Department of the Treasury Internal Revenue Service

Return of Private Foundation

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

Open to Public Inspection

OMB No 1545-0052

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs gov/Form990PFfor instructions and the latest information

or c	alendar year 2018 or tax year beginning				<u>, and end</u>	ling		, 20
Vame	of foundation					, A	Employer identifi	cation number
RΙ	LEY MABEL LOUISE TR U/WILL						04-	6278857
Numb	er and street (or P O box number if mail is not delivered	to street	address)		Room/sui	te B	Telephone number	r (see instructions)
	.*							
	BOX 185		<u> </u>		<u> </u>		61	7-722-7246
ity o	r town, state or province, country, and ZIP or foreign pos	stal code				6	If exemption applicat	ion is
DΤ	TTSBURGH, PA 15230-0185						pending, check here	
	neck all that apply Initial return		Initial return	of a former p	ublic cha	rity		🛌
	• Final return	+	Amended re			ם מייי	1 Foreign organizati 2 Foreign organizati	
	Address change		Name chang				85% test, check he computation	ere and attach
1 CI	neck type of organization X Section 50	1(c)(3)	exempt private f	oundation	N	T	·	
	Section 4947(a)(1) nonexempt charitable trust		Other taxable pr		ion U	1 [If private foundation under section 507(b)	L
Fa	ur market value of all assets at J Acc		method X C			F		a 60 month termination
er	nd of year (from Part II, col. (c), line	Other (spęcify)					(1)(B), check here . 🕨
_16	6) ► \$ 61,719,024. (Part	, columi	n (d) must be on ca	sh basis)				
Par	Analysis of Revenue and Expenses (Th	e (a) Revenue and	(b) Net inve	etment	(0)	Adjusted net	(d) Disbursements for charitable
•	total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in		expenses per books	incom		(6)	income .	purposes
	column (a) (see instructions))	1_		, , , , , , , , , , , , , , , , , , ,	NAME OF THE PERSON OF THE PERS	ANADORS W.	A LACO LL DA LICANIMACA LLO	(cash basis only)
1	and if the foundation is not required to	- Security	~ 5848.684.884.175888889.784877			EXECUTE S		200
2					#1341/#81	****	200 E 100 CM S	
3			1 525 265	1	F 022			- COMO
4		·	1,535,265	1,55	<u>5,022.</u>	<u> </u>		NOW THE STATE OF T
1 -	a Gross rents	٠ * کونل اور کاری ا		1877 8 1874 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	**************************************	\$36.7538	122010175	
ļ	b Net rental income or (loss)	800273	1,756,712	8624 PS 35 60	74988888 4 7 44 5 5 5 5 5 5 5		restriction	
	a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all 4, 921, 166	333	******	2527	33494. (2014 	200 March		
) 		Joandungtür	7387333389	DICTO	6-717	AND THE COURT		
8	- A	**************************************		TE C	EVE	D	XXX JAK-1- ZITO CO-0-3 X	
9	T41	3.00		\$ W. W. Z.		70	اد	
10	a Gross sales less returns and allowances		S CANADAR	II RENOVS	2 1 201		3 3 3 3 3 3 3 3 3	
	b Less Cost of goods sold .			WOOD STATE		20 O		
	c Gross profit or (loss) (attach schedule)			OCDI	V. V. V. W. V. V.			
11	Other income (attach schedule)		16,64 3	-crint	11202	!		STMT
12	Total. Add lines 1 through 11	:↓	3,308,620.	3,31	1,936.		<u> </u>	
13			298,915	1.7	9,349.		NONE	119,56
14				 -	NONE		NONE	
15	Pension plans, employee benefits			<u> </u>	NONE		NONE	
3 16	a Legal fees (attach schedule)		26,000.		NONE	_	NONE	26,00
	b Accounting fees (attach schedule) STMT. 3		20,000.		INOINE		NONE	
16 17 18 19 20	c Other professional fees (attach schedule)		1,697		1,697.			
1/ 2 18	- CONTRACT		86,786.		$\frac{1,057.}{4,247.}$	-		·. · · · · · · · · · · · · · · · · · ·
19			337730	 	<u>-,,</u>			
20			 				и	where we will be deriver the family of
	•				NONE		NONE	
22	Printing and publications	1 -			NONE		NONE	
23	Other expenses (attach schedule) STMT, 6		234,557.	3	3,740.			200,81
23 24 25	Total operating and administrative expenses							-
5	Add lines 13 through 23	·	647,955.	- 24	9.,033.	2004.00.00	NONE	346,38
25	Contributions, gifts, grants paid	<u> </u>	3,213,301.					3,213,30
26	Total expenses and disbursements Add lines 24 and 25	1	3,861,256.	24	9,033.	/ 	NONE	3,559,684
27			550 636					
1	a Excess of revenue over expenses and disbursements	2002/2014 000	-552,636.			1000		
'	b Net investment income (if negative, enter -0-)	\$ \$50.00		3,06	2,903.	30.00 (A)		
	Adjusted not income (if penative enter ())	1590000000°x	\$\$\$68814\$\$\$6\$\$?4B397383847855555	92. GSSQ-SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS	G30_45535 C5X5XX15X1	i	ľ	######################################

JSA For Paperwork Reduction Act Notice, see instructions.

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Form **990-PF** (2018)

an.	III	Polomos Charte descritor solume should be for and of uses	Beginning of year	Eno C	or year
	art II	Balance Sheets description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
		Savings and temporary cash investments	781,872.	605,801.	605,801
				C. (2000) (1000) (1000)	
ĺ	3	Accounts receivable >			
		Less allowance for doubtful accounts ▶		1994-98339-9839-98-98-98-98-98-98-98-98-98-98-98-98-98	\$25000000000000000000000000000000000000
	4	Pledges receivable ▶			
ŀ		Less allowance for doubtful accounts ▶			
,	5	Grants receivable	·		
	6	Receivables due from officers, directors, trustees, and other			,
ł		disqualified persons (attach schedule) (see instructions)			
		Other notes and loans receivable (attach schedule)			
		Less allowance for doubtful accounts ►NONE		and the state of t	The state of the s
0		Inventories for sale or use			·
Assets					
ŝ		Prepaid expenses and deferred charges			 -
		Investments - U S and state government obligations (attach schedule)			
- 1		Investments - corporate stock (attach schedule)		 	 -
		Investments - corporate bonds (attach schedule)	6025-003-66-00-08-5-1-0-0-0-0-1-0-1-0-1-0-1-0-1-0-1-0-1-0	Na. 116-100-022 ** 50-86 ** 1002 ** YN 081 ** 1004 ** 1004 **	26
		and equipment basis			
ĺ		Less accumulated depreciation (attach schedule)			·
- 1	12	Investments - mortgage loans			
	13	Investments - other (attach schedule)	50,834,407.	50,418,584.	61,113,223
ĺ		Land, buildings, and equipment basis			
١		Less accumulated depreciation (attach schedule)	١		<u> </u>
- 1		Other assets (describe)			
ľ		Total assets (to be completed by all filers - see the			
		instructions Also, see page 1, item I)		51,024,385.	61,719,024
\dashv			31,010,275.	31,021,303.	- W. C. W. F. W. T. W. T
- }		Accounts payable and accrued expenses			\$537.00°00.00.00.00.00.00.00.00.00.00.00.00.
<u>"</u>		Grants payable			1868 1988 1988 1988 1988 1988 1988 1988
Liabilities	19	Deferred revenue			**************************************
鼍	20	Loans from officers, directors, trustees, and other disqualified persons. 🖫		<u> </u>	
읦	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe)			
\perp		Total liabilities (add lines 17 through 22)		NONE	
l		Foundations that follow SFAS 117, check here		/	
es		and complete lines 24 through 26, and lines 30 and 31.	•		
Balances	24	Unrestricted	•		
ag	25	Temporarily restricted			
		Permanently restricted		7	
밈		Foundations that do not follow SFAS 117, check here			(XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
괴	•	and complete lines 27 through 31.		•	
6		•	51,616,279.	51,024,385.	
S.	27	Capital stock, trust principal, or current funds	J1,010,2/3.	<u></u>	**************************************
Se	28	Paid-in or capital surplus, or land, bldg , and equipment fund			27.252.47.252.45.252.252.252.252.252.252.252.252.
As	29	Retained earnings, accumulated income, endowment, or other funds	51 616 070	151 004 005	
넒	30	Total net assets or fund balances (see instructions)	51,616,279.	51,024,385.	
ž	31	Total liabilities and net assets/fund balances (see			
┙		instructions)	51,616,279.	51,024,385.	
Pa	art III	Analysis of Changes in Net Assets or Fund Bala	nces		
1	Tota	I net assets or fund balances at beginning of year - Part	II, column (a), line 30 (i	must agree with	
		of-year figure reported on prior year's return)			51,616,279.
2		r amount from Part I, line 27a		· · · · · · · · · · · · · · · · · · ·	-552,636.
		r increases not included in line 2 (itemize) ► SEE STA		3	86,681.
		lines 1, 2, and 3			51,150,324.
		eases not included in line 2 (itemize) SEE STA		5	125,939.
					51,024,385.
<u> </u>	rota	I net assets or fund balances at end of year (line 4 minus I		n, nine 30 10	51,024,365. Form 990-PF (2018)
			\		rorm ヺ゚ヺリ・アド (2018)

