Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation
enter social security numbers on this form as it may be made

Department of the Treasury Internal Revenue Service Go to www.irs gov/Form990PF for instructions and the latest information. Open to Public Inspir								Open to Public Inspection	
For calendar year 2018 or tax year beginning						, and e	nding		
		Name of foundation						A Employer identification	number
•	-	GRAVESTAR FOUNDATION						04 2201026	
o	$\overline{}$	/O GRAVES		NC • ail is not delivered to stree			Room/suite	04-3391926	
on 1g		60 SECOND			(address)	•	Hoom/suite	B Telephone number (617)492-4	118 /
5 ?		or town, state or pro		try, and ZIP or foreign	postal code			C If exemption application is pe	anding check here
		Check all that apply	$\overline{}$	nitial return	Initial return of a f	ormer public (charity	D 1. Foreign organizations	, check here
C.' \			===	inal return Address change	Amended return Name change			Foreign organizations men check here and attach cor	eting the 85% test,
) A	H_C	Check type of organiz	ation 2	Section 501(c)(3)	exempt private foundation		1)L	E If private foundation sta	-
9	느	Section 4947(a)(1	 		Other taxable private found			under section 507(b)(1)	(A), check here
É		or market value of all		(nting method X Cash	Acci	rual .	F If the foundation is in a	
5	(1r	om Part II, col. (c), II			Other (specify) umn (d) must be on cash bas	s.)		under section 507(b)(1)	(B), check here
3	Pã	Analysis of R (The total of amo	ounts in column	is (b), (c), and (d) may not	(a) Revenue and expenses per books		vestment ome	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
		1 Contributions,	gifts, grants,	etc., received	551,488.	arrent.		Meday Jakana	
				s not required to attach Sch. B	er et				
		3 Interest on saving cash investments	s and tempora	ry	5,605.		0,131.		STATEMENT 1
W	.	4 Dividends and	interest from	securities	31,889.	2	8,465.		STATEMENT 2
11	١	5a Gross rents			A POST OF THE POST	PARTIE DE L'ARRESTE DE L'ARREST	DANIEL BURNING		
-		b Net rental income	or (loss)		The second second second				
	a	6a Net gain or (loss)			32,253.	STORY STORY		ite the company	
	nu.	b Gross sales price assets on line 6a		164,453.			interna		
	ě	7 Capital gain net in	•	rt IV, line 2)		s i destantant forti de	2,253.		
	~	8 Net short-term	capital gain		Professional Company of the Company	Profit Control		•	
		9 Income modific				C SPORRED LEVEL OF		NAMES OF STREET AND STREET STREET, STREET AND STREET STREET	
		10a and allowances	-		A BARRATA BERTHAN AND AND AND AND AND AND AND AND AND A	PRESIDENT IN			
9		b Less Cost of goo	_			TELEVISION OF THE		PYTANGUE-PERMEMBARAHK	
2010		c Gross profit or	(1088)				CANALO SE TRADA		
		11 Other income	4 46	44	621 225	7	0 0 0	<u> </u>	
6 NUN	\dashv	12 Total, Add line			621,235.		0,849.	0.	
É		13 Compensation of			U.		<u> </u>	0.	0.
		14 Other employed		•					
_ 5	S	.15 Pension plans,	employee of	enems					
⊆ ē	nse	16a Legal fees b Accounting fee	ie.	СТМТ 3	3.905.		3.905.	0.	0.
	e	c Other projessie		STMT 4	11,411.	1	$\frac{3,303.}{1,411.}$	0.	0.
発養	Ü	RECEIVE		J 4	12/122			•	
Ĕ	Ě	18 Taxes		STMT 5	. 789.		789.	0.	0.
Batching	et is	1 -	nd depletion	51	, , , , ,				
	3	19 Oppreciation ar	019 76	, L					SE SOUL MANY DAN TRUSTER MODERNIS AND MODERNIS OF
l'	Zan	21 Travel confere	nees, and M	re eetinas			-		
1	J pu	20 CDEN		\$g-					
Ĺ	a			STMT 6	4,953.		793.	0.	0.
	atın	24 Total operating	g and admin	istrative					
	perating	expenses. Add	•		21,058.	1	6,898.	0.	0.
	ŏ	25 Contributions,		=	103,150.		daya ee a		103,150.
		26 Total expense:		•					
		Add lines 24 ar			124,208.	1	6,898.	0.	103,150.
		27 Subtract line 2	6 from line 1	2:					
		a Excess of revenue	e over expense	s and disbursements	497,027.	PHOTON			CATALOGICAL STATES
		b Net investmen	t income (f	negative, enter -0-)			3,951.		
		c Adjusted net ii	ncome (if neg	ative enter -0-)			Shill Will	0.	

