DLN: 93491128001339

OMB No 1545-0052

2018

Return of Private Foundation

Form 990-PF

Department of the Treasury

Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

For	caler	ndar year 2018, or tax year beginning 01-01-20)18 , a	nd er	nding 12-31-	2018	
		indation 5 OF THE AYER HOME			A Employer ıd	entification numbe	r
IIN	OSTELS	OF THE ATEN HOME			04-2157061		
		street (or P O box number if mail is not delivered to street address)	Room/suite		B Telephone nu	mber (see instruction	ıs)
4	1 WELL	MAN STREET			(978) 458-1865		,
		, state or province, country, and ZIP or foreign postal code			`		
LOW	ELL, MA	A 01851			C If exemption	application is pending	g, check here
G C	neck al	l that apply \Box Initial return \Box Initial return of a	former public charity		D 1. Foreign or	ganızatıons, check he	re
		☐ Final return ☐ Amended return				ganizations meeting	
		\square Address change $\ \square$ Name change				k here and attach cor	· _
H C	neck ty	pe of organization $\ \ \ \ \ \ \ \ \ \ \ \ \ $	foundation			undation status was t n 507(b)(1)(A), checl	
	Section		e private foundation				
		rom Part II sol (s)	✓ Cash ☐ Accru	ıal		ation is in a 60-month n 507(b)(1)(B), checl	
		▶ s 1.537.187	, ha an anah haara \		under sectio	11 307(b)(1)(b), check	Chere - —
		(Part I, column (d) must	ne on cash basis)				
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and	(b)	Net investment	(c) Adjusted net	(d) Disbursements for charitable
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	expenses per books	'	income	income	purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach					(cash basis only)
	_	schedule)		<u> </u>			
	2	Check \blacktriangleright \checkmark if the foundation is not required to attach					
	_	Sch B		<u> </u>			
	3 4	Dividends and interest from securities	34,927	,	34,927	34,927	
	5a	Gross rents	34,327		34,327	34,327	
	b	Net rental income or (loss)					
<u>e</u>	6a	Net gain or (loss) from sale of assets not on line 10	36,978	3			
en.	ь	Gross sales price for all assets on line 6a36,978					
Revenue	7	Capital gain net income (from Part IV, line 2)			36,978		
_	8	Net short-term capital gain					
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	ь	Less Cost of goods sold					
	С	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)	227	<u>'</u>	227	227	
	12	Total. Add lines 1 through 11	72,132		72,132	35,154	
	13	Compensation of officers, directors, trustees, etc					
	14	Other employee salaries and wages					
ses	15	Pension plans, employee benefits		<u> </u>			
en.	16a	Legal fees (attach schedule)	05-1 2.400				2.400
Exp	Ь	Accounting fees (attach schedule)	2,490	-			2,490
and Administrative Expenses	c 	Other professional fees (attach schedule)	18,488	<u>}</u>			18,488
rati	17	Interest					
<u> </u>	18	Taxes (attach schedule) (see instructions)		<u> </u>			
Ē	19	Depreciation (attach schedule) and depletion		<u> </u>			
Ad	20 21	Occupancy		1			
п	22	Printing and publications					
0 6	23	Other expenses (attach schedule)	3,023	3			3,023
Operating	24	Total operating and administrative expenses.					,
ær		Add lines 13 through 23	24,001		0		24,001
Ö	25	Contributions, gifts, grants paid	54,664	-			54,664
	26	Total expenses and disbursements. Add lines 24 and		<u> </u>			
		25	78,665	5	0		78,665
	27	Subtract line 26 from line 12					
	a	Excess of revenue over expenses and disbursements	-6,533	3			
	ь	Net investment income (If negative, enter -0-)			72,132		
	С	Adjusted net income (If negative, enter -0-)				35,154	
E ~ ~	Dana	work Dadustian Ast Natice are instructions	-		C N 443001	, -	000 PF (2010

367,498

714,300

259,866

1,411,778

1.411.778

1,411,778

1,411,778

357,699

709,595

249,528

1,405,246

disqualified persons (attach schedule) (see instructions)

Investments—U S and state government obligations (attach schedule)

Investments—corporate bonds (attach schedule)

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

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Foundations that do not follow SFAS 117, check here 🕨 🗹

Paid-in or capital surplus, or land, bldg, and equipment fund

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Analysis of Changes in Net Assets or Fund Balances

.