Pai	rt IV Capital Gains	and Losses for Tax on Inve	estment Income			
		cribe the kind(s) of property sold (for each warehouse, or common stock, 200	• •	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a	PUBLICLY TRADED	SECURITIES				
b)					
c	<u> </u>			ļ		
d		-		ļ		
e	·				<u> </u>	
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo ((e) plus (f) minu	
<u>a</u>	4,921,166.		3,164,454.	<u> </u>	1,	756,712.
<u>b</u>)			ļ		
<u>c</u>	<u> </u>			 		
<u>d</u>	l			 		
е			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ļ		
	Complete only for assets sh	owing gain in column (h) and owned b	ī		Gains (Col (h) ga	
	(i) FMV as of 12/31/69 (j) Adjusted basis (k) Excess of col (i) over col (j), if any				(k), but not less to Losses (from col	
		83 01 127 3 17 03	Over cor (ji, it arry		 	
<u>a</u>				 	Δ,	756,712.
<u>b</u>				 		
<u>c</u>				-		
е				 		
E		· / If as	ain, also enter in Part I, line 7	 		
2	Capital gain net income		oss), enter -0- in Part I, line 7] 2	1.	756,712.
3	Net short-term capital ga	in or (loss) as defined in sections	· · · · · · · · · · · · · · · · · · ·			,507,121
	- · · · · · · · · · · · · · · · · · · ·	art I, line 8, column (c). See ins				
	-		ı	3		
Pai			uced Tax on Net Investment I	ncome		
Was			outable amount of any year in the b	ase perio	d?	Yes X No
<u>'''</u>			r, see the instructions before makir	og anv en	tries	<u>_</u>
<u> </u>	(a)	(b)	(c)	ly unity cit	(d)	
Cale	Base period years endar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use assets		Distribution rat (col (b) divided by	
	2017	2,701,858.	66,416,903.			0.040680
	2016	2,408,935.	59,862,942.			0.040241
	2015	3,631,476.	63,403,303.			0.057276
	2014	3,544,663.	65,122,276.			0.054431
	2013	3,072,263.	60,806,738.			0.050525
			·		<u>=</u>	
2	Total of line 1, column (c	d)		2		0.243153
3		o for the 5-year base period - divid				
	the number of years the	foundation has been in existence i	ıf less than 5 years	3		0.048631
4	Enter the net value of no	ncharitable-use assets for 2018 from	om Part X, line 5	4	68,	<u>393,356.</u>
				}		
5	Multiply line 4 by line 3.			5	3	326,037.
6	Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		30,629.
7	Add lines 5 and 6			7	3,	356 <u>,666</u> .
8	Enter qualifying distribut If line 8 is equal to or g Part VI instructions.	ions from Part XII, line 4 reater than line 7, check the box	ın Part VI, line 1b, and complete	8 that part		559,684. rate. See the

<u>。Par</u>	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - s	see instructions)
1a	Exempt operating foundations described in section 4940(d)(2), check here	
	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	30,629.
	here X and enter 1% of Part I, line 27b	
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of	
	Part I, line 12, col (b)	•
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	NONE
3	Add lines 1 and 2	30,629.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	NONE
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- ·	30,629.
6	Credits/Payments	
а	2018 estimated tax payments and 2017 overpayment credited to 2018 6a 23,005 .	
b	Exempt foreign organizations - tax withheld at source	
C	Tax paid with application for extension of time to file (Form 8868) 6c NONE	
d	Backup withholding erroneously withheld	
7	Total credits and payments Add lines 6a through 6d	<u>23,005.</u>
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached	
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	7,624.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	
11	Enter the amount of line 10 to be Credited to 2019 estimated tax ► NONE Refunded ► 11	
	t VII-A Statements Regarding Activities	L.20 Sozaal
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did	
	participate or intervene in any political campaign?	
þ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See t	
	Instructions for the definition	. 1b , X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any material	als Signature
	published or distributed by the foundation in connection with the activities	and the state of t
	Did the foundation file Form 1120-POL for this year?	. Ic X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	
	(1) On the foundation ►\$ (2) On foundation managers ►\$	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	
_	on foundation managers \$	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	. 2 X
•	If "Yes," attach a detailed description of the activities /	les 2
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articl of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	
40		
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4b
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	.
3	If "Yes," attach the statement required by General Instruction T	· 888 828 839
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 the governing instrument in the properties of the	hat
	conflict with the state law remain in the governing instrument?	1 1 1
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 X	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.	ZER ING ON
	MA	
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney Gene	eral (1997)
_	(or designate) of each state as required by General Instruction G ² If "No," attach explanation	1 - 1 - 1
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)	200 x 3000 3000 x 21 2500 0 600
	4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV If "Yes	1 1 1
	complete Part XIV	9 X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing the	eır
	names and addresses	
		5 QQQ PE (2012)

age	5

₫ ar	Statements Regarding Activities (continued)	Excession 2		T
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the)]	ļ
	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	. 11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			ľ
	person had advisory privileges? If "Yes," attach statement See instructions	12		<u> </u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13_	X	<u> </u>
	Website address \blacktriangleright N/A			
14	The books are in care of ► BNY MELLON, N.A. Telephone no ► (617) 722	<u>:-724</u>	6	
	Located at ▶ P.O. BOX 185, PITTSBURGH, PA ZIP+4 ▶ 15230-	·018 <u>5</u>		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		🕨	ـــا ٠
	and enter the amount of tax-exempt interest received or accrued during the year	<u> </u>		,
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority	y	Yes	No
	over a bank, securities, or other financial account in a foreign country?	16	L	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of	f		
_	the foreign country			27.25
Par	t 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.		Yes	No
1a	During the year, did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No	3		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			300
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			**
	termination of government service, if terminating within 90 days)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			88
	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		X
	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 before the first day of the tax year beginning in 2018?	1c	X (64(7 8) %	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private		1.000 C	
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			9
а	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and			7
	6e, Part XIII) for tax year(s) beginning before 2018?			
	If "Yes," list the years			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	, sa		
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	3		
	all years listed, answer "No" and attach statement - see instructions)	2b	\$\X\$5555	9290000000
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	<u> </u>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?	0.0		
b	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or			(0) (0)
	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	21		<i>-</i> 2000
_	foundation had excess business holdings in 2018)	3b		v
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	10000	X
Ь	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	46	7.42.92.94.	
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b orm 99	n.PF	(2018)
	Fr Control of the Con	71111 J J	J-1 I	12010)