Form 990-PF (2018) C/O GRAVESTAR, INC.

1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Accounts receivable ► Less, allowance for doubtful accounts ► 19 Private presents and deferred charges 10 Investments - U.S. and state government obligations 1 Investments - corporate bonds 1 Investments - doubtful accounts ■ 2 Investments - corporate bonds 1 Investments - despense and deferred charges 1 Investments - despense and def	₽	arti	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	i year
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Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg., and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances 1 Total liabilities and net assets/fund balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5 O. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 2,156,551.	Bai	26	Permanently restricted			Cararas and a
31 Total habilities and net assets/fund balances 1,659,524. 2,156,551. Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 5 O. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 2,156,551.		•	Foundations that do not follow SFAS 117, check here			
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Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5 Oo. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 2, 156, 551.		l		1 (50 504	2 156 551	
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3 0. 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ► 5 0. 5 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 3 0. 6 2,156,551.		(mus	st agree with end-of-year figure reported on prior year's return)		1	
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5 Decreases not included in line 2 (itemize) ► 5 0. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 2,156,551.						
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 2,156,551.			•		5	0.
	-			column (b), line 30		
	_			· ** ** ** ** ** ** ** ** ** ** ** ** **		Form 990-PF (2018)

, , , , , , , , , , , , , , , , , , ,	VESTAR FOUNDATIO	NT				
-	GRAVESTAR, INC.	.,			04-339	1926 Page 3
	and Losses for Tax on In	vestment	Income			
(a) List and describe 2-story brick wa	the kind(s) of property sold (for example the kinds) of common stock, 200 shs	mple, real estat	te,	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a NATIONAL FINAN	CIAL SERVICES			P	03/19/14	06/14/18
b NATIONAL FINAN				P	03/09/18	05/02/18
c CAPITAL GAINS	DIVIDENDS					
d						
е						
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale		(h) Gain or (loss ((e) plus (f) minus	(g))
a 75,000.			74,407			593.
ь 51,564.			57,793	3.		<6,229.>
c 37,889.						37,889.
d						
е						
Complete only for assets showing	g gain in column (h) and owned by t	the foundation	on 12/31/69.		(I) Gains (Col. (h) gair	
(i) FMV as of 12/31/69 (j) Adjusted basis as of 12/31/69 (k) Excess of col. (i) col (k), but not less than - Losses (from col. (h))						
a						593.
b						<6,229.>
C						37,889.
d						
е						
2 Capital gain net income or (net ca	apital loss) { If gain, also enter of the loss of the) 2		32,253.
3 Net short-term capital gain or (lo-	ss) as defined in sections 1222(5) an	ıd (6)		\		
If gain, also enter in Part I, line 8,	• •				27 / 2	
If (loss), enter -0- in Part I, line 8	nder Section 4940(e) for	Doducod	Tay on Not I	Dyestment In	N/A	1
					icome	
(For optional use by domestic private	e toundations subject to the section 4	1940(a) tax on	net investment inc	ome.)		
If section 4940(d)(2) applies, leave t	his part blank.					
Was the foundation liable for the sec				od?		Yes X No
	each column for each year; see the ir	· · · · · · · · · · · · · · · · · · ·	** -	tries		
(a) Base period years Calendar year (or tax year beginni				(c)	Distri	(d) ibution ratio
					vided by col. (c))	
			1,907,8		.045493	
2016		9,715.		1,816,83		.032868
2015		6,850.		1,848,2		.019938
2014		5,350.		1,879,00		.040101
2013	4	6,300.	<u> </u>	1,808,5	54.	.025601

