

For calendar year 2018, or tax year beginning 01-01-2018, and ending 12-31-2018

Name of foundation STEVENSON FAMILY CHARITABLE TRUST		A Employer identification number 04-6629590	
Number and street (or P O box number if mail is not delivered to street address) 31 FAYERWEATHER STREET		Room/suite	B Telephone number (see instructions) (617) 864-2742
City or town, state or province, country, and ZIP or foreign postal code CAMBRIDGE, MA 02138		C If exemption application is pending, check here ▶ ☐	
G Check all that apply ☐ Initial return ☐ Final return ☐ Address change ☐ Initial return of a former public charity ☐ Amended return ☐ Name change		D 1. Foreign organizations, check here ▶ ☐ 2 Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐	
H Check type of organization ☒ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 3,703,884		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐	
J Accounting method ☒ Cash ☐ Accrual ☐ Other (specify) _____ (Part I, column (d) must be on cash basis)			

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	100,000			
	2 Check ▶ ☐ if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	32,433	32,433		
	4 Dividends and interest from securities	17,554	17,554		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10 _____	311,699			
	b Gross sales price for all assets on line 6a _____				
	7 Capital gain net income (from Part IV, line 2)		311,699		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances _____				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)	5,056	5,056		
	12 Total. Add lines 1 through 11	466,742	366,742		
	13 Compensation of officers, directors, trustees, etc	0	0		0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	3,625	3,625		3,625
	c Other professional fees (attach schedule)				
	17 Interest	5,311	5,311		5,311
	18 Taxes (attach schedule) (see instructions)	5,755	5,755		5,755
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	10,268	10,268		10,268
	24 Total operating and administrative expenses. Add lines 13 through 23	24,959	24,959		24,959
	25 Contributions, gifts, grants paid	775,540			775,540
	26 Total expenses and disbursements. Add lines 24 and 25	800,499	24,959		800,499
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	-333,757			
	b Net investment income (if negative, enter -0-)		341,783		
c Adjusted net income (if negative, enter -0-)					

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value		
Assets	1 Cash—non-interest-bearing	92,663	103,910	103,910		
	2 Savings and temporary cash investments					
	3 Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____					
	4 Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____					
	5 Grants receivable					
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)					
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____					
	8 Inventories for sale or use					
	9 Prepaid expenses and deferred charges					
	10a Investments—U S and state government obligations (attach schedule)					
	b Investments—corporate stock (attach schedule)					
	c Investments—corporate bonds (attach schedule)					
	11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____					
	12 Investments—mortgage loans					
	13 Investments—other (attach schedule)	3,954,673	3,599,974	3,599,974		
	14 Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____					
15 Other assets (describe ▶ _____)						
16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	4,047,336	3,703,884	3,703,884			
Liabilities	17 Accounts payable and accrued expenses					
	18 Grants payable					
	19 Deferred revenue					
	20 Loans from officers, directors, trustees, and other disqualified persons					
	21 Mortgages and other notes payable (attach schedule)					
	22 Other liabilities (describe ▶ _____)					
	23 Total liabilities (add lines 17 through 22)	0	0			
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ ☐ and complete lines 24 through 26 and lines 30 and 31.					
	24 Unrestricted					
	25 Temporarily restricted					
	26 Permanently restricted					
	Foundations that do not follow SFAS 117, check here ▶ ☒ and complete lines 27 through 31.					
	27 Capital stock, trust principal, or current funds	4,047,336	3,703,884			
	28 Paid-in or capital surplus, or land, bldg, and equipment fund	0	0			
	29 Retained earnings, accumulated income, endowment, or other funds	0	0			
30 Total net assets or fund balances (see instructions)	4,047,336	3,703,884				
31 Total liabilities and net assets/fund balances (see instructions) .	4,047,336	3,703,884				

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)	1	4,047,336
2 Enter amount from Part I, line 27a	2	-333,757
3 Other increases not included in line 2 (itemize) ▶ _____	3	1,000
4 Add lines 1, 2, and 3	4	3,714,579
5 Decreases not included in line 2 (itemize) ▶ _____	5	10,695
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	3,703,884