- Part	VII-B Statements Regarding Activities	for Which Form 4	720 May Be Rec	uired (continued)		
5a	During the year, did the foundation pay or incur any an	nount to				Yes No
	(1) Carry on propaganda, or otherwise attempt to influ	ence legislation (sectio	n 4945(e))?	. Yes X N	0	
(2) Influence the outcome of any specific public election (see section 4955), or to carry on,						
	directly or indirectly, any voter registration drive?	.		. Yes X N	0	
	(3) Provide a grant to an individual for travel, study, or	other similar purposes		. Yes X N	0	
	(4) Provide a grant to an organization other than	a charitable, etc., org	janization described	ın	1 1	
	section 4945(d)(4)(A)? See instructions			. Yes X N	0	'.
	(5) Provide for any purpose other than religious,			al	1 1	
	purposes, or for the prevention of cruelty to childre	n or animals?		. Yes X N	0	
ь	If any answer is "Yes" to 5a(1)-(5), did any of th	e transactions fail to	qualify under the e	exceptions described i	n	
	Regulations section 53 4945 or in a current notice rega	ırdıng dısaster assıstan	ce? See instructions.		5b	
	Organizations relying on a current notice regarding disa	ster assistance, check	here		$\cdot \square \cap \cap$	
C	If the answer is "Yes" to question 5a(4), does the	e foundation claim e	xemption from the	tax		,
	because it maintained expenditure responsibility for the	grant?		Yes N	0	
	If "Yes," attach the statement required by Regulations s	ection 53 4945-5(d)				
6a	Did the foundation, during the year, receive any fu	inds, directly or indire	ectly, to pay premiu	ms	1 1	
	on a personal benefit contract?			· Yes X N	o _	
b	Did the foundation, during the year, pay premiums, dire			act ⁷	. 6b	X
	If "Yes" to 6b, file Form 8870				1 1	
7a	At any time during the tax year, was the foundation a p	arty to a prohibited tax	shelter transaction?.	. Yes X N	o	
b	If "Yes," did the foundation receive any proceeds or have	e any net income attrib	outable to the transact	ion ⁷	. 7b	
8	Is the foundation subject to the section 4960 tax on pa	yment(s) of more than	\$1,000,000 in		1 1	
	remuneration or excess parachute payment(s) during the					L
Part	VIII Information About Officers, Direct and Contractors	ors, Trustees, Fou	indation Managei	rs, Highly Paid Em	ployees,	
						