Calendar year (or tax year beginning in)		Adjusted qualifying distributions	Net value of noncharitable-use assets		(col. (b) divided by col. (c))	
_	2017	86,793.	1,907,822.		.045493	
_	2016	59,715.	1,816,831.		.032868	
	2015	36,850.	1,848,257.		.019938	
_	2014	75,350.	1,879,008.		.040101	
	2013	46,300.	1,808,554.		.025601	
	Total of line 1, column (d)	as several, divide the total on less 0 by 5 f	O as by the number of years	2	.164001	
3	Average distribution ratio for the 5-year bathe foundation has been in existence if less	_3	.032800			
4	Enter the net value of noncharitable-use as	sets for 2018 from Part X, line 5		_ 4	2,045,050.	
5	Multiply line 4 by line 3			5	67,078.	
6	Enter 1% of net investment income (1% of		6	540.		
7	Add lines 5 and 6	7	67,618.			
8	Enter qualifying distributions from Part XII	, line 4		8	103,150.	
_	If line 8 is equal to or greater than line 7, c See the Part VI instructions.	heck the box in Part VI, line 1b, and comp	olete that part using a 1% tax rate.		000 05	

GRAVESTAR FOUNDATION C/O GRAVESTAR, INC.

Form 990-PF (2018) C/O GRAVESTAR, INC. Part VIII Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	04-339 4948 - see		Page 4
1a Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.			
Date of ruling or determination letter (attach copy of letter if necessary-see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► X and enter 1%	1	5	40.
of Part I, line 27b			
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	2	-	0.
3 Add lines 1 and 2	3	5	40.
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	5	40.
6 Credits/Payments:			
a 2018 estimated tax payments and 2017 overpayment credited to 2018 6a 63.3			
1 000)-		
c Tax paid with application for extension of time to file (Form 8868) 6c 1,000	MARINA AND LANGUES.		
		1 6	20.5
7 Total credits and payments. Add lines 6a through 6d	7	1,6	
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8		0.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	1 0	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	► 10	1,0	93.
11 Enter the amount of line 10 to be: Credited to 2019 estimated tax \(\) 1,093. Refunded	<u> 11 </u>		<u> </u>
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 interventional.	ene in	22.41.34	X
any political campaign?		1a	X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the de	etinition	1b	A 8855.548
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.		Andriada leachille	X
c Did the foundation file Form 1120-POL for this year?		10	784.494
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:).		724
(-)	" •	Sales also missa	500
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. > \$ 0 •			12. 3
managers. ► \$U . 2 Has the foundation engaged in any activities that have not previously been reported to the IRS?		2	X
If "Yes," attach a detailed description of the activities.		चीर्षेक के किए के सुद्धि र	100
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation	n or		
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	, 01	3	X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5	x
If "Yes," attach the statement required by General Instruction T		44384	SKEW
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 si 	tate law		
remain in the governing instrument?		6 X	anatalana anatalana
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV		7 X	
,			Fried.
8a Enter the states to which the foundation reports or with which it is registered. See instructions.			
MA			
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			
of each state as required by General Instruction G? If "No," attach explanation		8b X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for o	alendar		
year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV		9	x Z
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		10	Х
		Form 990-PF	(2018)

C/O GRAVESTAR, INC.

Рa	irtavil-A Statements Regarding Activities (continued)			
		750	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		х
12	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		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			
14	The books are in care of ▶ JANET M. CORPUS, TRUSTEE Telephone no. ▶ 617-49	2-4	118	
• •	Located at ►C/O GRAVESTAR INC., 160 SECOND STREET, CAMBRIDGE, ZIP+4 ►02			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		•	. [
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	_
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		х
	See the instructions for exceptions and filling requirements for FinCEN Form 114. If "Yes," enter the name of the	liki K	ZMA:	£
	foreign country	in r		
Pa	ittVII_B Statements Regarding Activities for Which Form 4720 May Be Required	1		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly)	7 12 2	All a	A STATE
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			建
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?	4,655,7	MI HERLAN	
	(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.)			
Ь	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		3.5	
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A	1b		
	Organizations relying on a current notice regarding disaster assistance, check here			
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	167 m		
	before the first day of the tax year beginning in 2018?	1c		Х
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))			
а	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2018?			
	If "Yes," list the years \blacktriangleright ,,,,			
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			NE IPA
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.) N/A	2b	43618383471 833	ASSET MANAGE
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
				
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?		13	
b	If "Yes," did it have excess business holdings in 2018 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,			1612
	Form 4720, to determine if the foundation had excess business holdings in 2018.) N/A	3b		ļ , .
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	2001/03438V	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	986		
	had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b		X