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a See Additional Data Table				
b				
c				
d				
e				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a See Additional Data Table			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a See Additional Data Table			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	311,699
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8		3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2017	600,860	4,009,364	0 149864
2016	826,171	4,156,301	0 198776
2015	990,025	4,463,369	0 221811
2014	1,039,977	5,458,418	0 190527
2013	1,337,905	5,662,457	0 236276
2 Total of line 1, column (d)			2 0 997254
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years			3 0 199451
4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5			4 4,098,647
5 Multiply line 4 by line 3			5 817,479
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 3,418
7 Add lines 5 and 6			7 820,897
8 Enter qualifying distributions from Part XII, line 4			8 800,499

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

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

1a	Exempt operating foundations described in section 4940(d)(2), check here ☐ 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 ☐ and enter 1% of Part I, line 27b	1	6,836
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	6,836
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	6,836
6	Credits/Payments		
a	2018 estimated tax payments and 2017 overpayment credited to 2018	6a	10,000
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	0
d	Backup withholding erroneously withheld	6d	0
7	Total credits and payments. Add lines 6a through 6d.	7	10,000
8	Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached	8	108
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	3,056
11	Enter the amount of line 10 to be Credited to 2019 estimated tax ☐ 3,056 Refunded ☐	11	0

Part VII-A Statements Regarding Activities

1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	Yes	No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). 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	1b		No
c	Did the foundation file Form 1120-POL for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ☐ \$ 0 (2) On foundation managers ☐ \$ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ☐ \$ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	Yes	
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	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2018 or the taxable year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV	9		No
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions.	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions.	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ N/A	13	Yes	
14	The books are in care of ▶ HOWARD H STEVENSON Telephone no ▶ (617) 864-2742			

Located at **▶** 31 FAYERWEATHER STREET CAMBRIDGE MA ZIP+4 **▶** 02138

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 ▶ 15			
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ▶			

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

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

1a	During the year did the foundation (either directly or indirectly)		Yes	No
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☒ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☒ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☒ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☒ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☒ No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). ☐ Yes ☒ No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions. ☐	1b		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2018?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? ☐ Yes ☒ No			
	If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions).	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☒ No			
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, Form 4720, to determine if the foundation had excess business holdings in 2018).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b		No

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

5a	During the year did the foundation pay or incur any amount to		Yes	No
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	☐ Yes ☒ No		
(2)	Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	☐ Yes ☒ No		
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	☐ Yes ☒ No		
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.	☐ Yes ☒ No		
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	☐ Yes ☒ No		
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions.		5b	
	Organizations relying on a current notice regarding disaster assistance check here. 	☐		
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	☐ Yes ☐ No		
	If "Yes," attach the statement required by Regulations section 53.4945–5(d)			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes ☒ No	6b	No
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
	If "Yes" to 6b, file Form 8870			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	☐ Yes ☒ No	7b	
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?			
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?	☐ Yes ☒ No		

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

(a) Name and address	(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	(e) Expense account, other allowances
HOWARD H STEVENSON 31 FAYERWEATHER STREET CAMBRIDGE, MA 02138	TRUSTEE 0 00	0	0	0
FREDERICKA O STEVENSON 31 FAYERWEATHER STREET CAMBRIDGE, MA 02138	TRUSTEE 0 00	0	0	0

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

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000.  0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services. ►		0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1	
2	
3	
4	

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3 ►	0

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	3,998,643
b	Average of monthly cash balances.	1b	162,420
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	4,161,063
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	4,161,063
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	62,416
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	4,098,647
6	Minimum investment return. Enter 5% of line 5.	6	204,932

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

1	Minimum investment return from Part X, line 6.	1	204,932
2a	Tax on investment income for 2018 from Part VI, line 5.	2a	6,836
b	Income tax for 2018 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	6,836
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	198,096
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	198,096
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	198,096

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	800,499
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	4	800,499
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	800,499

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				198,096
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only.			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2018				
a From 2013.	1,063,510			
b From 2014.	779,810			
c From 2015.	772,611			
d From 2016.	624,092			
e From 2017.	408,921			
f Total of lines 3a through e.	3,648,944			
4 Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ 800,499				
a Applied to 2017, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2018 distributable amount.				198,096
e Remaining amount distributed out of corpus	602,403			
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a))	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	4,251,347			
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 instructions			0	
f Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).	0			
8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions).	1,063,510			
9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	3,187,837			
10 Analysis of line 9				
a Excess from 2014.	779,810			
b Excess from 2015.	772,611			
c Excess from 2016.	624,092			
d Excess from 2017.	408,921			
e Excess from 2018.	602,403			

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a 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 organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)					
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year	Prior 3 years			(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
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					
3 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 listed. . . .					
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.)