1	List all officers, directors, trustees, and foundation	on managers and th	neir compensation.	See instructions.		
1	List all officers, directors, trustees, and foundation	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense	
1	List all officers, directors, trustees, and foundati		neir compensation. (c) Compensation (If not paid, enter -0-)		(e) Expense other allov	
BNY Me	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		
BNY Me	(a) Name and address ellon, N A BOX 185, Pittsburgh, PA 15230-0185	(b) Title, and average hours per week devoted to position CO-TRUSTEE ' 1	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans		
BNY Me	(a) Name and address ellon, N A BOX 185, Pittsburgh, PA 15230-0185 ellon, N A.	(b) Title, and average hours per week devoted to position CO-TRUSTEE 1 FEE REIMBURSEMEN	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		
BNY Me PO I BNY Me	(a) Name and address ellon, N A BOX 185, Pittsburgh, PA 15230-0185 ellon, N A. BOX 185, Pittsburgh, PA 15230-0185	(b) Title, and average hours per week devoted to position CO-TRUSTEE ' 1 FEE REIMBURSEMEN 1	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		
BNY Me PO I BNY Me PO I GRACE	(a) Name and address ellon, N A BOX 185, Pittsburgh, PA 15230-0185 ellon, N A. BOX 185, Pittsburgh, PA 15230-0185 F FEY	(b) Title, and average hours per week devoted to position CO-TRUSTEE 1 FEE REIMBURSEMEN 1 CO-TRUSTEE	(c) Compensation (If not paid, enter -0-) 308,117 -158,988	(d) Contributions to employee benefit plans and deferred compensation - 0 -		-0- -0-
BNY Me P O I BNY Me P O I GRACE C/O Bi	(a) Name and address ellon, N A BOX 185, Pittsburgh, PA 15230-0185 ellon, N A. BOX 185, Pittsburgh, PA 15230-0185 F FEY WY MELLON N A., PO BOX 185, Pittsburgh, PA 1523	(b) Title, and average hours per week devoted to position CO-TRUSTEE 1 FEE REIMBURSEMEN 1 CO-TRUSTEE 0 1	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		
BNY Me P O I BNY Me P O I GRACE C/O Bi	(a) Name and address ellon, N A BOX 185, Pittsburgh, PA 15230-0185 ellon, N A. BOX 185, Pittsburgh, PA 15230-0185 F FEY WY MELLON N A., PO BOX 185, Pittsburgh, PA 1523	(b) Title, and average hours per week devoted to position CO-TRUSTEE 1 CO-TRUSTEE 1 CO-TRUSTEE 0 1 CO-TRUSTEE	(c) Compensation (If not paid, enter -0-) 308,117 -158,988 74,893	(d) Contributions to employee benefit plans and deferred compensation - 0 - - 0 -		-0- -0-
BNY Me P O I BNY Me P O I GRACE C/O BI ROBER'	(a) Name and address ellon, N A BOX 185, Pittsburgh, PA 15230-0185 ellon, N A. BOX 185, Pittsburgh, PA 15230-0185 F FEY WY MELLON N A., PO BOX 185, Pittsburgh, PA 1523 F W HOLMES NY MELLON N A., PO BOX 185, Pittsburgh, PA 1523	(b) Title, and average hours per week devoted to position CO-TRUSTEE 1 FEE REIMBURSEMEN 1 CO-TRUSTEE 0 1 CO-TRUSTEE 1 CO-TRUSTEE 1	(c) Compensation (If not paid, enter -0-) 308,117 -158,988 74,893	(d) Contributions to employee benefit plans and deferred compensation - 0 - - 0 - - 0 -	other allow	-0- -0- -0-
BNY Me P O I BNY Me P O I GRACE C/O BI ROBER' C/O BI	(a) Name and address ellon, N A BOX 185, Pittsburgh, PA 15230-0185 ellon, N A. BOX 185, Pittsburgh, PA 15230-0185 F FEY NY MELLON N A., PO BOX 185, Pittsburgh, PA 1523 I W HOLMES NY MELLON N A., PO BOX 185, Pittsburgh, PA 1523 Compensation of five highest-paid employees	(b) Title, and average hours per week devoted to position CO-TRUSTEE 1 FEE REIMBURSEMEN 1 CO-TRUSTEE 0 1 CO-TRUSTEE 1 CO-TRUSTEE 1	(c) Compensation (If not paid, enter -0-) 308,117 -158,988 74,893	(d) Contributions to employee benefit plans and deferred compensation - 0 - - 0 - - 0 -	other allow	-0- -0- -0-
BNY Me P O I BNY Me P O I GRACE C/O BI ROBER' C/O BI	(a) Name and address ellon, N A BOX 185, Pittsburgh, PA 15230-0185 ellon, N A. BOX 185, Pittsburgh, PA 15230-0185 F FEY WY MELLON N A., PO BOX 185, Pittsburgh, PA 1523 F W HOLMES NY MELLON N A., PO BOX 185, Pittsburgh, PA 1523	(b) Title, and average hours per week devoted to position CO-TRUSTEE 1 CO-TRUSTEE 1 CO-TRUSTEE 1 CO-TRUSTEE 1 CO-TRUSTEE 1 (other than thos	(c) Compensation (If not paid, enter -0-) 308,117 -158,988 74,893	(d) Contributions to employee benefit plans and deferred compensation - 0 - - 0 - - 0 - - 0 - - 0 - (d) Contributions to	other allov	-0- -0- -0- -0- ne, enter
BNY Me P O 1 BNY Me P O 1 GRACE C/O BI ROBER' C/O BI	(a) Name and address ellon, N A BOX 185, Pittsburgh, PA 15230-0185 ellon, N A. BOX 185, Pittsburgh, PA 15230-0185 F FEY NY MELLON N A., PO BOX 185, Pittsburgh, PA 1523 I W HOLMES NY MELLON N A., PO BOX 185, Pittsburgh, PA 1523 Compensation of five highest-paid employees	(b) Title, and average hours per week devoted to position CO-TRUSTEE 1 FEE REIMBURSEMEN 1 CO-TRUSTEE 0 1 CO-TRUSTEE 0 1 (other than thos	(c) Compensation (If not paid, enter -0-) 308,117 -158,988 74,893	(d) Contributions to employee benefit plans and deferred compensation - 0 - - 0 - - 0 - e 1 - see instruction (d) Contributions to employee benefit plans and deferred	other allow	-0- -0- -0- -0- account,
BNY Me P O 1 BNY Me P O 1 GRACE C/O BI ROBER' C/O BI	(a) Name and address ellon, N A BOX 185, Pittsburgh, PA 15230-0185 ellon, N A. BOX 185, Pittsburgh, PA 15230-0185 F FEY NY MELLON N A., PO BOX 185, Pittsburgh, PA 1523 T W HOLMES NY MELLON N A., PO BOX 185, Pittsburgh, PA 1523 Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position CO-TRUSTEE 1 FEE REIMBURSEMEN 1 CO-TRUSTEE 0 1 CO-TRUSTEE 0 1 (other than thos	(c) Compensation (If not paid, enter -0-) 308,117 -158,988 74,893 e included on lin	(d) Contributions to employee benefit plans and deferred compensation - 0 - - 0 - - 0 - - 0 - (d) Contributions to employee benefit	ons). If nor	-0- -0- -0- -0- account,
BNY Me P O I BNY Me P O I GRACE C/O Bi ROBER' C/O Bi (a)	(a) Name and address ellon, N A BOX 185, Pittsburgh, PA 15230-0185 ellon, N A. BOX 185, Pittsburgh, PA 15230-0185 F FEY NY MELLON N A., PO BOX 185, Pittsburgh, PA 1523 T W HOLMES NY MELLON N A., PO BOX 185, Pittsburgh, PA 1523 Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position CO-TRUSTEE 1 FEE REIMBURSEMEN 1 CO-TRUSTEE 0 1 CO-TRUSTEE 0 1 (other than thos	(c) Compensation (If not paid, enter -0-) 308,117 -158,988 74,893 74,893 e included on lin (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation - 0 - - 0 - - 0 - e 1 - see instruction (d) Contributions to employee benefit plans and deferred compensation	ons). If nor (e) Expense other alloy	-000ne, enter
BNY Me P O 1 BNY Me P O 1 GRACE C/O BI ROBER' C/O BI	(a) Name and address ellon, N A BOX 185, Pittsburgh, PA 15230-0185 ellon, N A. BOX 185, Pittsburgh, PA 15230-0185 F FEY NY MELLON N A., PO BOX 185, Pittsburgh, PA 1523 T W HOLMES NY MELLON N A., PO BOX 185, Pittsburgh, PA 1523 Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position CO-TRUSTEE 1 FEE REIMBURSEMEN 1 CO-TRUSTEE 0 1 CO-TRUSTEE 0 1 (other than thos	(c) Compensation (If not paid, enter -0-) 308,117 -158,988 74,893 e included on lin	(d) Contributions to employee benefit plans and deferred compensation - 0 - - 0 - - 0 - e 1 - see instruction (d) Contributions to employee benefit plans and deferred	ons). If nor	-000ne, enter
BNY Me P O I BNY Me P O I GRACE C/O Bi ROBER' C/O Bi (a)	(a) Name and address ellon, N A BOX 185, Pittsburgh, PA 15230-0185 ellon, N A. BOX 185, Pittsburgh, PA 15230-0185 F FEY NY MELLON N A., PO BOX 185, Pittsburgh, PA 1523 T W HOLMES NY MELLON N A., PO BOX 185, Pittsburgh, PA 1523 Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position CO-TRUSTEE 1 FEE REIMBURSEMEN 1 CO-TRUSTEE 0 1 CO-TRUSTEE 0 1 (other than thos	(c) Compensation (If not paid, enter -0-) 308,117 -158,988 74,893 74,893 e included on lin (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation - 0 - - 0 - - 0 - e 1 - see instruction (d) Contributions to employee benefit plans and deferred compensation	ons). If nor (e) Expense other alloy	-000ne, enter
BNY Me P O I BNY Me P O I GRACE C/O Bi ROBER' C/O Bi (a)	(a) Name and address ellon, N A BOX 185, Pittsburgh, PA 15230-0185 ellon, N A. BOX 185, Pittsburgh, PA 15230-0185 F FEY NY MELLON N A., PO BOX 185, Pittsburgh, PA 1523 T W HOLMES NY MELLON N A., PO BOX 185, Pittsburgh, PA 1523 Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position CO-TRUSTEE 1 FEE REIMBURSEMEN 1 CO-TRUSTEE 0 1 CO-TRUSTEE 0 1 (other than thos	(c) Compensation (If not paid, enter -0-) 308,117 -158,988 74,893 74,893 e included on lin (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation - 0 - - 0 - - 0 - e 1 - see instruction (d) Contributions to employee benefit plans and deferred compensation	ons). If nor (e) Expense other alloy	-000ne, enter
BNY Me P O I BNY Me P O I GRACE C/O Bi ROBER' C/O Bi (a)	(a) Name and address ellon, N A BOX 185, Pittsburgh, PA 15230-0185 ellon, N A. BOX 185, Pittsburgh, PA 15230-0185 F FEY NY MELLON N A., PO BOX 185, Pittsburgh, PA 1523 T W HOLMES NY MELLON N A., PO BOX 185, Pittsburgh, PA 1523 Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position CO-TRUSTEE 1 FEE REIMBURSEMEN 1 CO-TRUSTEE 0 1 CO-TRUSTEE 0 1 (other than thos	(c) Compensation (If not paid, enter -0-) 308,117 -158,988 74,893 74,893 e included on lin (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation - 0 - - 0 - - 0 - e 1 - see instruction (d) Contributions to employee benefit plans and deferred compensation	ons). If nor (e) Expense other alloy	-000ne, enter
BNY Me P O I BNY Me P O I GRACE C/O Bi ROBER' C/O Bi (a)	(a) Name and address ellon, N A BOX 185, Pittsburgh, PA 15230-0185 ellon, N A. BOX 185, Pittsburgh, PA 15230-0185 F FEY NY MELLON N A., PO BOX 185, Pittsburgh, PA 1523 T W HOLMES NY MELLON N A., PO BOX 185, Pittsburgh, PA 1523 Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position CO-TRUSTEE 1 FEE REIMBURSEMEN 1 CO-TRUSTEE 0 1 CO-TRUSTEE 0 1 (other than thos	(c) Compensation (If not paid, enter -0-) 308,117 -158,988 74,893 74,893 e included on lin (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation - 0 - - 0 - - 0 - e 1 - see instruction (d) Contributions to employee benefit plans and deferred compensation	ons). If nor (e) Expense other alloy	-000ne, enter
BNY Me P O I BNY Me P O I GRACE C/O Bi ROBER' C/O Bi (a)	(a) Name and address ellon, N A BOX 185, Pittsburgh, PA 15230-0185 ellon, N A. BOX 185, Pittsburgh, PA 15230-0185 F FEY NY MELLON N A., PO BOX 185, Pittsburgh, PA 1523 T W HOLMES NY MELLON N A., PO BOX 185, Pittsburgh, PA 1523 Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position CO-TRUSTEE 1 FEE REIMBURSEMEN 1 CO-TRUSTEE 0 1 CO-TRUSTEE 0 1 (other than thos	(c) Compensation (If not paid, enter -0-) 308,117 -158,988 74,893 74,893 e included on lin (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation - 0 - - 0 - - 0 - e 1 - see instruction (d) Contributions to employee benefit plans and deferred compensation	ons). If nor (e) Expense other alloy	-000ne, enter
BNY Me P O I BNY Me P O I GRACE C/O Bi ROBER' C/O Bi (a)	(a) Name and address ellon, N A BOX 185, Pittsburgh, PA 15230-0185 ellon, N A. BOX 185, Pittsburgh, PA 15230-0185 F FEY NY MELLON N A., PO BOX 185, Pittsburgh, PA 1523 T W HOLMES NY MELLON N A., PO BOX 185, Pittsburgh, PA 1523 Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position CO-TRUSTEE 1 FEE REIMBURSEMEN 1 CO-TRUSTEE 0 1 CO-TRUSTEE 0 1 (other than thos	(c) Compensation (If not paid, enter -0-) 308,117 -158,988 74,893 74,893 e included on lin (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation - 0 - - 0 - - 0 - e 1 - see instruction (d) Contributions to employee benefit plans and deferred compensation	ons). If nor (e) Expense other alloy	-000ne, enter
BNY Me P O I BNY Me P O I GRACE C/O Bi ROBER' C/O Bi (a)	(a) Name and address ellon, N A BOX 185, Pittsburgh, PA 15230-0185 ellon, N A. BOX 185, Pittsburgh, PA 15230-0185 F FEY NY MELLON N A., PO BOX 185, Pittsburgh, PA 1523 T W HOLMES NY MELLON N A., PO BOX 185, Pittsburgh, PA 1523 Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position CO-TRUSTEE 1 FEE REIMBURSEMEN 1 CO-TRUSTEE 0 1 CO-TRUSTEE 0 1 (other than thos	(c) Compensation (If not paid, enter -0-) 308,117 -158,988 74,893 74,893 e included on lin (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation - 0 - - 0 - - 0 - e 1 - see instruction (d) Contributions to employee benefit plans and deferred compensation	ons). If nor (e) Expense other alloy	-000ne, enter
BNY Me P O I BNY Me P O I GRACE C/O Bi ROBER' C/O Bi (a)	(a) Name and address ellon, N A BOX 185, Pittsburgh, PA 15230-0185 ellon, N A. BOX 185, Pittsburgh, PA 15230-0185 F FEY NY MELLON N A., PO BOX 185, Pittsburgh, PA 1523 T W HOLMES NY MELLON N A., PO BOX 185, Pittsburgh, PA 1523 Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position CO-TRUSTEE 1 FEE REIMBURSEMEN 1 CO-TRUSTEE 1 CO-TRUSTEE 1 (other than thos (b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-) 308,117 -158,988 74,893 74,893 e included on lin (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation - 0 - - 0 - - 0 - e 1 - see instruction (d) Contributions to employee benefit plans and deferred compensation	ons). If nor (e) Expense other alloy	-000- ne, enter