Other notes and loans receivable (attach schedule)

Investments—land, buildings, and equipment basis ▶

Less accumulated depreciation (attach schedule)

Less accumulated depreciation (attach schedule)

Total assets (to be completed by all filers—see the

Foundations that follow SFAS 117, check here

and complete lines 24 through 26 and lines 30 and 31.

Less allowance for doubtful accounts

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

Other assets (describe > _

Other liabilities (describe -_

Temporarily restricted

Permanently restricted

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Enter amount from Part I, line 27a

Other increases not included in line 2 (itemize) -

Grants payable

	4
	5 6
	7
3	8
Assets	9
As	10a
	b

C

11

12

13

14

15

16

17

18

19

20

21 22

23

24

25

28

29

31 Part III

Liabilities

Balances

Fund 26

ō

Assets 27

Net 30

2

3

1,405,246 1,405,246 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-1,411,778

-6,533

1,405,246

1,405,246 Form 990-PF (2018)

1,405,246

2 3

4

5

6

356,250

848,308

244,205

1,537,187

ome						
	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)			
Cost or	(g) other basis ense of sale	(h) Gain or (loss) (e) plus (f) minus (g)				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basıs plus expense of sale		(h) Gain or (loss) (e) plus (f) minus (g)
a					
b					
c					
d					
е					
	Complete only for assets show	ring gain in column (h) and owned by	y the foundation on 12/31/69		(1)
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col(ı) over col(յ), ıf any	со	Gains (Col (h) gain minus ol (k), but not less than -0-) or Losses (from col (h))
a					
b					
С					
d					
е					
2	Capital gain net income or (no		n, also enter in Part I, line 7 ss), enter -0- in Part I, line 7	} 2	36,978
3	Net short-term capital gain or	r (loss) as defined in sections 1222(5	5) and (6)		
	If gain, also enter in Part I, lii in Part I, line 8	ne 8, column (c) (see instructions) I	If (loss), enter -0-	} _ 3_	
Pari	V Qualification Under	r Section 4940(e) for Reduce	ed Tax on Net Investment	Income	<u> </u>
	-	foundations subject to the section 4			-
LOL O	puonai use by domestic private	Touridations subject to the section 4	·940(a) tax on net investment in	come)	

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

(a)

Base period years Calendar

year (or tax year beginning in)

2017

2016

2015

2014

2013

2 Total of line 1, column (d)

5 Multiply line 4 by line 3

instructions

1a

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

number of years the foundation has been in existence if less than 5 years

4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5

6 Enter 1% of net investment income (1% of Part I, line 27b)

8 Enter qualifying distributions from Part XII, line 4

Adjusted qualifying distributions

3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the

.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

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

85,650

78,750

87,504

84,919

84,619

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

Net value of noncharitable-use assets

1,413,300

1,475,517

1,604,451

1,635,358

1,586,604

2

3

4

5

6

7

8

(d)

Distribution ratio

(col (b) divided by col (c))

Yes 🗸 No

0 060603

0 053371

0 054538

0 051927

0 053333

0 273772

0 054754

1,591,822

87,159

87,880

78,665

Form 990-PF (2018)