1 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)) HOWARD H STEVENSON	
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	
2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:	
Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.	
a The name, address, and telephone number or email address of the person to whom applications should be addressed	
b The form in which applications should be submitted and information and materials they should include	
c Any submission deadlines	
d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors	

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

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

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f _____					
g Fees and contracts from government agencies					
2 Membership dues and assessments. . . .					
3 Interest on savings and temporary cash investments			14	32,433	
4 Dividends and interest from securities. . . .			14	17,554	
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.			17	5,056	
8 Gain or (loss) from sales of assets other than inventory					311,699
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
12 Subtotal Add columns (b), (d), and (e). .		0		55,043	311,699
13 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations)			13		366,742

[illegible]

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

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of			
(1) Cash.	1a(1)		No
(2) Other assets.	1a(2)		No
b Other transactions			
(1) Sales of assets to a noncharitable exempt organization.	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization.	1b(2)		No
(3) Rental of facilities, equipment, or other assets.	1b(3)		No
(4) Reimbursement arrangements.	1b(4)		No
(5) Loans or loan guarantees.	1b(5)		No
(6) Performance of services or membership or fundraising solicitations.	1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.	1c		No

d If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

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

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

b If "Yes," complete the following schedule

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

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here ***** Signature of officer or trustee	2019-12-05 Date	***** Title
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May the IRS discuss this return with the preparer shown below (see instr)? ☐ Yes ☐ No

Paid Preparer Use Only	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ☐	PTIN
	COLLEEN ALLARDALLARD ALLARD CPAS		2019-12-05		P00923486
	Firm's name ALLARD & ALLARD CPA'S				Firm's EIN 04-3393531
	Firm's address 450 COTTAGE STREET STE 3 SPRINGFIELD, MA 01104				Phone no (413) 785-1414

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 BAUPOST SHORT TERM GAINS	P		
1 BAUPOST L/T CAP GAIN	P		
1231 GAIN BAUPOST	P		
1256 GAIN BAUPOST	P		
SUBPART F INCOME	P		
BAUPOST TRADER SEC 1250 GAIN	P		

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
31,547			31,547
224,599			224,599
8,685			8,685
46,675			46,675
41			41
152			152

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
			31,547
			224,599
			8,685
			46,675
			41
			152

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ARTWORKS608 PLEASANT ST NEW BEDFORD, MA 02740	NONE	PUBLIC	CHARITABLE	100
BART CHARTER PUBLIC SCHOOL 1 COMMERCIAL STREET PO BOX 267 ADAMS, MA 01220	NONE	PUBLIC	CHARITABLE	10,000
BETHEL HISTORICAL SOCIETY 10 BOARD ST BETHEL, ME 04217	NONE	PUBLIC	CHARITABLE	250
Total ▶ 3a				775,540

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BOSTON BALLET19 CLARENDON ST BOSTON, MA 02116	NONE	PUBLIC	CHARITABLE	25,000
BOSTON BOOK FESTIVAL 32R ESSEX ST SUITE 5 CAMBRIDGE, MA 02139	NONE	PUBLIC	CHARITABLE	1,000
BOSTON LANDMARKS ORCHESTRA 214 LINCOLN ST 331 BOSTON, MA 02134	NONE	PUBLIC	CHARITABLE	500
Total ▶ 3a				775,540

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BOSTON LANDMARKS ORCHESTRA 214 LINCOLN ST 331 BOSTON, MA 02134	NONE	PUBLIC	CHARITABLE	700
BOSTON SYMPHONY ORCHESTRA 301 MASSACHUSETTS AVE BOSTON, MA 02115	NONE	PUBLIC	CHARITABLE	3,600
BRIGHAM AND WOMEN'S HOSPITAL 75 FRANCIS ST BOSTON, MA 02115	NONE	PUBLIC	CHARITABLE	1,000
Total ► 3a				775,540