3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NOI	JE."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
JONE	NONE
ONE	NONE
	ļ <u> </u>
	
otal number of others receiving over \$50,000 for professional services	NONE
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	
	<u> </u>
2	
3	
, 	
4	
art IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE	
2	-
All other program-related investments. See instructions	
3 NONE	ł
otal. Add lines 1 through 3	

Par	t X Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign foun	idations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes.		
а	Average monthly fair market value of securities ~	1a	68,667,624.
b	Average of monthly cash balances	1b	<u>767,255.</u>
C	Fair market value of all other assets (see instructions)	1c	NONE
	Total (add lines 1a, b, and c)	1d	69,434,879.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	i	
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	69,434,879.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	ınstructions)	4	1,041,523.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	68,393,356.
6_	Minimum investment return. Enter 5% of line 5	6	3,419,668.
Par	TXI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating found and certain foreign organizations, check here ▶ and do not complete this part)	dations	
1	Minimum investment return from Part X, line 6 · · · · · · · · · · · · · · · · · ·	1	3,419,668.
	Tax on investment income for 2018 from Part VI, line 5 2a 30,629.		
	Income tax for 2018 (This does not include the tax from Part VI).		
c	Add lines 2a and 2b	2c	30,629.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	3,389,039.
4	Recoveries of amounts treated as qualifying distributions		NONE
5	Add lines 3 and 4	5	3,389,039.
6	Deduction from distributable amount (see instructions)	6	NONE
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
•	line 1	7	3,389,039.
Par	t XII Qualifying Distributions (see instructions)	<u> </u>	
1			
-	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		2 550 604
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	3,559,684.
	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		MOND
_	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the	- 1	27027
	Suitability test (prior IRS approval required)	3a	NONE
	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part-XIII, line 4	, <u>4</u>	3,559,684.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	_	20.000
_	Enter 1% of Part I, line 27b See instructions	5	30,629.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	3,529,055.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca	iculating	whether the foundation

Part XIII Undistributed Income (see instructions)						
	(a)	(b)	(c)	(d)		
1 Distributable amount for 2018 from Part XI,	Corpus	Years prior to 2017	2017	2018		
line 7,				3,389,039.		
2 Undistributed income, if any, as of the end of 2018			NONE			
a Enter amount for 2017 onlyb Total for prior years 20_16_,20_15_,20		NONE	VANCOS MANY POR PORTONO DO LOS MANOS PORTOS DE LA CONTRACTOR DE LA CONTRAC			
3 Excess distributions carryover, if any, to 2018						
a From 2013 NONE						
b From 2014 NONE						
c From 2015 394, 473.						
d From 2016 NONE						
e From 2017 NONE						
f Total of lines 3a through e	394,473.		<u> </u>	AND THE RESERVE OF THE PARTY OF		
4 Qualifying distributions for 2018 from Part XII,						
line 4 ▶ \$3,559,684			, MONTE			
a Applied to 2017, but not more than line 2a			NONE			
b Applied to undistributed income of prior years		NONE				
- (Election required - see instructions)		NONE				
c Treated as distributions out of corpus (Election required - see instructions)	NONE					
d Applied to 2018 distributable amount	\$25004560huA4860huA48660		5.775	3,389,039.		
e Remaining amount distributed out of corpus	1.00 645			***************************************		
5 Excess distributions carryover applied to 2018				2212 44 1 1 122 2 1 1 1 1 1 1 1 1 1 1 1		
(If an amount appears in column (d), the same amount must be shown in column (a))	NONE			NONE		
6 Enter the net total of each column as						
indicated below:	· ·					
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	565,118.					
b Prior years' undistributed income Subtract		,				
line 4b from line 2b		NONE		20 A TO THE RESERVE OF THE RESERVE O		
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)		NONE				
tax has been previously assessed		NONE				
d Subtract line 6c from line 6b Taxable amount - see instructions		NONE				
e Undistributed income for 2017 Subtract line			3,000			
4a from line 2a Taxable amount - see			NONE			
,						
f Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must be						
distributed in 2019				NONE		
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)	NONE			1200		
8 Excess distributions carryover from 2013 not						
applied on line 5 or line 7 (see instructions)	NONE					
9 Excess distributions carryover to 2019.	565,118.					
Subtract lines 7 and 8 from line 6a	303,110.	2016 10 34 2000 00 353 2000 3000 2000 2000 2000 20	A	**************************************		
a Excess from 2014 NONE						
b Excess from 2015 394, 473.						
c Excess from 2016 NONE						
d Excess from 2017 NONE						
e Excess from 2018 170,645.						
				Form 990-PF (2018)		

