTRICTED	10,000
NORTH SHORE ANIMAL LEAGUE 25 DAVIS AVENUE PORT WASHINGTON, NY 11050	NONE	EXEMPT	UNRESTRICTED	5,000
NORTHEAST ARCNORTHEAST ARC DANVERS, MA 01923	NONE	EXEMPT	UNRESTRICTED	12,500
Total ▶ 3a				5,612,307

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NORTHEAST ORGANIC FARMING ASSOCIATION 411 SHELDON ROAD BARRE, MA 01005	NONE	EXEMPT	UNRESTRICTED	15,000
NORTHEASTERN UNIVERSITY FOUNDATION YEAR PROGRAM 360 HUNTINGTON AVE BOSTON, MA 02115	NONE	EXEMPT	UNRESTRICTED	50,000
OPERATION FINALLY HOME 1659 STATE HIGHWAY 46 WEST SUITE 115-606 NEW BRAUNFELS, TX 78132	NONE	EXEMPT	UNRESTRICTED	250
Total ▶ 3a				5,612,307

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
OPPORTUNITY NETWORK 85 BROAD STREET 6TH FLOOR NY, NY 10004	NONE	EXEMPT	UNRESTRICTED	25,000
ORCHARD COVE LIBRARY FUND 1 DEL POND DR CANTON, MA 02021	NONE	EXEMPT	UNRESTRICTED	2,500
ORCHARD COVE SCHOLARSHIP FUND 1 DEL POND DR CANTON, MA 02021	NONE	EXEMPT	UNRESTRICTED	2,500
Total ▶ 3a				5,612,307

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
OUT METROWEST929 WORCESTER RD FRAMINGHAM, MA 01701	NONE	EXEMPT	UNRESTRICTED	1,000
PARALYZED VETERANS OF AMERICA 801 18TH ST NW WASHINGTON, DC 20006	NONE	EXEMPT	UNRESTRICTED	200
PAUL DRESHER ENSEMBLE 55 TAYLOR ST SAN FRANCISCO, CA 94102	NONE	EXEMPT	UNRESTRICTED	17,500
Total ▶ 3a				5,612,307

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PERKINS SCHOOL FOR THE BLIND 175 N BEACON ST WATERTOWN, MA 02472	NONE	EXEMPT	UNRESTRICTED	300
PETA501 FRONT ST NORFOLK, VA 23510	NONE	EXEMPT	UNRESTRICTED	200
PHILLIPS MEMORIAL SCHOLARSHIP FUND PO BOX 870 SALEM, MA 01970	NONE	EXEMPT	UNRESTRICTED	71,000
Total ▶ 3a				5,612,307

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PINE STREET INN 444 HARRISON AVENUE BOSTON, MA 02118	NONE	EXEMPT	UNRESTRICTED	100,000
PLANNED PARENTHOOD 1055 COMMONWEALTH AVE BOSTON, MA 02215	NONE	EXEMPT	UNRESTRICTED	5,000
PROJECT HOPE550 DUDLEY STREET ROXBURY, MA 02119	NONE	EXEMPT	UNRESTRICTED	75,000
Total ▶ 3a				5,612,307

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PROJECT STEP 301 MASSACHUSETTS AVE BOSTON, MA 02115	NONE	EXEMPT	UNRESTRICTED	30,000
QUEST ADVENTURES67 ALLEGHANY ST BOSTON, MA 02120	NONE	EXEMPT	UNRESTRICTED	5,000
RAILROAD STREET YOUTH PROJECT 60 BRIDGE ST GREAT BARRINGTON, MA 01230	NONE	EXEMPT	UNRESTRICTED	25,000
Total ▶ 3a				5,612,307

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
RED CLOUD INDIAN SCHOOL 100 MISSION DRIVE PINE RIDGE, MD 57770	NONE	EXEMPT	UNRESTRICTED	250
RED GATE FARM 4 NORMAN ROAD ASHFIELD ASHFIELD, MA 01330	NONE	EXEMPT	UNRESTRICTED	20,000
REEL WORKS 540 PRESIDENT STREET SUITE 2F BROOKLYN, NY 11215	NONE	EXEMPT	UNRESTRICTED	30,000
Total ▶ 3a				5,612,307

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
RIVERSIDE COMMUNITY HEALTH CENTER 270 BRIDGE STREET DEDHAM, MA 02026	NONE	EXEMPT	UNRESTRICTED	10,000
ROCA101 PARK STREET CHELSEA, MA 02150	NONE	EXEMPT	UNRESTRICTED	25,000
ROGERSON COMMUNITIES ONE FLORENCE STREET BOSTON, MA 02131	NONE	EXEMPT	UNRESTRICTED	20,000
Total ▶ 3a				5,612,307

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ROMANIAN CHILDREN'S RELIEF PO BOX 493 PEPPERELL, MA 01463	NONE	EXEMPT	UNRESTRICTED	1,000
ROSIE'S PLACE889 HARRISON AVENUE BOSTON, MA 02118	NONE	EXEMPT	UNRESTRICTED	100,000
ROULETTE INTERMEDIUM INC 228 WEST BROADWAY NEW YORK, NY 10013	NONE	EXEMPT	UNRESTRICTED	50,000
Total ▶ 3a				5,612,307