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CAMBRIDGE CENTER FOR ADULTS EDUCATION 42 BRATTLE ST PO BOX 9113 CAMBRIDGE, MA 02138	NONE	PUBLIC	CHARITABLE	2,500
CAMBRIDGE COMMUNITY FOUNDATION 99 BISHOP ALLEN DR CAMBRIDGE, MA 02139	NONE	PUBLIC	CHARITABLE	250
CAMBRIDGE HISTORICAL SOCIETY 159 BRATTLE ST CAMBRIDGE, MA 02138	NONE	PUBLIC	CHARITABLE	100
Total ▶ 3a				775,540

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CAMBRIDGE PUBLIC LIBRARY FOUNDATION 449 BRATTLE ST CAMBRIDGE, MA 02138	NONE	PUBLIC	CHARITABLE	250
CHARLES RIVER CONSERVANCY 43 THORNDIKE ST CAMBRIDGE, MA 02141	NONE	PUBLIC	CHARITABLE	500
COMMUNITY FOUNDATION OF SOUTHEASTERN MA 128 UNION ST SUITE 403 NEW BEDFORD, MA 02740	NONE	PUBLIC	CHARITABLE	1,000
Total ▶ 3a				775,540

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CONSUMER REPORTS FOUNDATION 101 TRUMAN AVE YONKERS, NY 10703	NONE	PUBLIC	CHARITABLE	35
DANA FARBER CANCER INSTITUTE 450 BROOKLINE PLACE BOSTON, MA 02215	NONE	PUBLIC	CHARITABLE	10,000
DARTMOUTH NATURAL RESOURCES TRUST 318 CHASE RD NORTH DARTMOUTH, MA 02747	NONE	PUBLIC	CHARITABLE	250
Total ▶ 3a				775,540

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
EMERALD NECKLACE CONSERVANCY 125 THE FENWAY BOSTON, MA 02115	NONE	PUBLIC	CHARITABLE	500
ENVIRONMENTAL DEFENSE FUND 257 PARK AVE SOUTH NEW YORK, NY 10010	NONE	PUBLIC	CHARITABLE	250
FACING HISTORY AND OURSELVES 16 HURD ROAD BROOKLINE, MA 02146	NONE	PUBLIC	CHARITABLE	5,000
Total ▶ 3a				775,540

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FAMILIES FIRST9 GALEN ST SUITE 400 WATERTOWN, MA 02472	NONE	PUBLIC	CHARITABLE	250
FIDELITY CHARITABLE GIFT FUND 75 STATE ST STE 2500 BOSTON, MA 02109	NONE	PUBLIC	CHARITABLE	6,000
FOCUSED ULTRASOUND FOUNDATION 1230 CEDARS CT CHARLOTTESVILLE, VA 22903	NONE	PUBLIC	CHARITABLE	10,000
Total ▶ 3a				775,540

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FRIENDS OF MT AUBURN CEMETERY 580 MT AUBURN ST CAMBRIDGE, MA 02138	NONE	PUBLIC	CHARITABLE	1,000
FROM THE TOP 295 HUNTINGTON AVE SUITE 201 BOSTON, MA 02115	NONE	PUBLIC	EDUCATIONAL	5,000
HARVARD BUSINESS SCHOOL 280 SOILDERS FIELD RD BOSTON, MA 02163	NONE	PUBLIC	CHARITABLE	7,500
Total ▶ 3a				775,540

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HARVARD MAGAZINE7 WARE ST CAMBRIDGE, MA 02138	NONE	PUBLIC	CHARITABLE	50
HARVARD UNIVERSITY 124 MT AUBURN ST CAMBRIDGE, MA 02138	NONE	PUBLIC	CHARITABLE	10,000
HISTORIC NEW ENGLAND 141 CAMBRIDGE ST BOSTON, MA 02114	NONE	PUBLIC	CHARITABLE	100
Total ▶ 3a				775,540

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HORIZONS FROM HOMELESS CHILDREN 1705 COLUMBUS AVE ROXBURY, MA 02119	NONE	PUBLIC	CHARITABLE	250
INSTITUTE OF CONTEMPORARY ARTBOSTON 25 HARBOR SHORE DRIVE BOSTON, MA 02210	NONE	PUBLIC	CHARITABLE	5,000
ISABELLA STEWART GARDNER MUSEUM 25 EVANS WAY BOSTON, MA 02115	NONE	PUBLIC	CHARITABLE	25,000
Total ▶ 3a				775,540