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" GRAVESTAR FOUNDATION				
Form 990-PF (2018) C/O GRAVESTAR, INC.			<u>04-33919</u>	26 Page <u>6</u>
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be R	equired (continu	ued)	25 slave 1 se
5a During the year, did the foundation pay or incur any amount to:				Yes No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	, ,,		es 🗶 No 💈	
(2) Influence the outcome of any specific public election (see section 4955); or	r to carry on, directly or indire		2.5	
any voter registration drive?			ıs 🗓 No 💈	
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Y€	es 🗶 No 🔓	
(4) Provide a grant to an organization other than a charitable, etc., organization	described in section			
4945(d)(4)(A)? See instructions		Ye	es 🗶 No 🔓	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or fo			
the prevention of cruelty to children or animals?			es 🗓 No 🖁	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	•	n Regulations	3	
section 53.4945 or in a current notice regarding disaster assistance? See instru			N/A	5b State Sta
Organizations relying on a current notice regarding disaster assistance, check h				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr				
expenditure responsibility for the grant?	N	I/A	:s ∐ No 🎼	
If "Yes," attach the statement required by Regulations section 53.4945-5(d).				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to j	pay premiums on		Š	(1) Pre 100 (1)
a personal benefit contract?		Ye	es 🗶 No 📱	6b X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		55	6b X
If "Yes" to 6b, file Form 8870				
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ļ Ye	es X No	## 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$	1,000,000 in remuneration or		es 🗶 No 🖁	
excess parachute payment(s) during the year? Part VIII Information About Officers, Directors, Truste	es Foundation Mar		S A NO M	於「於」於「次」與語「新國界等別
Paid Employees, and Contractors	es, i oundation mai	lagers, riiginy		
1 List all officers, directors, trustees, and foundation managers and the	er compensation.			
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense account, other
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account, other allowances
CAROLYN G. MUGAR	TRUSTEE	Cinici o j	compensation	
C/O GRAVESTAR, INC., 160 SECOND ST				
CAMBRIDGE, MA 02142	1.00	0.	0.	0.
JANET M. CORPUS	TRUSTEE			
C/O GRAVESTAR, INC., 160 SECOND ST				
CAMBRIDGE, MA 02142	1.00	0.	0.	0.
		l		
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense account, other
(a) Name and address of each employee paid more than \$50,000	devoted to position	(C) compensation	and deferred compensation	allowances
NONE	,			
	1	1		
Total number of other employees paid over \$50,000			<u> </u>	0
Total number of other employees paid over \$50,000			Form	0 990-PF (2018)

GRAVEDIAN TOURDHITON		
Form 990-PF (2018) C/O GRAVESTAR, INC.		391926 Page 7
Part VIII Information About Officers, Directors, Trustees, Fou Paid Employees, and Contractors (continued)	ndation Managers, Highly	
3 Five highest-paid independent contractors for professional services. 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		Expenses
number of organizations and other beneficiaries served, conferences convened, research papers	produced, etc.	Exponedo
1 N/A		
2		
3		
4		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax ye	ear on lines 1 and 2.	Amount
1 N/A		
· · · · · · · · · · · · · · · · · · ·		
2		
All other program-related investments. See instructions.		
3		

Form **990-PF** (2018)

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Total. Add lines 1 through 3

Form 990-PF (2018)

C/O GRAVESTAR, INC.

||Partix || Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 1,983,147. Average monthly fair market value of securities 1a 93,046. 1b b Average of monthly cash balances 1c c Fair market value of all other assets 2,076,193. 1d d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1e 1c (attach detailed explanation) 2 2 Acquisition indebtedness applicable to line 1 assets 3 Subtract line 2 from line 1d 31,143 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 2,045,050. Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4 5 102,253. 6 Minimum investment return. Enter 5% of line 5 [Part}XII 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.) 102,253. Minimum investment return from Part X, line 6 540. Tax on investment income for 2018 from Part VI, line 5 Income tax for 2018. (This does not include the tax from Part VI.) 540 Add lines 2a and 2b 2c 101 3 Distributable amount before adjustments. Subtract line 2c from line 1 3 Recoveries of amounts treated as qualifying distributions 4 101 713 5 Add lines 3 and 4 5 0. Deduction from distributable amount (see instructions) 6 6 101 713. Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 7 [Part[XII] Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 103,150. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a Program-related investments - total from Part IX-B 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 Amounts set aside for specific charitable projects that satisfy the: 3 Suitability test (prior IRS approval required) 3a Cash distribution test (attach the required schedule) 3b 103,150. Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment 540. income. Enter 1% of Part I, line 27b 102. Adjusted qualifying distributions. Subtract line 5 from line 4 Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Form 990-PF (2018)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI,				
line 7				101,713.
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only			94,934.	
b Total for prior years:				
<u>2016</u> ,,		570.		
3 Excess distributions carryover, if any, to 2018:				
a From 2013				
b From 2014				
c From 2015				
d From 2016				
e From 2017				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2018 from				
Part XII, line 4: ► \$ 103,150.				
a Applied to 2017, but not more than line 2a			94,934.	
b Applied to undistributed income of prior				
years (Election required - see instructions) *		570.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2018 distributable amount				7,646.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount	0.			0.
must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			!
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 2017. Subtract line				
4a from line 2a. Taxable amount - see instr			0.	
f Undistributed income for 2018. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2019				94,067.
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 2013				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2019.				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9 ⁻				
a Excess from 2014				
b Excess from 2015				
c Excess from 2016				
d Excess from 2017				
e Excess from 2018				- 000 55
* CEE COAMENIO	וט			Form 990-PF (2018)