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
SAVE THE CHILDREN FOUNDATION 501 KINGS HIGHWAY FAIRFIELD, CT 06825	NONE	EXEMPT	UNRESTRICTED	200
SCHWARTZ CENTER 226 S STATE STREET DOVER, DE 19901	NONE	EXEMPT	UNRESTRICTED	10,000
SENIOR CITIZEN FUND OF NEWTON 1000 COMMONWEALTH AVE NEWTON CENTER, MA 02459	NONE	EXEMPT	UNRESTRICTED	2,000
Total ▶ 3a				5,612,307

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
SHAKE-A-LEG MIAMI 2620 SOUTH BAYSHORE DRIVE MIAMI, FL 33133	NONE	EXEMPT	UNRESTRICTED	25,000
SHAKESPEARE & COMPANY 70 KEMBLE ST LENOX, MA 01240	NONE	EXEMPT	UNRESTRICTED	10,000
SHRINERS HOSPITALS FOR CHILDREN 51 BLOSSOM STREET BOSTON, MA 02114	NONE	EXEMPT	UNRESTRICTED	250
Total ▶ 3a				5,612,307

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SILENT SPRING INSTITUTE 320 NEVADA STREET SUITE 302 NEWTON, MA 02460	NONE	EXEMPT	UNRESTRICTED	315
SISTERS FOR PEACEPO BOX 473 GREAT BARRINGTON, MA 01230	NONE	EXEMPT	UNRESTRICTED	24,500
SOJOURNER HOUSE 85 ROCKLAND STREET ROXBURY, MA 02119	NONE	EXEMPT	UNRESTRICTED	20,000
Total ▶ 3a				5,612,307

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SOLDIER ON 425 NORTH MAIN STREET BUILDING 6 LEEDS, MA 01053	NONE	EXEMPT	UNRESTRICTED	20,000
SOPHIA ACADEMY979 BRANCH AVENUE PROVIDENCE, RI 02904	NONE	EXEMPT	UNRESTRICTED	20,000
SPAULDING REHABILITATION HOSPITAL 125 NASHUA STREET BOSTON, MA 02114	NONE	EXEMPT	UNRESTRICTED	20,000
Total ▶ 3a				5,612,307

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SQUASHBUSTERS LAWRENCE 795 COLUMBUS AVE ROXBURY CROSSING, MA 02120	NONE	EXEMPT	UNRESTRICTED	15,000
ST ANDREW'S SCHOOL63 FEDERAL RD BARRINGTON, RI 02806	NONE	EXEMPT	UNRESTRICTED	5,000
ST JOSEPH'S INDIAN SCHOOL 1301 N MAIN ST CHAMBERLAIN, SD 57325	NONE	EXEMPT	UNRESTRICTED	200
Total ▶ 3a				5,612,307

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ST LABRE INDIAN SCHOOL TONGUE RIVER RD ASHLAND, MT 59003	NONE	EXEMPT	UNRESTRICTED	300
STANTON HOME205 NORTH PLAIN RD GREAT BARRINGTON, MA 01230	NONE	EXEMPT	UNRESTRICTED	30,000
STEEPLETOP440 E HILL RD AUSTERLITZ, NY 12017	NONE	EXEMPT	UNRESTRICTED	10,000
Total ▶ 3a				5,612,307

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
STEPS TO SUCCESS BROOKLINE HIGH SCHOOL ROOM 310A 15 GREENOUGH ST BROOKLINE, MA 02445	NONE	EXEMPT	UNRESTRICTED	15,000
SUDAN RELIEF FUNDPO BOX 7084 MERRIFFIELD, VA 22116	NONE	EXEMPT	UNRESTRICTED	150
SUMMER FUND55 COURT STREET BOSTON, MA 02108	NONE	EXEMPT	UNRESTRICTED	15,000
Total ▶ 3a				5,612,307

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SUMMER SEARCH555 AMORY STREET JAMAICA PLAIN, MA 02130	NONE	EXEMPT	UNRESTRICTED	90,000
SUMMER SEARCH NEW YORK CITY 90 BROAD ST 701 NEW YORK, NY 10004	NONE	EXEMPT	UNRESTRICTED	60,000
TENACITY CHALLENGE 367 WESTERN AVENUE BRIGHTON, MA 02135	NONE	EXEMPT	UNRESTRICTED	15,000
Total ▶ 3a				5,612,307

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
THE ALZAR SCHOOL1600 AIRPORT WAY CASCADE, ID 83611	NONE	EXEMPT	UNRESTRICTED	12,000
THE BOSTON FOUNDATION 75 ARLINGTON STREET 3RD FLOOR BOSTON, MA 02116	NONE	EXEMPT	UNRESTRICTED	250,000
THE BOTTOM LINE 500 AMORY STREET SUITE 3 JAMAICA PLAIN, MA 02130	NONE	EXEMPT	UNRESTRICTED	111,000
Total ▶ 3a				5,612,307