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ISABELLA STEWART GARDNER MUSEUM 25 EVANS WAY BOSTON, MA 02115	NONE	PUBLIC	CHARITABLE	25,000
ISABELLA STEWART GARDNER MUSEUM 25 EVANS WAY BOSTON, MA 02115	NONE	PUBLIC	CHARITABLE	25,000
KIPP MASSACHUSETTS90 HIGH ROCK ST LYNN, MA 01902	NONE	PUBLIC	CHARITABLE	500
Total ▶ 3a				775,540

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
LLOYD CENTER FOR THE ENVIRONMENT 430 POTOMSKA RD SOUTH DARTMOUTH, MA 02748	NONE	PUBLIC	CHARITABLE	5,000
MAHOOSUC LAND TRUST162 N RD BETHEL, ME 04217	NONE	PUBLIC	CHARITABLE	250
MASS AUDUBON SOCIETY 208 S GREAT RD LINCOLN, MA 01773	NONE	PUBLIC	CHARITABLE	250
Total ▶ 3a				775,540

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MAX WARBUG COURAGE CURRICULUM 263 HUNTINGTON AVE BOX 366 BOSTON, MA 02115	NONE	PUBLIC	CHARITABLE	500
MOUNT AUBURN HOSPITAL 330 MOUNT AUBURN STREET CAMBRIDGE, MA 02138	NONE	PUBLIC	CHARITABLE	5,000
MOUNT AUBURN HOSPITAL AUXILIARY 330 MOUNT AUBURN STREET CAMBRIDGE, MA 02138	NONE	PUBLIC	CHARITABLE	50
Total ► 3a				775,540

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MUSEUM OF SCIENCE1 SCIENCE PARK BOSTON, MA 02114	NONE	PUBLIC	CHARITABLE	20,000
MUSEUM OF SCIENCE1 SCIENCE PARK BOSTON, MA 02114	NONE	PUBLIC	CHARITABLE	25,000
NATIONAL GEOGRAPHIC SOCIETY 114 17TH ST NW WASHINGTON, DC 20036	NONE	PUBLIC	CHARITABLE	100
Total ▶ 3a				775,540

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NATIONAL TRUST FOR HISTORIC PRESERVATION 2600 VIRGINIA AVE NW 1100 WASHINGTON, DC 20037	NONE	PUBLIC	CHARITABLE	50
NATURAL RESOURCE COUNCIL OF MAINE 3 WADE ST AUGUSTA, ME 04330	NONE	PUBLIC	CHARITABLE	250
NEW BEDFORD AQUARIUM 1 CENTRAL WHARF BOSTON, MA 02110	NONE	PUBLIC	CHARITABLE	500
Total ▶ 3a				775,540

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NEW ENGLAND FORESTRY FOUNDATION 32 FOSTER ST LITTLETON, MA 01701	NONE	PUBLIC	CHARITABLE	100
NEW ENGLAND WILD FLOWER SOCIETY 180 HEMENWAY RD FRAMINGHAM, MA 01701	NONE	PUBLIC	CHARITABLE	115
OLIN COLLEGE1000 OLIN WAY NEEDHAM, MA 02492	NONE	PUBLIC	CHARITABLE	25,000
Total ▶ 3a				775,540

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
OLYMPUS HIGH SCHOOLS 2300 E HOLLADAY, UT 84124	NONE	PUBLIC	CHARITABLE	2,500
OUR SISTERS SHCOOL 145 BROWNELL AVE NEW BEDFORD, MA 02740	NONE	PUBLIC	CHARITABLE	1,000
PARTNERS IN HEALTH 800 BOYLSTON ST SUITE 300 BOSTON, MA 02199	NONE	PUBLIC	CHARITABLE	1,000
Total ▶ 3a				775,540

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PINE COBBLE SCHOOLL163 GALE RD WILLIAMSTOWN, MA 01267	NONE	PUBLIC	CHARITABLE	1,000
PIONEER INSTITUTE 185 DEVONSHIRE ST BOSTON, MA 02110	NONE	PUBLIC	CHARITABLE	1,000
PLANNED PARENTHOOD LEAGUE OF MASS 1055 COMMONWEALTH AVE BOSTON, MA 02115	NONE	PUBLIC	CHARITABLE	500
Total ▶ 3a				775,540