721

Page 3

Page **6**

Form	990-PF (2018)					I	Page (
Pai	rt VIII-B Statements Regard	ing Activities for Whicl	h Form 4720 May Be	Required (continued)			
5a	During the year did the foundation p	ay or incur any amount to				Yes	No
	(1) Carry on propaganda, or otherw	·	, , , , , , , , , , , , , , , , , , , ,	☐ Yes 🗸	No		
	(2) Influence the outcome of any sp	·	**				
	on, directly or indirectly, any vol	-		·· 🗌 Yes 🗸	No		
	(3) Provide a grant to an individual	* * * * * * * * * * * * * * * * * * * *		Yes 🗸	No		
	(4) Provide a grant to an organization		· -				
	in section 4945(d)(4)(A)? See in			· · · Yes 🗸	No		
	(5) Provide for any purpose other th						
	educational purposes, or for the	•		⊔ Yes 🖭	No		
D	If any answer is "Yes" to 5a(1)-(5),	•		•	Eh		
	Regulations section 53 4945 or in a Organizations relying on a current no				5b	+	
_	If the answer is "Yes" to question 5a						
·	tax because it maintained expenditu	• • •	·				
	If "Yes," attach the statement requir			'' ∐ Yes ∐	No		
6a	Did the foundation, during the year,	· -		Imc on			
Va	a personal benefit contract?						
ь	Did the foundation, during the year,			⊔ Yes 🖭	No 6b		No
_	If "Yes" to 6b, file Form 8870	pay premiums, an easy or m	ancedy, on a personal se	The contract I I I	100		
7a	At any time during the tax year, was	the foundation a party to a	prohibited tax shelter trai	nsaction?			
	If yes, did the foundation receive an			∟ res 🖭	No 7b		
8	Is the foundation subject to the sect	• •					
	excess parachute payment during th	ne year [?]		· · 🗌 Yes 🗸			
		Officers, Directors, Trus				:	
Pai	and Contractors	,,	,		,,	,	
1	List all officers, directors, trustee	es, foundation managers a	nd their compensation	. See instructions			
		(b) Title, and average	(c) Compensation (If	(d) Contributions to	(e) Expe	nce 200	ount
	(a) Name and address	hours per week	not paid, enter	employee benefit plans and		allowan	
500	Additional Data Table	devoted to position	-0-)	deferred compensation			
<u> </u>	Additional Data Table						
2	Compensation of five highest-pai	d employees (other than t	those included on line :	1—see instructions). If no	ne, enter	"NONE	."
		(b) Title and average		(d) Contributions to			
(a)	Name and address of each employee	paid hours per week	(c) Compensation	employee benefit plans and deferred	(e) Expe	nse acco llowanc	
	more than \$50,000	devoted to position		compensation	other a	llowanc	es
NON				·			
Tota	number of other employees paid over	er \$50,000 					
					Form 99	0-PF	(2018

Form 990-PF (2018)		Page 7
Part VIII Information About Officers, Directors, Trust and Contractors (continued)	ees, Foundation Managers, Highly F	Paid Employees,
3 Five highest-paid independent contractors for professional s	services (see instructions). If none, ente	r "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.		<u> </u>
Part IX-A Summary of Direct Charitable Activities	de velevent statistical information such as the number	
List the foundation's four largest direct charitable activities during the tax year Inclu organizations and other beneficiaries served, conferences convened, research papers	s produced, etc	Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (•	A
Describe the two largest program-related investments made by the foundation du 1 N/A	uring the tax year on lines I and 2	Amount
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		
		Form 990-PF (2018)

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

За 3h

4

5

78.665

78.665

Form 990-PF (2018)

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

the section 4940(e) reduction of tax in those years

Adjusted qualifying distributions. Subtract line 5 from line 4.