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

SEE ATTACHED STATEMENT FOR LINE 2

JSA
RF1490 1 000

SEE ATTACHED STATEMENT FOR LINE 2

c Any submission deadlines:

factors

Form **990-PF** (2018)

Part XV Supplementary Information 3 Grants and Contributions Paid D	using the Veer or A	round for	Eutura Daymont		
3 Grants and Contributions Paid D Recipient Name and address (home or business	If recipient is an individual,	Foundation	ruture Payment		
Necipient	show any relationship to any foundation manager	status of	Purpose of grant or contribution	Amount	
Name and address (home or business	or substantial contributor	recipient			
a Paid during the year			1	•	
				2 242 224	
SEE STATEMENT 29		2		3,213,301	
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Total			▶ 3a	3,213,301	
b Approved for future payment					
F-7					
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Total		<u> </u>	▶ 3b		

Form **990-PF** (2018)

Form 990-PF (2018) Part XVI-A Analysis of Income-Production	using Ast	iultion			Page 12
		ated business income	Evaluded by		(e)
Enter gross amounts unless otherwise indicated	(a) Business code	(b) Amount	(c)	y section 512, 513, or 514 (d) Amount	Related or exempt function income
1 Program service revenue		- 	 		(See instructions)
8	 				
b			 		
d	l		 		
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments -					
4 Dividends and interest from securities	<u> </u>		14	1,535,265.	
5 Net rental income or (loss) from real estate		<u> </u>	 		
a Debt-financed property			 		
b Not debt-financed property					
6 Net rental income or (loss) from personal property			 		
7 Other investment income			1.0	1 756 712	
8 Gain or (loss) from sales of assets other than inventory	-		18	1,756,712.	
9 Net income or (loss) from special events · · ·			 		
10 Gross profit or (loss) from sales of inventory	<u> </u>				
b PARTNERSHIP OTHER	-		42	202.	
c FEDERAL TAX REFUND			1	15,907.	
d COMMONFUND CAPITAL	525990	534.			
· e					
12 Subtotal Add columns (b), (d), and (e)		534.		3,308,086.	
13 Total. Add line 12, columns (b), (d), and (e)				13	3,308,620.
(See worksheet in line 13 instructions to verify calculated Part XVI-B Relationship of Activities			-		
Explain below how each activit accomplishment of the foundation					
				 	
		NOT ADDITORDI			
		NOT APPLICABLE	L		
				-	
					
					
				- -	
					
					-

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Part 2	Κ∜II	Information R Exempt Orga		ansfers to and Trans	sactions a		s With None	harit	able	
1 D	id the	organization direct	ly or indirectly	engage in any of the fol	lowing with	any other organizat	ion described		Yes	No
				501(c)(3) organizations						
	rganiza			or (c)(c)	.,		, to parimeter			ĺ
	•		a foundation to	a noncharitable exempt	organization	n of				
				· · · · · · · · · · · · · · · · · · ·				10(1)		Х
										X
	•							1a(2)		
		ansactions								v
				npt organization						X
				ole exempt organization.						X
				assets						X
		-								X
										<u> X</u>
				p or fundraising solicitation						X
c S	haring	of facilities, equipm	nent, mailing lis	ts, other assets, or paid ei	mployees.			_1c_		X
				es," complete the follow						
		•		ices given by the reporti	-					
_ v	alue in	any transaction of	r sharing arran	gement, show in column	(d) the val	ue of the goods, oth	er assets, or s	ervice	s rece	ived
(a) Line	no	(b) Amount involved	(c) Name of	noncharitable exempt organization	on (d)	Description of transfers, tra	insactions, and shar	ıng arra	ngeme	nts
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			L					——		
		•	•	filiated with, or related t				\neg	_	ב
				ction $501(c)(3)$) or in sect	ion 527?		[Ye	es X	No
b If	"Yes,"	complete the follow								
		(a) Name of organizatio	on	(b) Type of organiza	ition	(c) Des	cription of relations	hip		
	_									
						·				
				ined this return, including accompa (axpayer) is based on all information o			best of my knowledg	e and b	elief, it	is true
Sign	Confect,	and Daypiete Deciaration of	p preparer (other mark)	axpayer) is based on all milotimation of			14 10 100			
	 	PIBLE TE	4	10/21/19		Trustee		discus: parer s		
Here	Signa	ture of officer or trustee		Date	Title		See instruction:		Yes	No
		J								
		Print/Type preparer's na	me	Preparer's sygnature		Date	CHECK 41 H	TIN		
Paid		SHAWN P. HAN	ILON	Les		c P 3 0/09/2019		2009	6592	.3
Prepa	rer 🕆			OUSECOOPERS LLP	1	Firm'		1008		-
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PITTSBURGH, PA

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- DIVIDENDS AND INTEREST FROM SECURITIES FORM 990PF, PART I

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04-6278857

INCOME
OTHER
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PART
990PF,
FORM

NET INVESTMENT INCOME	1 . ! ! ! ! !	202.
REVENUE AND EXPENSES PER BOOKS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	15,907. 202.
,		TOTALS
DESCRIPTION	1 1 1 1 1 1 1 1 1 1	PARTNERSHIP UBTI FEDERAL TAX REFUND PARTNERSHIP OTHER INCOME

- ACCOUNTING FEES	
H	į
PART 1	
990PF,	
FORM	

	REVENUE AND	NET	ADJUSTED	
NOTHELLEN	EXPENSES	INVESTMENT	NET INCOME	CHARITABLE PURPOSES
LICENTE LICENTE			1 1 1	1 1 1 1 1
AUDIT & ACCOUNTING FEES (ALLOC	26,000.			26,000.
TOTALS	26,000.	NONE	NONE	26,000.

FORM 990PF, PART I - INTEREST EXPENSE

STATEMENT

REVENUE AND EXPENSES PER BOOKS	1,697. 1,697.			
	TOTALS		,	
	SHIP/S-CORP	-		
DESCRIPTION	FROM PARTNERSHIP/S-CORP			

1,697.

1,697.

NET INVESTMENT INCOME

TAX PAYMENT - PRIOR YE ESTIMATES - INCOME TOTALS FOREIGN TAXES ON NONQUALIFIED TAXES DESCRIPTION FEDERAL FEDERAL I FOREIGN

34,247.

3,833.

30,414. 29,534. 23,005. 3,833.