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
RALPH LOWELL SOCIETY 1 GUEST STREET BOSTON, MA 02135	NONE	PUBLIC	CHARITABLE	2,500
RHODE ISLAND PBS50 PARK LANE PROVIDENCE, RI 02907	NONE	PUBLIC	CHARITABLE	150
SMITHSONIAN ASTROPHYSICAL OBSERVATORY 60 GARDEN ST CAMBRIDGE, MA 02138	NONE	PUBLIC	CHARITABLE	10,000
Total ▶ 3a				775,540

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SMITHSONIAN INSTITUTE 600 MARYLAND AVE SW WASHINGTON, DC 20002	NONE	PUBLIC	CHARITABLE	25,000
SMITHSONIAN SCIENCE AND EDUCATION CENTER 901 D ST SW 704B WASHINGTON, DC 20024	NONE	PUBLIC	CHARITABLE	10,000
SOUTHCOAST HEALTH SYSTEM PO BOX 3000 NEW BEDFORD, MA 027419919	NONE	PUBLIC	CHARITABLE	250
Total ▶ 3a				775,540

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
STANFORD UNIVERSITY 326 GALVEZ STREET STANFORD, CA 94305	NONE	PUBLIC	CHARITABLE	10,000
SUDBURY VALLEY TRUSTEES 18 WOLBACH RD SUDBURY, MA 01776	NONE	PUBLIC	CHARITABLE	10,000
SUMMER SEARCH BOSTON 3840 WASHINGTON ST SUITE 2 JAMAICA PLAIN, MA 02130	NONE	PUBLIC	CHARITABLE	25,000
Total ▶ 3a				775,540

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
TEAM SAMANTHA77 4TH AVE NEEDHAM, MA 02494	NONE	PUBLIC	CHARITABLE	1,000
THE ART CONNECTION551 TREMONT ST BOSTON, MA 02116	NONE	PUBLIC	CHARITABLE	250
THE BOSTON FOUNDATION 75 ARLINGTON ST 1000 BOSTON, MA 02116	NONE	PUBLIC	CHARITABLE	5,000
Total ▶ 3a				775,540

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
THE NATURE CONSERVANCY 14 MIANE ST 401 BRUNSWICK, ME 04011	NONE	PUBLIC	CHARITABLE	10,000
THE SALVATION ARMYPO BOX 55876 BOSTON, MA 02205	NONE	PUBLIC	CHARITABLE	250
THE TRUSTEES OF RESERVATIONS 200 HIGH ST BOSTON, MA 02110	NONE	PUBLIC	CHARITABLE	2,500
Total ▶ 3a				775,540

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
THURSDAY MORNING TALK 330 MOUNT AUBURN STREET CAMBRIDGE, MA 02138	NONE	PUBLIC	CHARITABLE	450
UPSTREAM1630 SAN PABLO AVE 400 OAKLAND, CA 94612	NONE	PUBLIC	CHARITABLE	50,000
VNA HOSPICE65 CHILTON STREET CAMBRIDGE, MA 02138	NONE	PUBLIC	CHARITABLE	250
Total ▶ 3a				775,540

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
WBUR890 COMMONWEALTH AVE BOSTON, MA 02215	NONE	PUBLIC	CHARITABLE	25,000
WESTPORT RIVER WATERSHED ALLIANCE 493 OLD COUNTRY RD WESTPORT, MA 02790	NONE	PUBLIC	CHARITABLE	250
YEARUP BOSTON45 MILK ST BOSTON, MA 02109	NONE	PUBLIC	CHARITABLE	1,200
Total ▶ 3a				775,540

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CROSSCUT MOUNTAIN SPORTS CENTER 16621 BRDIGER CANYON ROAD BOZEMAN, MT 59715	NONE	PUBLIC	CHARITABLE	2,000
CITY OF CAMBRIDGE SCHOLARSHIP FUND 795 MASSACHUSETTS AVE CAMBRIDGE, MA 02139	NONE	PUBLIC	CHARITABLE	100
OLIN COLLEGE1000 OLIN WAY NEEDHAM, MA 02492	NONE	PUBLIC	CHARITABLE	25,000
Total ▶ 3a				775,540