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

3

4

5

Page 9

78,148

78,148

Form **990-PF** (2018)

b Total for prior years

b From 2014. . . . c From 2015. . .

d From 2016. . . .

e From 2017.

e Remaining amount distributed out of corpus

6 Enter the net total of each column as

indicated below:

5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019 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) 8 Excess distributions carryover from 2013 not

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a

9 Excess distributions carryover to 2019.

10 Analysis of line 9

a Excess from 2014. . .

c Excess from 2016. . . .

d Excess from 2017. . . e Excess from 2018. .

b Excess from 2015. .

same amount must be shown in column (a))

Form 990-PF (2018)

P	art XIII	Undistributed Income (see instruction					
1	Distributab	le amount for 2018 from Part XI, line 7					

-	art XIII	Unaistric	utea	TUCO	me	(see	inst
1	Distributabl	le amount for	2018 f	from F	art X	I, lır	ne 7
2	Undistribute	ed income, if	any, as	of th	e end	of	2018
а	Enter amou	unt for 2017 o	only.				

Excess distributions carryover, if any, to 2018 From 2013. 6.837

6,769 8 600 5.825 15,825

f Total of lines 3a through e.

4 Qualifying distributions for 2018 from Part XII, line 4 🕨 \$ a Applied to 2017, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions).

c Treated as distributions out of corpus (Election required—see instructions). **d** Applied to 2018 distributable amount.

6.769 8,600

5.825

517

15.825

(a)

Corpus

517

44,373

6.837

37,536

43.856

(b)

Years prior to 2017

(c)

2017

SEE STATEMENT FOR LINE 2B d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors SEE STATEMENT FOR LINE 2B



Enter gross amounts unless otherwise indicated		Unrelated b	usiness income	Excluded by section	(e) Related or exempt	
	m service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
						1
d						
_	and contracts from government agencies ership dues and assessments					
	st on savings and temporary cash					
	nds and interest from securities					34,927
	ntal income or (loss) from real estate					
	-financed property					
	ntal income or (loss) from personal property					
	investment income					227
8 Gain o	or (loss) from sales of assets other than ory					26.070
	come or (loss) from special events					36,978
10 Gross	profit or (loss) from sales of inventory					
	revenue a					
	tal Add columns (b), (d), and (e)					72,132
	Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calcu			1	3	72,132
	I-B Relationship of Activities to the		hment of Exem	pt Purposes		
Line No. ▼	Explain below how each activity for which	income is report	ed in column (e) c	of Part XVI-A contribu		0
 7	VIRTUALLY ALL INVESTMENT INCOME IS DI	STRIBUTED TO (CHARITABLE ORGA	NIZATIONS AND ED	JCATIONAL INSTI	TUTIONS
	•					OOO DE (2010)