30,414.

INVESTMENT INCOME

> PER BOOKS

EXPENSES

REVENUE AND

- TAXES

FORM 990PF, PART I

NET

86,786.

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ART I - OTHER EXPENSES	
FORM 990PF, PA	

CHARITABLE PURPOSES	179. 200,138. 500.	200,817.
NET INVESTMENT INCOME	33,740.	33,740.
REVENUE AND EXPENSES PER BOOKS	179. 200,138. 500. 33,740.	234,557.
DESCRIPTION	OTHER NON-ALLOCABLE EXPENSE - OTHER NON-ALLOCABLE EXPENSE - STATE INCOME TAXES - PRINCIPAL FROM PARTNERSHIP/S-CORP	TOTALS

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INVESTMENTS
OTHER
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II
PART
990PF,
FORM

DESCRIPTION	COST/ FMV C OR F	ENDING BOOK VALUE	ENDING FMV
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200 COMMIT TO	۱ ر	93,85	33,85
075297 VAN ECK CM	บ	00,00	23,00
Z86567 MELLON OPT	D	40,40	23,96
28W361 VIRTUS EMEI	D	06,17	20,39
59M475 BNY MELLON	U	,055,07	,062,21
59M830 BNY	U	,176,61	,072,0
980759	U		,49
72T885 ASG	U	,572,49	,564,48
000003	Ü	3,58	3,5
986277	υ	, 19	96'
016947	Ü		•
565146 A	U	,485,0	,571,9
203421 DFA EME	D	973,92	12,29
287465 ISHARES	U	,640,46	,348,24
71F529 DREYFUS SEL	D	32,25	21,01
69M814 BNY MELL	Ū	10,77	85,72
967780	U	73,31	56,6
03E695 DREYFUS/NEV	Ü	01,08	45,86
016954 COMMONFU	Ü	45,78	71,86
287507 ISHARES TR	U	9,52	6,491,618.
287226 ISHA	บ	62,34	76,63
69M301 BNY MELLON	U	78,97	08,60
69M368 BNY MELL	U	12,65	89,35
O1F777 DREYFUS INT	U	57,95	95,5
287200 ISHARES S&P 500	U	,515,51	,745,75
287564 ISHARES TR COHEN &	บ	93,07	33,90
29 ASG MANA	U		4,
71F560 DREYFUS SELECT MGE	บ	,888,78	,424,11
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COST/ FMV C OR F

FORM 990PF, PART II - OTHER INVESTMENTS

DESCRIPTION

RILEY MABEL LOUISE TR U/WILL

04-6278857

TOTALS

BOOK VALUE ENDING

ENDING FMV

61,113,223. 50,418,584.

FORM 990PF, PART III - OTHE	R INCREASES IN NET WORT	H OR FUND BALANCES
DESCRIPTION ·	`	AMOUNT
PARTNERSHIP DISTRIBUTIONS CASH RECEIVED FROM UBS		11,681. 75,000.
	TOTAL	86,681.

FORM 990PF,	PART III -	OTHER DECREASES	IN NET WORTH	OR FUND BALANCES
*========	========	=============	==========	

DESCRIPTION	AMOUNT
REVERSAL OF CURRENT YEAR GRANT AFTER Y/E ALPHAKEYS PE FUND BASIS ADJUSTMENT ALPHAKEYS QUAD FUND BASIS ADJUSTMENT PARTNERSHIP ADJUSTMENT	50,000. 34,350. 31,588. 10,001.
TOTAL	125,939.

RILEY MABEL LOUISE TR U/WILL FORM 990PF, PART XV - LINES 2a - 2d

RECIPIENT NAME:

SEE ATTACHED

RECIPIENT'S PHONE NUMBER: SEE ATTACHED

FORM, INFORMATION AND MATERIALS:

SEE ATTACHED

SUBMISSION DEADLINES:

SEE ATTACHED

RESTRICTIONS OR LIMITATIONS ON AWARDS:

SEE ATTACHED

CARITAS COMMUNITIES

ADDRESS:

25 BRAINTREE HILL OFFICE PARK SUITE

BRAINTREE, MA 02184

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

FORSYTH INSTITUTE

ADDRESS:

245 FIRST ST

CAMBRIDGE, MA 02142

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

ASSOCIATED GRANT MAKERS INC

ADDRESS:

133 FEDERAL ST SUITE 802

BOSTON, MA 02110

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

MORE THAN WORDS INC

ADDRESS:

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242 EAST BERKELEY ST

BOSTON, MA 02118

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 102,276.

RECIPIENT NAME:

NEIGHBORHOOD HOUSE CHARTER SCHOOL

ADDRESS:

21 QUEEN ST

DORCHESTER, MA 02122

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 105,000.

RECIPIENT NAME:

NURTURY INC

ADDRESS:

2201 WASHINGTON ST SUITE 306 '

ROXBURY, MA 02119

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 103,900.

JR. ACHV OF NORTHERN NEW ENGLAND

ADDRESS:

400 FIFTH AVE SUITE 300

WALTHAM, MA 02451

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 54,900.

RECIPIENT NAME:

ROCA INC

ADDRESS:

101 PARK ST

CHELSEA, MA 02150

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

FRIENDS OF THE CHILDREN-BOSTON INC

ADDRESS:

120 BOYLSTON ST

BOSTON, MA 02116

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

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RILEY MABEL LOUISE TR U/WILL 04-6278857 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME:

THE URBAN FARMING ISNT OF BOSTON

ADDRESS:

6 BEACON ST SUITE 615

BOSTON, MA 02108

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 75,000.

RECIPIENT NAME:

HOME FOR LITTLE WANDERERS INC

ADDRESS:

10 GUEST ST

BOSTON, MA 02135

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

WANG / BOCH CENTER

ADDRESS:

270 TREMONT ST

BOSTON, MA 02116

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

BOSTON EDUCATION FUNDERS

ADDRESS:

133 FEDERAL ST SUITE 802

BOSTON, MA 02110

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

2,500. AMOUNT OF GRANT PAID

RECIPIENT NAME:

ALL DORCHESTER SPORTS & LEADERSHIP

ADDRESS:

1565 DORCHESTER AVE

DORCHESTER, MA 02122

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID 50,000.

RECIPIENT NAME:

BOSTON COLLEGIATE CHARTER SCHOOL

ADDRESS:

215 SYDNEY ST

DORCHESTER, MA 02125

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 50,000. RECIPIENT NAME: CAMBRIDGE FAMILY & CHILDREN'S SERVICE ADDRESS: 60 GORE ST CAMBRIDGE, MA 02141 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 75,000. RECIPIENT NAME: CRADLES TO CRAYONS INC ADDRESS: 155 NORTH BEACON ST BRIGHTON, MA 02135 RELATIONSHIP:

PURPOSE OF GRANT:
GENERAL OPERATING
FOUNDATION STATUS OF RECIPIENT:
PC

AMOUNT OF GRANT PAID

RECIPIENT NAME:
GOOD SPORTS INC
ADDRESS:
1515 HANCOCK ST SUITE 204
QUINCY, MA 02169
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
GENERAL OPERATING

NONE

FOUNDATION STATUS OF RECIPIENT:
PC

50,000.

INNERCITY WEIGHTLIFTING

ADDRESS:

PO BOX 171313 BOSTON, MA 02117

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

ITALIAN HOME FOR CHILDREN .

ADDRESS:

1125 CENTRE ST

BOSTON, MA 02130

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

PHOENIX CHARTER ACADEMY

ADDRESS:

60 CANAL ST 4TH FLOOR

BOSTON, MA 02114

ŘELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

REACH OUT AND READ INC

ADDRESS:

89 SOUTH ST SUITE 201

BOSTON, MA 02111

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 100,000.