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ROGERS COMMUNITIES1 FLORENCE ST ROSLINDALE, MA 02131	NONE	PUBLIC	CHARITABLE	500
SMITHSONIAN NATIONAL BOARD ANNUAL GIVING PO BOX 980096 WASHINGTON, DC 200779804	NONE	PUBLIC	CHARITABLE	25,000
FEEDING AMERICAPO BOX 96749 WASHINGTON, DC 200906749	NONE	PUBLIC	CHARITABLE	100
Total ▶ 3a				775,540

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
WESTPORT RIVER WATERSHED ALLIANCE 890 COMMONWEALTH AVE BOSTON, MA 02215	NONE	PUBLIC	CHARITABLE	500
ONE LOVE FOUNDATIONPO BOX 368 BRONXVILLE, NY 10708	NONE	PUBLIC	CHARITABLE	5,000
DECORDOVA MUSEUM 51 SANDY POLD ROAD LINCOLN, MA 01773	NONE	PUBLIC	CHARITABLE	3,000
Total ▶ 3a				775,540

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BOSTON PHILHARMONIC 545 CONCORD AVE SUITE 318 CAMBRIDGE, MA 02138	NONE	PUBLIC	CHARITABLE	1,000
PIONEER INSTITUTE 185 DEVONSHIRE ST SUITE 1101 BOSTON, MA 02110	NONE	PUBLIC	CHARITABLE	350
ADOLESCENT CONSULTATION SERVICES INC 189 CAMBRIDGE ST PO BOX 93207 LONG BEACH, CA 90809	NONE	PUBLIC	CHARITABLE	1,000
Total ▶ 3a				775,540

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SMITHSONIAN INSTITUTE PO BOX 98096 WASHINGTON, DC 20077	NONE	PUBLIC	CHARITABLE	180,000
ASSOCIATES OF THE BOSTON PUBLIC LIBRARY 700 BOYLSTON ST BOSTON, MA 02116	NONE	PUBLIC	CHARITABLE	1,000
LEAGUE OF CONSERVATION VOTERS 740 15TH ST NW SUITE 700 WASHINGTON, DC 20005	NONE	PUBLIC	CHARITABLE	250
Total ▶ 3a				775,540

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SUMMER SEARCH BOSTON 3840 WASHINGTON ST SUITE 2 JAMAICA PLAIN, MA 02130	NONE	PUBLIC	CHARITABLE	5,000
CONSUMER REPORTS FOUNDATION 101 TRUMAN AVE YONKERS, NY 10703	NONE	PUBLIC	CHARITABLE	40
J STREET EDUCATION FUND PO BOX 66073 WASHINGTON, DC 20035	NONE	PUBLIC	CHARITABLE	500
Total ▶ 3a				775,540

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
WBUR890 COMMONWEALTH AVE BOSTON, MA 02138	NONE	PUBLIC	CHARITABLE	50,000
THE HESTIA FUNDPO BOX 170058 BOSTON, MA 02117	NONE	PUBLIC	CHARITABLE	700
PRI-PRX401 2ND AVE NORTH SUITE 500 MINNEAPOLIS, MN 55401	NONE	PUBLIC	CHARITABLE	1,000
Total ▶ 3a				775,540

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PLANNED PARENTHOOD LEAGUE OF MASS 1055 COMMONWEALTH AVE BOSTON, MA 02215	NONE	PUBLIC	CHARITABLE	2,500
ALMA DEL MAR CHARTER SCHOOL 515 BELLEVILLE AVE NEW BEDFORD, MA 01746	NONE	PUBLIC	CHARITABLE	1,000
MASS AUDUBON SOCIETY 208 SOUTH GREAT ROAD LINCOLN, MA 01773	NONE	PUBLIC	CHARITABLE	250
Total ▶ 3a				775,540

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MASSACHUSETTS EYE AND EAR 243 CHARLES ST BOSTON, MA 02114	NONE	PUBLIC	CHARITABLE	250
COURAGEOUS PARENT NETWORK 21 ROCHESTER RD NEWTON, MA 02458	NONE	PUBLIC	CHARITABLE	250
ENVIRONMENTAL DEFENSE FUND 257 PARK AVE SOUTH NEW YORK, NY 10010	NONE	PUBLIC	CHARITABLE	1,000
Total ▶ 3a				775,540