GRAVESTAR FOUNDATION C/O GRAVESTAR, INC. 04-3391926 Form 990-PF (2018) Page 10 Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) 4942(j)(5) 01 Prior 3 years Tax year 2 a Enter the lesser of the adjusted net (a) 2018 (c) 2016 (b) 2017 (d)₂015 (e) Total income from Part I or the minimum investment return from Part X for each year listed **b** 85% of line 2a c Qualifying distributions from Part XII, line 4 for each year listed d Amounts included in line 2c not used directly for active conduct of exempt activities e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year c "Support" alternative test - enter: (1) Total support other than gross investment income (interest. dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III) (3) Largest amount of support from an exempt organization (4) Gross investment income Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.) Information Regarding Foundation Managers: 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).) CAROLYN G. MUGAR 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. NONE Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here Light 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., to individuals or organizations under other conditions, complete items 2a, b, c, and d. a The name, address, and telephone number or email address of the person to whom applications should be addressed JANET M. CORPUS, 617-492-4118 C/O GRAVESTAR INC., 160 SECOND ST, CAMBRIDGE, MA 02142 b The form in which applications should be submitted and information and materials they should include: ANY c Any submission deadlines: NONE d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors: NONE

C/O GRAVESTAR, INC. 04-3391926 Page 11 Form 990-PF (2018) Supplementary Information (continued) Part XV 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of recipient contribution any foundation manager Name and address (home or business) or substantial contributor a Paid during the year CITY YEAR BOSTON NONE 501C3 CHARITABLE 287 COLUMBUS AVE BOSTON, MA 02116 9,000. COMMUNITY SERVINGS, INC. 501C3 NONE CHARITABLE 18 MARBURY TERRACE JAMAICA PLAIN, MA 02130 19,250. 501C3 EXPONENT PHILANTHROPY NONE CHARITABLE 1720 N STREET NW WASHINGTON, DC 20036 100. GIRLS ON THE RUN GREATER BOSTON NONE 501C3 CHARTIABLE 89 SOUTH STREET 2,200. BOSTON, MA 02111 NONE 501C3 CHARITABLE HELPING OUR WOMEN 34 CONWELL STREET PROVINCETOWN, MA 02657 2,200. SEE CONTINUATION SHEET(S) 103,150. <u>3a</u> Total **b** Approved for future payment NONE

Form 990-PF (2018)

0.

Total

C/O GRAVESTAR, INC. 04-3391926 Page 12 Form 990-PF (2018) Part XVI-A **Analysis of Income-Producing Activities** Excluded by section 512 513, or 514 Enter gross amounts unless otherwise indicated. Unrelated business income (e) (c) Exclu-(a) Business (b) Related or exempt (d) Amount Amount function income 1 Program service revenue: code g Fees and contracts from government agencies 2 Membership dues and assessments 3 Interest on savings and temporary cash <u>5,605</u>. investments 14 31,889. 4 Dividends and interest from securities 5 Net rental income or (loss) from real estate: a Debt-financed property b Not debt-financed property 6 Net rental income or (loss) from personal property 7 Other investment income 8 Gain or (loss) from sales of assets other 18 32,253. than inventory 9 Net income or (loss) from special events 10 Gross profit or (loss) from sales of inventory 11 Other revenue: THE PER PER 69,747. 12 Subtotal. Add columns (b), (d), and (e) 13 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of Line No. the foundation's exempt purposes (other than by providing funds for such purposes).