Part	XVII	Information Re Exempt Organiz		ransfer	s To a	and Transacti	ior	ns and Relatio	nships With No	ncharitable	•	
		ganization directly or in than section 501(c)(3)	directly enga							on 501	Yes	No
		rom the reporting foun	-	•				-	5.		+	+
										120		No
										1a()	' 	No
	(2) Other assets									. 14(.	-)	+10
		of assets to a nonchari	table evenn	t organiz	ation					1b(No
		ases of assets from a n	•	-						1b(_	No
		l of facilities, equipmen								1b(_	No
		oursement arrangemen	•							. 1b(-	_	No
		or loan guarantees.								. 1b(-	No
		mance of services or m								. 1b(No
٠.		facilities, equipment, n	•		-						-	No
	-	ver to any of the above										1
		ds, other assets, or ser										
ın a	ny tran	saction or sharing arra	ngement, sh	ow in col	umn (d	i) the value of th	ne (goods, other asse	ts, or services recei	ved		
(a) Line	No I	(b) Amount involved	(c) Name of	noncharita	ahla avar	mpt organization		(d) Description of	transfers, transactions	and charing a	rangeme	nte
(a) Line	110	(b) Amount involved	(c) Name of	Honenance	ubie exei	inpe organization		(a) Description of	cransiers, transactions	, and sharing a	rangeme	1103
2a Is t	he four	dation directly or indire	ectly affiliated	d with, or	r relate	d to, one or mor	e t	ax-exempt organ	zations			
des	cribed i	n section 501(c) (other	than section	501(c)((3)) or i	n section 527? .			🗆 Y	es 🗹 No		
b If "	Yes," co	omplete the following so	hedule									
	,	(a) Name of organization	n		(E) Type of organiza	tior	n	(c) Description	of relationship		
	T		- 1 1 1	. • 1		1.11	_				1	
		er penalties of perjury, y knowledge and belief										
	whic	h preparer has any kno		,				. p. spars. (same.				•.
Sign	١,	<****				2019-04-29		*****		May the IRS	discuss :	this
Here		- 4 4 4.				2019-04-29				return with the pre	narer sho	wn
	 7	·				D-+-				below	parer sin	
	3	Signature of officer or to	rustee			Date		' Title		(see instr.)?	Yes	. □ No
	1	D		Durani		_ .				D.T.I.I		
		Print/Type preparer's	name	Prepare	r s Sign	ıature		Date	Check if self-	PTIN		
									employed ▶ □	P000	28194	
Paid		MARK DUPONT						2019-04-29	' /			
Prep	arer	Francis and the Add D	V DUBONT C	DA BC								
	Only	Firm's name ► MAR	K DUPONT C	PA PC						Fırm's EIN ►	1-0553	852
	~,	Firm's address ▶ 17	94 BRIDGE S	ST UNIT 3	32							
			ACUT ** 1	11026						Phone no (9	78) 970	-0270
		DF	RACUT, MA	1826						- (-	,	-

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, hours per week not paid, enter Contributions to (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation BOPHA MALONE **TREASURER** 000 00 195 CARLISLE ROAD BEDFORD, MA 01730 FRANK A WILSON PRESIDENT O 000 00 100 PARK AVENUE WEST-B6 LOWELL, MA 01852 NANCY L DONAHUE DIRECTOR 000 00 52 BELMONT AVENUE LOWELL, MA 01852 ALISON E KALMAN DIRECTOR 0 000 00 C/O LOWELL FIVE 30 INTERNATIONAL PLACE TEWKSBURY, MA 01876 MICHAEL S REILLY DIRECTOR 000 00 105 RESERVATION ROAD ANDOVER, MA 01810 JONATHAN A STEVENS SECRETARY n 000 00 **871 MAPLE STREET** CARLISLE, MA 01741 CHERYL A SAVARD ASST TREASU n

0

0

000 00

000 00

DIRECTOR

41 WELLMAN STREET LOWELL, MA 01851 BRIAN L CHAPMAN

MILL CITY ENVIRONMENTAL 116 JOHN STREET LOWELL, MA 01852

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year ACS INC NONE ANNUAL TO ASSIST CHARITABLE 3,500 ADOLESCENT CONSULTATION **ORGANIZATIONS** SERVICES INC 189 CAMBRIDGE STREET

CAMBRIDGE, MA 02141				
ACRE FAMLY DAY CARE ACRE FAMILY DAY CARE 55 MIDDLE ST SUITE 500 LOWELL, MA 01852	NONE	ANNUAL	SAME	3,584
ALTERNATIVE HOUSE ALTERNATIVE HOUSE	NONE	ANNUAL	SAME	5,000

55 MIDDLE ST SUITE 500 LOWELL, MA 01852				
ALTERNATIVE HOUSE ALTERNATIVE HOUSE 11 KEARNEY SQUARE	NONE	ANNUAL	SAME	5,00

Total .

LOWELL, MA 01852				
ALTERNATIVE HOUSE ALTERNATIVE HOUSE 11 KEARNEY SQUARE LOWELL, MA 01852	NONE	ANNUAL	SAME	5,00

54,664

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year BIG BROSBIG SISTER NONE **ANNUAL** SAME 3,200 RIG BROTHERS BIG SISTERS OF

ANNUAL

GREATER LOWELL 169 MERRIMACK ST 3RD FL LOWELL, MA 01852			
CHALLENGE UNLIMITED CHALLENGE UNLIMITED AT IRONSTONE	NONE	ANNUAL	SAME

NONE

FARM

450 LOWELL STREET ANDOVER, MA 01810

Total . .