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
AARP FOUNDATION PO BOX 93207 LONG BEACH, CA 90809	NONE	PUBLIC	CHARITABLE	100
HARVARD BUSINESS SCHOOL PO BOX 412275 BOSTON, MA 02241	NONE	PUBLIC	CHARITABLE	5,000
AMERICAN CIVIL LIBERTIES UNION PO BOX 96265 WASHINGTON, DC 20077	NONE	PUBLIC	CHARITABLE	500
Total ▶ 3a				775,540

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
THE SILK ROAD PROJECT 175 NORTH HARVARD ST BOSTON, MA 02134	NONE	PUBLIC	CHARITABLE	250
THE CAMBRIDGE HOMES 360 MT AUBURN ST CAMBRIDGE, MA 02138	NONE	PUBLIC	CHARITABLE	250
BYKIDS330 WEST END AVE 7 NEW YORK, NY 10023	NONE	PUBLIC	CHARITABLE	250
Total ▶ 3a				775,540

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NEW ENGLAND AQUARIUM 1 CENTRAL WHARF BOSTON, MA 02110	NONE	PUBLIC	CHARITABLE	250
Total ▶ 3a				775,540

TY 2018 Accounting Fees Schedule**Name:** STEVENSON FAMILY CHARITABLE TRUST**EIN:** 04-6629590

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	3,625	3,625		3,625

TY 2018 Investments - Other Schedule

Name: STEVENSON FAMILY CHARITABLE TRUST

EIN: 04-6629590

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
BAUPOST LTD PRT - 1983 C-1	AT COST	3,599,974	3,599,974

TY 2018 Other Decreases Schedule**Name:** STEVENSON FAMILY CHARITABLE TRUST**EIN:** 04-6629590

Description	Amount
INTERNAL REVENUE SERVICE TAXES	10,000
NORTHERN TRUST NONDEDUCTIBLES	600
BAUPOST NON DEDUCTIBLES	95

TY 2018 Other Expenses Schedule**Name:** STEVENSON FAMILY CHARITABLE TRUST**EIN:** 04-6629590**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BAUPOST 1983 C-1 TRADER EXPENSES	3,888	3,888		3,888
PORTPOLIO DEDUCTIONS	6,380	6,380		6,380

TY 2018 Other Income Schedule**Name:** STEVENSON FAMILY CHARITABLE TRUST**EIN:** 04-6629590**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
ROYALTIES	553	553	553
BAUPOST LTD PTSH 1983 C-1	16,623	16,623	16,623
BAUPOST PTSH INCOME	-15,441	-15,441	-15,441
OTHER PORTFOLIO INC	3,321	3,321	3,321

TY 2018 Other Increases Schedule

Name: STEVENSON FAMILY CHARITABLE TRUST

EIN: 04-6629590

Description	Amount
2017 CHECK RETURNED VOIDED	1,000

TY 2018 Taxes Schedule**Name:** STEVENSON FAMILY CHARITABLE TRUST**EIN:** 04-6629590

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES ACCRUED	2,357	2,357		2,357
STATE TAXES WITHHELD	402	402		402
SECTION 59(E)2 EXPEXSES	2,986	2,986		2,986
CASH CONTRIBUTIONS	10	10		10

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF ▶ Go to <u>www.irs.gov/Form990</u> for the latest information	OMB No 1545-0047 2018
	Name of the organization STEVENSON FAMILY CHARITABLE TRUST	Employer identification number 04-6629590

Organization type (check one)

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	☒ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ 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, 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. ▶ \$ _____

Caution. An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization STEVENSON FAMILY CHARITABLE TRUST	Employer identification number 04-6629590
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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	HOWARD H STEVENSON 31 FAYERWEATHER STREET CAMBRIDGE, MA 02138	 \$ 100,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-	 	 \$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-	 	 \$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-	 	 \$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-	 	 \$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-	 	 \$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-	 	 \$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)

Employer identification number

04-6629590

Part II	Noncash Property
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Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization STEVENSON FAMILY CHARITABLE TRUST	Employer identification number 04-6629590
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Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____ Use duplicate copies of Part III if additional space is needed
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(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
(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
(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
(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