Form 990-PF (2018) C/O GRAVESTAR, INC. 04-3391926

Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable

	Exempt Organ	izations					
1 Did th	e organization directly or indi	rectly engage in any of the following	ng with any other organization	described in section 501(c)		Yes	No
		nizations) or in section 527, relating		• •			
a Trans	ers from the reporting found	lation to a noncharitable exempt or	ganization of.				`
(1) C	ash				1a(1)		X
(2) 0	ther assets				1a(2)		Х
	transactions.						
(1) S	ales of assets to a noncharita	ible exempt organization			1b(1)		X
		ncharitable exempt organization			1b(2)		Х
	ental of facilities, equipment,	· -			1b(3)		Х
	eimbursement arrangements				1b(4)		Х
	oans or loan guarantees				1b(5)		х
	-	embership or fundraising solicitation	ons		1b(6)		х
• •		ailing lists, other assets, or paid em			1c		Х
		· ·	• •	ays show the fair market value of the goods		ets.	
				in any transaction or sharing arrangement,		,	
		other assets, or services received.		,			
(a) Line no	(b) Amount involved	(c) Name of noncharitable	e exempt organization	(d) Description of transfers, transactions, and	sharing arr	angemen	
		N/A					
	· · · · · · · · · · · · · · · · · · ·	1					
		1					
	 	<u> </u>					
		 					
				•			
		1					
		1	 				
		1					
		1			-		
		 					
2a Is the	foundation directly or indirec	tly affiliated with, or related to, one	or more tay evempt organiza	Those described			
	•	on 501(c)(3)) or in section 527?	s of more tax-exempt organiza	ations described	Yes	T	No
	* * *				162	Δ	טאו ר
D II TES	complete the following sch. (a) Name of o rg		(b) Type of organization	(c) Description of relation			
	N/A	janzation	(b) Type of organization	(c) Description of relation	isinp		
•	N/A		 				
			 				—
	nder populties of person I declare t	that I have examined this return, including	accompanying schedules and state	ements, and to the best of my knowledge			
		mplete Declaration of preparer (other than			May the IRS of	discuss t	his er
Here	V An		1311/6/19	8	hown below	7 See ins	str -
	Supporture of officer extrustre	Z S U		TRUSTEE	X Yes	L.,	J No I
	Signature of officer or trustee		Date '	Title L. Chook			
	Print/Type pregarer's na	ame Preparer's s	Auguatura /	Date Check if PTIN	I		
Paid		, () () () () () () () () () (self- employed	11040		
	CELINA CAR				01046		
Prepare Use Or	Tilling haine - Date	CICCO, GULMAN &	COMPANY, LLP	Firm's EIN ► 04 – 3	12962	∠ 6	
OSE OF	· L	·					
		O PRESIDENTIAL	WAY, SUITE 51			200	
	WO	BURN, MA 01801		Phone no. 781-9			
					Form 990	J-PF	(2018)

Part XV Supplementary Information 3 Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to Recipient Foundation Purpose of grant or Amount any foundation manager or substantial contributor status of contribution Name and address (home or business) recipient INNER CITY WEIGHTLIFTING NONE 501C3 CHARITABLE 160 SECOND STREET 5,000. CAMBRIDGE, MA 02142 NONE 501C3 CHARITABLE THE BOSTON GLOBE FOUNDATION, INC. 1 EXCHANGE PLACE, STE 201 BOSTON, MA 02109-2132 2,200. WALTHAM FIELDS COMMUNITY FARM NONE 501C3 CHARITABLE 240 BEAVER STREET 5,000. WALTHAM, MA 02452 AUBURNDALE COMMUNITY LIBRARY NONE 501C3 CHARITABLE 375 AUBURN STREET 2,000. AUBURNDALE , MA 02466 NONE 501C3 BELMONT WORLD FARM CHARITABLE 19 RAYNOR ROAD 6,500. SUDBURY, MA 01776 BROOKLINE LITERACY PARTNERSHIP NONE 501C3 CHARITABLE 115 GREENOUGH ST 4,000. BROOKLINE, MA 02445 NONE 501C3 CHARITABLE CAMBRIDGE ARTS COUNCIL 344 BROADWAY 5,000. CAMBRIDGE, MA 02139 CAMERON M. NEELY FOUNDATION NONE 501C3 CHARITABLE 30 WINTER STREET, SECOND FLOOR 3,100. BOSTON, MA 02108 DONORS CHOOSE ORGANIZATION NONE 501C3 CHARITABLE 134 WEST 37TH ST, FLOOR 11 2,200. NEW YORK, NY 10018 501C3 EVERY TOWN FOR GUN SAFETY NONE CHARITABLE PO BOX 4184 2,200. NEW YORK, NY 10163 70,400. Total from continuation sheets