LOWELL ASSOC FOR THE BLIN

169 MERRIMACK ST 2ND FL LOWELL, MA 01852

LOWELL ASSOCIATION FOR THE BLIND

SAME

SAME

3,000

54,664

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

LOWELL BOYS & GIRLS CLUB BOYS AND GIRLS CLUB OF GREATER LOWELL INC 657 MERRIMACK STREET LOWELL, MA 01851	NONE	ANNUAL	SAME	6,500
LOWELL DAY NURSERY ASSOC	NONE	ΔΝΝΙΙΔΙ	SAME	4 300

LOWLLL, MA 01831				
LOWELL DAY NURSERY ASSOC LOWELL DAY NURSERY ASSOCIATION 119 HALL STREET LOWELL, MA 01854	NONE	ANNUAL	SAME	4,300
RIF INC	NONE	ANNUAL	SAME	4,160

Total			▶ 3a	54,664
RIF INC LOWELL RIF INC31 RIVERCLIFF ROAD LOWELL, MA 01852	NONE	ANNUAL	SAME	4,160
119 HALL STREET LOWELL, MA 01854				

Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year COALITION FOR A BETTER ACRE NONE ANNUAL SAME 1,600

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

517 MOODY STREET FLOOR 3 LOWELL, MA 01854				
LOWELL COMMUNITY HEALTH CENTER LOWELL COMMUNITY HEALTH CENTER 161 JACKSON ST	NONE	ANNUAL	SAME	3,200

LOWELL COMMUNITY HEALTH CENTER LOWELL COMMUNITY HEALTH CENTER 161 JACKSON ST LOWELL, MA 01852	NONE	ANNUAL	SAME	3,200
BUDGET BUDDIES BUDGET BUDDIES114 TURNPIKE ROAD	NONE	ANNUAL	SAME	1,280

LOWELL, MA 01852				
BUDGET BUDDIES BUDGET BUDDIES114 TURNPIKE ROAD CHELMSFORD, MA 01824	NONE	ANNUAL	SAME	1,280
		•	-	

Total .

54,664

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year MERRIMACK VALLEY FOOD BANK NONE ΔΝΝΙΙΔΙ SAME 3 000

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

MERRIMACK VALLEY FOOD BANK 735 BROADWAY STREET LOWELL, MA 01854	THORE	ANNOAL	SALIE	3,000
PROJECT LEARN PROJECT LEARN8 KIRK STREET LOWELL, MA 01852	NONE	ANNUAL	SAME	6,500

PROJECT LEARN PROJECT LEARN8 KIRK STREET LOWELL. MA 01852	NONE	ANNUAL	SAME	6,500
OUR RESTORATIVE JUSTICE OUR RESTORATIVE JUSTICE 175 CABOT ST SUITE 100 LOWELL, MA 01854	NONE	ANNUAL	SAME	2,000

Total			▶ 3a	54,664
OUR RESTORATIVE JUSTICE OUR RESTORATIVE JUSTICE 175 CABOT ST SUITE 100 LOWELL, MA 01854	NONE	ANNUAL	SAME	2,000
LOWELL, MA 01852				

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491128001339 TY 2018 Accounting Fees Schedule						
Name: TRUSTEES OF THE AYER HOME EIN: 04-2157061						
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		

2,490

LEGAL & ACCOUNTING

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TY 2018 Investments Corporate Bonds Schedule