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
THE CARE FUND 16427 N SCOTTSDALE RD SUITE 145 SCOTTSDALE, AZ 85254	NONE	EXEMPT	UNRESTRICTED	4,000
THE FAMILY VAN1542 TREMONT STREET ROXBURY, MA 02120	NONE	EXEMPT	UNRESTRICTED	20,000
THE GIFFORD SCHOOL 177 BOSTON POST ROAD WESTON, MA 02493	NONE	EXEMPT	UNRESTRICTED	15,000
Total ▶ 3a				5,612,307

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
THE GUIDE DOGS FOUNDATION FOR THE BLIND 371 JERICHO TURNPIKE SMITHTOWN, NY 11787	NONE	EXEMPT	UNRESTRICTED	5,000
THE JACOB BURNS FILM CENTER 405 MANVILLE ROAD PLEASANTVILLE, NY 10570	NONE	EXEMPT	UNRESTRICTED	10,000
THE NUTRITION CENTERPO BOX 1082 GREAT BARRINGTON, MA 01230	NONE	EXEMPT	UNRESTRICTED	50,000
Total ▶ 3a				5,612,307

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
THE PHILANTHROPIC INITIATIVE INC 12230 WILKINS AVENUE ROCKVILLE, MD 20852	NONE	EXEMPT	UNRESTRICTED	587,841
THE SALVATION ARMYPO BOX 269 ALEXANDRIA, VA 22313	NONE	EXEMPT	UNRESTRICTED	248
THE SECOND STEPPO BOX 600213 NEWTONVILLE, MA 02460	NONE	EXEMPT	UNRESTRICTED	15,000
Total ▶ 3a				5,612,307

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
THE WASHINGTON BALLET 3515 WISCONSIN AVENUE NW WASHINGTON, DC 20016	NONE	EXEMPT	UNRESTRICTED	2,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
UNITED SERVICE ORGANIZATIONS PO BOX 96860 WASHINGTON, DC 20077	NONE	EXEMPT	UNRESTRICTED	300
URBAN FARMING GUYS3700 E 12TH ST KANSAS CITY, MO 64127	NONE	EXEMPT	UNRESTRICTED	50,000
VERTILE HOUSE 6681 ARAPAHOE ROAD SUITE 1 BOULDER, CO 80303	NONE	EXEMPT	UNRESTRICTED	12,000
Total ▶ 3a				5,612,307

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
VICTORY PROGRAMS 965 MASSACHUSETTS AVENUE BOSTON, MA 02118	NONE	EXEMPT	UNRESTRICTED	40,000
WAMCPO BOX 66600 ALBANY, NY 12206	NONE	EXEMPT	UNRESTRICTED	10,000
WATERKEEPER ALLIANCE 180 MAIDEN LANE SUITE 603 NEW YORK, NY 10038	NONE	EXEMPT	UNRESTRICTED	300
Total ▶ 3a				5,612,307

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
WBUR890 COMMONWEALTH AVE BOSTON, MA 02215	NONE	EXEMPT	UNRESTRICTED	7,500
WGBH125 WESTERN AVE BOSTON, MA 02134	NONE	EXEMPT	UNRESTRICTED	8,335
WNYC160 VARICK STREET NEW YORK, NY 10013	NONE	EXEMPT	UNRESTRICTED	5,000
Total ▶ 3a				5,612,307

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
WORLD JEWISH CONGRESS 501 MADISON AVE 9TH FLOOR NEW YORK, NY 10022	NONE	EXEMPT	UNRESTRICTED	300
YOUNGHEART PRISON PROJECT 30 NORTH MAPLE ST FLORENCE, MA 01062	NONE	EXEMPT	UNRESTRICTED	30,000
ZAKIM CENTER450 BROOKLINE AVENUE BOSTON, MA 02215	NONE	EXEMPT	UNRESTRICTED	45,000
Total ▶ 3a				5,612,307

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ZUMIX260 SUMNER ST EAST BOSTON, MA 02128	NONE	EXEMPT	UNRESTRICTED	20,000
Total ▶ 3a				5,612,307

TY 2017 Accounting Fees Schedule

Name: JANEY FUND CHARITABLE TRUST
C/O C&R MANAGEMENT

EIN: 11-2836564

Accounting Fees Schedule

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING	6,500	3,250		3,250

TY 2017 Investments Corporate Bonds Schedule

Name: JANEY FUND CHARITABLE TRUST

C/O C&R MANAGEMENT

EIN: 11-2836564

Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
CORPORATE BONDS	18,590,728	18,227,859

TY 2017 Other Expenses Schedule

Name: JANEY FUND CHARITABLE TRUST
C/O C&R MANAGEMENT

EIN: 11-2836564

Other Expenses Schedule

Description	Revenue and Expenses	Net Investment Income	Adjusted Net Income	Disbursements for Charitable

TY 2017 Taxes Schedule

Name: JANEY FUND CHARITABLE TRUST
C/O C&R MANAGEMENT

EIN: 11-2836564

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PAYROLL	6,945	0		6,945
TAXES - FEDERAL	18,422	0		0