Part XV Supplementary Information 3 Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to Amount any foundation manager or substantial contributor status of Name and address (home or business) recipient GREATER LAWRENCE DISASTER RELIEF FUND NONE 501C3 CHARITABLE 175 ANDOVER STREET, STE 101 5,000. DANVERS, MA 01923 501C3 CHARITABLE GROUNDWORK SOMERVILLE NONE 337 SOMERVILLE AVE #2B 3,100. SOMERVILLE, MA 02143 LITERACY UNLIMITED NONE 501C3 CHARITABLE 49 LEXINGTON ST FRAMINGHAM , MA 01702 2,200. NONE 501C3 CHARITABLE NAMI NEWTON/WELLESLEY PO BOX 600416 NEWTONVILLE, MA 02460 5,000. SOMERVILLE-CAMBRIDGE ELDER SERVICES NONE 501C3 CHARITABLE 61 MEDFORD STREET 5,000. SOMERVILLE, MA 02143 SWEET PAWS RESCUE NONE 501C3 CHARITABLE PO BOX 752 2,200. ESSEX, MA 01929 NONE 501C3 CHARITABLE USHER SYNDROME COALITION 63 GREAT ROAD, STE 207 2,200. MAYNARD, MA 01754 WELLESLEY FREE LIBRARY NONE 501C3 CHARITABLE 530 WASHINGTON STREET 6,000. WELLESLEY, MA 02482 501C3 WOBURN YOUTH HOCKEY ASSOCIATION NONE CHARITABLE PO BOX 116 WOBURN, MA 01801 2,500. Total from continuation sheets

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

➤ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

2018

	RAVESTAR FOUNDATION	04 2201026						
Organization type (check o	C/O GRAVESTAR, INC. 04-3391926							
Organization type (check o	nic)							
Filers of:	Section:							
Form 990 or 990-EZ	501(c)() (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation							
	527 political organization							
Form 990-PF	X 501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
· ·	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e See instructions						
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's	•						
Special Rules								
sections 509(a)(1) any one contribute	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, for, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount, line 1. Complete Parts I and II	or 16b, and that received from						
year, total contribu	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III							
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year.								
but it must answer "No" or	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fon Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Foother filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)							

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

Name of organization
GRAVESTAR FOUNDATION

Employer identification number

C/O GRAVESTAR, INC.

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AUBURNDALE PLAZA, LLC 160 SECOND STREET CAMBRIDGE, MA 02142	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Y & M TRUST - PARTNERSHIP "B" 160 SECOND STREET CAMBRIDGE, MA 02142	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	NORWOOD PLAZA, LLC 160 SECOND STREET CAMBRIDGE, MA 02142	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	PONTIAC AVE, LP 160 SECOND STREET CAMBRIDGE, MA 02142	\$1,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	PORTER SQUARE, LLC 160 SECOND STREET CAMBRIDGE, MA 02142	\$16,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	WELLYN, INC. 160 SECOND STREET CAMBRIDGE, MA 02142	\$5,000.	Person X Payroll

Name of organization
GRAVESTAR FOUNDATION
C/O GRAVESTAR, INC.

Employer identification number

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
7	WALTHAM PLAZA, LLC 160 SECOND STREET CAMBRIDGE, MA 02142	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
8	WELLESLEY PLAZA, LLC 160 SECOND STREET CAMBRIDGE, MA 02142	\$2,500.	Person X Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
9	BEACON TAPPAN, LLC 160 SECOND STREET CAMBRIDGE, MA 02142	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
10	CAROLYN MUGAR 160 SECOND STREET CAMBRIDGE, MA 02142	\$501,488.	Person Payroll Noncash X (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Oncash Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroli Noncash (Complete Part II for noncash contributions)			

Name of organization
GRAVESTAR FOUNDATION
C/O GRAVESTAR, INC.