Name: TRUSTEES OF THE AYER HOME

EIN : 04-2157061		
Name of Bond	End of Year Book Value	End of Year Fair Market Value
30,000 SANOFI AVENTIS 4%	30,165	30,682
15,000 WELLS FARGO & CO	15,186	14,754
25,000 GEORGIA POWER CO 2.85%	25,175	24,560
20,000 CATERPILLAR INC. 3.9%	20,338	20,362
20,000 ANHEUSER-BUSCH IN 3.7%	20,394	19,599
10,000 GENERAL ELECTRIC 4.375%		
20,000 JPMORGAN CHASE 3.9%	20,246	19,819
15,000 COMCAST CORPORATION 3.6%	15,553	15,036
15,000 UNION PACIFIC 4.821%	16,230	15,543
10,000 NRTN STS PWR CO 3.4%	9,691	9,012
10,000 TORONTO DOMINION 1.4%		
20,000 BNP PARIBAS 2.7%		
15,000 STATOIL ASA 2.9%	15,012	14,945
10,000 AMERICAN EXPRESS CREDIT 2.125		
10,000 MEDTRONIC, INC. 4.375%	10,471	10,238
10,000 HOME DEPOT, INC.4.4%	10,636	10,072
15,000 UNITED HEALTH GROUP	14,905	14,946
15,000 BANK OF AMERICA CORP. 4%	15,671	15,083
10,000 STARBUCKS CP SR GLBL NT 3.5%	9,855	9,554

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TY 2018 Investments Corporate Stock Schedule

Name: TRUSTEES OF THE AYER HOME

EIN: 04-2157061				
Investments Corporation Stock Schedule				
Name of Stock	End of Year Book Value	End of Year Fair Market Value		
VANGUARD GROWTH INDEX FD ADMIRAL SHR	143,649	256,386		
DODGE & COX INT'L STK FUND				
JP MORGAN EXCHANGE TRADED NT				
BROOKFIELD GLBL LISTED REAL ESTATE	31,011	26,541		
DELAWARE VALUE CL INST	231,769	247,453		
PARNASSUS MID-CAP FUND	76,670	82,069		
WCM FOCUSED INTL GROWTH	68,154	85,917		
HARDING LOEVNER EMG MKTS	56,785	65,014		
RBC SMALL CAP CORE 1				
BARCLAYS BK IPATH COMMODITY INDEX				
ISHARES TRUST S&P GLOBAL INFRASTRUCT				
GOLDMAN SACHS INTL EQUITY INSIGHTS	73,944	61,420		
SPDR S&P 600 SMALL CAP ETF	27,613	23,508		

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TY 2018 Investments Governments			
Name:	TRUSTEES OF	THE AYER HOME	
EIN:	04-2157061		
US Government Securities - End of Year Book Value:		211,104	
US Government Securities - End of Year Fair Market Value:		210,108	
State & Local Government Securities - End of Year Book Value:		146,595	
State & Local Government Securities - End of Year Fair Market Value:		146,142	

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TY 2018 Other Expenses Schedule					
Nam	e: TRUSTEES OF T	THE AYER HOME			
EI	IN: 04-2157061				
Other Expenses Schedule					
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
EXPENSES					
ADVERTISING	51			51	
AMORTIZATION OF BOND PREMIUM	1,875			1,875	

185

68

844

185

68

844

STATE ANNUAL REPORT

INSURANCE - D & O

FEDERAL TAX

DLN: 93491128001339

Name: TRUSTEES OF THE AYER HOME

FTN: 04 215700

EIN: 04-2157061

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Other Income Schedule					
Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income		
ACCRETION OF BOND DISCOUNT	227	227	227		

D	escription		Amount	
EIN:	04-2157061			
Name:	TRUSTEES OF	THE AYER HOME		
TY 2018 Other Increases Schedule				
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ROUNDING

Category	Amount	Net Investment	Adjusted Net	Disbursements		
EIN: 04-2157061						
Name: TRUSTEES OF THE AYER HOME						
TY 2018 Other Professional Fees Schedule						
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Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
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18,488

CUSTODIAL FEES