RECIPIENT NAME:

SUMMER SEARCH BOSTON

ADDRESS:

3840 WASHINGTON ST

JAMAICA PLAIN, MA 02130

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

UTEC INC

ADDRESS:

15 WARREN ST NO. 3

LOWELL, MA 01852

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

WRITEBOSTON INC

ADDRESS:

2300 WASHINGTON ST 6TH FLOOR

BOSTON, MA 02119

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 50,000.

RECIPIENT NAME:

ANIMAL RESCUE LEAGUE OF BOSTON

ADDRESS:

10 CHANDLER ST

BOSTON, MA 02116

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

ARTISTS FOR HUMANITY INC

ADDRESS:

100 WEST SECOND ST

BOSTON, MA 02127

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 50,000.

FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME:

CHILDREN'S TRUST INC

ADDRESS:

55 COURT ST 4TH FLOOR

BOSTON, MA 02108

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 100,000.

RECIPIENT NAME:

ELLIS MEMORIAL & ELDREDGE HOUSE INC

ADDRESS:

58 BERKELEY ST

BOSTON, MA 02116

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

GIRLS INCORPORATED OF LYNN

ADDRESS:

50 HIGH ST

LYNN, MA 01902

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING PURPOSES

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:
GREENROOTS INC

ADDRESS:

227 MARGINAL ST SUITE 1

CHELSEA, MA 02150

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING PURPOSES

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

HORIZONS FOR HOMELESS CHILDREN

ADDRESS:

1705 COLUMBUS AVE

ROXBURY, MA 02119

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING PURPOSES

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 50,000.

RECIPIENT NAME:

MASSACHUSETTS AUDUBON SOCIETY INC

ADDRESS:

208 SOUTH GREAT RD

LINCOLN, MA 01773

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING PURPOSES

FOUNDATION STATUS OF RECIPIENT:

PC

NEW ENGLAND CENTER FOR ARTS & TECHNOLOGY

ADDRESS:

23 BRADSTON ST BOSTON, MA 02118

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING PURPOSES

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 50,000.

RECIPIENT NAME:

ASPIRE DEVELOPMENTAL SERVICES INC

ADDRESS:

176 FRANKLIN ST

LYNN, MA 01904

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING PURPOSES

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

BROOKVIEW HOUSE INC

ADDRESS:

2 BROOKVIEW ST

DORCHESTER, MA 02124

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING PURPOSES

FOUNDATION STATUS OF RECIPIENT:

PC

CATHOLIC SCHOOLS FOUNDATION INC
ADDRESS:
67 BATTERYMARCH ST, 6TH FLOOR
BOSTON, MA 02322
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
GENERAL OPERATING PURPOSES
FOUNDATION STATUS OF RECIPIENT:

RECIPIENT NAME:
PLAYWORKS EDUCATION ENERGIZED
ADDRESS:
67 KEMBLE ST SUITE 3.6
BOSTON, MA 02119
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
GENERAL OPERATING PURPOSES

RECIPIENT NAME:
PROJECT STEP
ADDRESS:
301 MASSACHUSETTS AVE
BOSTON, MA 02115
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
GENERAL OPERATING PURPOSES

FOUNDATION STATUS OF RECIPIENT:
PC

ST. STEPHEN'S YOUTH PROGRAMS

ADDRESS:

31 LENOX ST

ROXBURY, MA 02118

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING PURPOSES

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 50,000.

RECIPIENT NAME:

TENACITY INC

ADDRESS:

38 EVERETT ST

BOSTON, MA 02134

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING PURPOSES

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

ARTSEMERSON

ADDRESS:

120 BOYLSTON ST .

BOSTON, MA 02116

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING PURPOSES

FOUNDATION STATUS OF RECIPIENT:

PC

BOSTON DEBATE LEAGUE

ADDRESS:

566 COLUMBUS AVE BOSTON, MA 02118

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING PURPOSES FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

COMMONWEALTH KITCHEN

ADDRESS:

196 QUINCY ST

DORCHESTER, MA 02121

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING PURPOSES

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 100,000.

RECIPIENT NAME:

COMMUNITY MUSIC CENTER OF BOSTON

ADDRESS:

34 WARREN AVE

BOSTON, MA 02116

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING PURPOSES

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 50,000.

RILEY MABEL LOUISE TR U/WILL 04-6278857 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: CRISPUS ATTUCKS CHILDREN'S CENTER ADDRESS: 105 CRAWFORD ST DORCHESTER, MA 02121 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING PURPOSES FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 100,000. RECIPIENT NAME: FAMILY NURTURING CENTER OF MASSACHUSETTS ADDRESS: 200 BOWDOIN ST DORCHESTER, MA 02122 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING PURPOSES FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 100,000. RECIPIENT NAME: GIRL SCOUTS OF EASTERN MASSACHUSETTS INC ADDRESS: 1705 COLUMBUS AVE ROXBURY, MA 02119 **RELATIONSHIP:**

STATEMENT 27

NONE

PC

PURPOSE OF GRANT:

GENERAL OPERATING PURPOSES FOUNDATION STATUS OF RECIPIENT:

HOPEWELL INCORPORATED

ADDRESS:

3 ALLIED DR SUITE 308

DEDHAM, MA 02026

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING PURPOSES

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

ONE CAN HELP INC

ADDRESS:

PO BOX 55

NEWTON, MA 02468

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING PURPOSES

FOUNDATION STATUS OF RECIPIENT: .

PC

AMOUNT OF GRANT PAID 50,000.

RECIPIENT NAME:

PARENT-CHILD HOME PROGRAM

ADDRESS:

1509 HANCOCK ST

QUINCY, MA 02169

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING PURPOSES

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 50,000.

RILEY MABEL LOUISE TR U/WILL 04-6278857 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: TRINITY BOSTON FOUNDATION ADDRESS: 206 CLARENDON ST BOSTON, MA 02116 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING PURPOSES FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID 50,000. RECIPIENT NAME: UASPIRE INC. ADDRESS: 31 MILK ST SUITE 900 BOSTON, MA 02109 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING PURPOSES FOUNDATION STATUS OF RECIPIENT: 40,000. AMOUNT OF GRANT PAID

3,213,301.

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TOTAL GRANTS PAID:

FEDERAL FOOTNOTES

ATTACHMENT TO FORM 990PF PART VIII, COLUMN (B) TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITIONTHE COMPENSATION REPORTED IN COLUMN (B) PAID TO BNY MELLON, N.A. AS CORPORATE TRUSTEE IS CALCULATED BASED ON MARKET VALUE AND CURRENT FEE SCHEDULE. IT IS NOT DETERMINED ON AN HOURLY BASIS. CORPORATE TRUSTEE SERVICES INCLUDE ADMINISTRATIVE RESPONSIBILITIES, GRANT REQUIREMENTS, RECORDKEEPING, INVESTMENT MANAGEMENT, INCOME COLLECTION, STATEMENT AND ACCOUNTING SERVICES, AND REGULATORY REPORTING.

Attachment to Form 990PF Part VIII, COLUMN (B) Title and Average hours per week devoted to position

Since the founding of the Riley Trust in 1971, the trustees have not been compensated on an hourly basis. Rather their compensation has been based upon the published fee schedule of the corporate trustee for the administration of a charitable foundation. This fee has been divided among the four trustees as agreed upon from time to time and approximates the trust services performed by each trustee.