Employer identification number

Part II	Noncash Property (see instructions) Use duplicate copies of Part II	of additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
10	811 SHARES OF EQUINIX INC.	_	
		\$ 321,562.	11/06/18
(a) No. from Part i	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
10	1111 SHARES OF ISHARES RUSSELL 3000 ETF	-	
		\$\$\$	11/06/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		_	
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
i		- -	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		_	
		_ _ _ \$	
			190 990-E7 or 990-DE) (2018)

Name of organization

Employer identification number

GRAVESTAR FOUNDATION

/O GR	AVESTAR, INC.		04-3391926		
Partill	Exclusively religious, charitable, etc., contributio from any one contributor. Complete columns (a) completing Part III enter the total of exclusively religious of	through (e) and the following line ent	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year try. For organizations less for the year. (Enter this info. once.) \$\infty\$ \$		
	Use duplicate copies of Part III if additional s	pace is needed			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-	I	(e) Transfer of gift	<u> </u>		
	Transferee's name, address, and	1 ZIP + 4	Relationship of transferor to transferee		
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I					
_		(e) Transfer of gif	t		
_	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift				
-	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		

FORM 990-PF INTERE	ST ON SAVI	NGS AND TEM	PORARY CASH I	NVESTMENTS	STATEMENT 1
SOURCE	(A REVEI PER BO	ENUE NET INVESTMENT		(C) ADJUSTED NET INCOME	
BOND AMORTIZATION		<:	<5,254.>		<5,254.>
CAMBRIDGE TRUST INTEREST - FIDELITY	1	9. 10,850. 5,605.		9. 10,850.	
TOTAL TO PART I, LI				5,605.	
FORM 990-PF	DIVIDEND	S AND INTER	EST FROM SECU	JRITIES	STATEMENT 2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	(A) REVENUE S PER BOOKS	(B) NET INVEST MENT INCOM	
DIVIDEND - FIDELITY	69,778	. 37,88	9. 31,889	28,465	31,889.
TO PART I, LINE 4	69,778	37,88	9. 31,889	28,465	31,889.
FORM 990-PF		ACCOUNTI	NG FEES		STATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	_	3,905.	3,905.	. 0	0.
TO FORM 990-PF, PG	1, LN 16B	3,905.	3,905.	. 0	0.
FORM 990-PF	0	THER PROFES	SIONAL FEES		STATEMENT 4
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ADVISOR FEE		11,411.	11,411.	, 0	0.
TO FORM 990-PF, PG	1, LN 16C	11,411.	11,411.	. 0	0.
	_				

FORM 990-PF	TAXES		STATEMENT 5	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FOREIGN TAX	789.	789.	0.	0.
TO FORM 990-PF, PG 1, LN 18	789.	789.	0.	0.
FORM 990-PF OTHER EXPENSES			STATEMENT 6	
	(A) EXPENSES	(B)	(C)	(D)
DESCRIPTION	PER BOOKS	NET INVEST- MENT INCOME		CHARITABLE PURPOSES
MISCELLANEOUS DUES & SUBS MA ANNUAL REPORT FILING FEE BANK FEES	4,160. 750. 35. 8.	750. 35.	0. 0. 0.	0. 0. 0.
TO FORM 990-PF, PG 1, LN 23	4,953.	793.	0.	0.

FORM 990-PF OTH	ER INVESTMENTS		STATEMENT 7
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
FIDELITY INVESTMENTS	FMV	2,110,098.	2,248,853.
TOTAL TO FORM 990-PF, PART II, LIN	TE 13	2,110,098.	2,248,853.

FORM 990-PF

ELECTION UNDER REGULATIONS SECTION
53.4942(A)-3(D)(2) TO APPLY
EXCESS QUALIFYING DISTRIBUTIONS
TO PRIOR YEAR'S UNDISTRIBUTED INCOME

STATEMENT 8

I, JANET CORPUS, AM ELECTING UNDER SECTION 53.4942(A)-3(D)(2) TO APPLY CURRENT YEAR EXCESS QUALIFYING DISTRIBUTIONS TO PRIOR YEARS FROM UNDISTRIBUTED INCOME. THE QUALIFYING DISTRIBUTIONS ARE APPLIED TO UNDISTRIBUTED INCOME AS FOLLOWS:

2017: 94,934 2016: 570 2018: 7,646

SIGNATURE

DATE