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Form **990-PF**
Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

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

OMB No 1545-0052

2018

Open to Public Inspection

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

Name of foundation
AMELIA PEABODY CHARITABLE FUND TRUST

A Employer identification number
23-7364949

Number and street (or P O box number if mail is not delivered to street address)
185 DEVONSHIRE STREET NO 600

Room/suite

B Telephone number (see instructions)
(617) 451-6178

City or town, state or province, country, and ZIP or foreign postal code
BOSTON, MA 02110

C If exemption application is pending, check here ▶ ☐

G Check all that apply ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ 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)* ▶$ 160,693,242

J Accounting method ☑ Cash ☐ Accrual ☐ Other (specify) _____
(Part I, column (d) must be on cash basis)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

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)	102,200			
	2	Check ▶ ☐ if the foundation is **not** required to attach Sch B				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	3,723,817	3,723,817		
	5a	Gross rents				
	b	Net rental income or (loss)				
	6a	Net gain or (loss) from sale of assets not on line 10	4,625,892			
	b	Gross sales price for all assets on line 6a 32,693,616				
	7	Capital gain net income (from Part IV, line 2)		4,625,892		
	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b	Less Cost of goods sold				
	c	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)	313,275	304,275		
	12	**Total.** Add lines 1 through 11	8,765,184	8,653,984		
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc	400,000	80,000		320,000
	14	Other employee salaries and wages	217,507	21,751		195,756
	15	Pension plans, employee benefits	61,867	6,187		55,680
	16a	Legal fees (attach schedule)	1,235	0		1,235
	b	Accounting fees (attach schedule)	55,000	43,000		12,000
	c	Other professional fees (attach schedule)	299,204	290,359		8,845
	17	Interest				
	18	Taxes (attach schedule) (see instructions)	324,477	151,960		15,483
	19	Depreciation (attach schedule) and depletion	37,887	0		
	20	Occupancy	33,924	3,392		30,532
	21	Travel, conferences, and meetings				
	22	Printing and publications				
	23	Other expenses (attach schedule)	50,862	4,536		46,326
	24	**Total operating and administrative expenses.** Add lines 13 through 23	1,481,963	601,185		685,857
	25	Contributions, gifts, grants paid	9,062,500			9,062,500
	26	**Total expenses and disbursements.** Add lines 24 and 25	10,544,463	601,185		9,748,357
	27	Subtract line 26 from line 12				
	a	**Excess of revenue over expenses and disbursements**	-1,779,279			
	b	**Net investment income** (if negative, enter -0-)		8,052,799		
	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	19,438	60,744	60,744
	2 Savings and temporary cash investments	2,237,985	4,173,335	4,173,335
	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)	16,492,864	13,592,720	13,503,782
	b Investments—corporate stock (attach schedule)	80,761,623	75,295,106	120,080,182
	c Investments—corporate bonds (attach schedule)	4,967,758	6,637,848	6,569,633
	11 Investments—land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	11,134,230	14,136,832	15,263,968
	14 Land, buildings, and equipment basis ▶ 1,460,843			
	Less accumulated depreciation (attach schedule) ▶ 419,245	1,028,631	1,041,598	1,041,598
	15 Other assets (describe ▶)			
	16 **Total assets** (to be completed by all filers—see the instructions Also, see page 1, item I)	116,642,529	114,938,183	160,693,242
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	124,524,483	124,524,483	
	28 Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
	29 Retained earnings, accumulated income, endowment, or other funds	-7,881,954	-9,586,300	
	30 **Total net assets or fund balances** (see instructions)	116,642,529	114,938,183	
	31 **Total liabilities and net assets/fund balances** (see instructions)	116,642,529	114,938,183	

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	116,642,529
2	Enter amount from Part I, line 27a	2	-1,779,279
3	Other increases not included in line 2 (itemize) ▶	3	140,846
4	Add lines 1, 2, and 3	4	115,004,096
5	Decreases not included in line 2 (itemize) ▶	5	65,913
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	114,938,183

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)
1 a	PUBLIC TRADED SECURITIES	P		
b	PUBLIC TRADED SECURITIES	P		
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	24,230,007		19,328,788	4,901,219
b	8,463,609		8,738,936	-275,327
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				4,901,219
b				-275,327
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	4,625,892
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	9,356,635	165,456,988	0 056550
2016	8,108,071	153,155,147	0 052940
2015	7,919,329	158,779,403	0 049876
2014	8,273,106	163,399,477	0 050631
2013	8,036,988	154,237,267	0 052108

2	**Total** of line 1, column (d)	2	0 262105
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 052421
4	Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	173,693,235
5	Multiply line 4 by line 3	5	9,105,173
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	80,528
7	Add lines 5 and 6	7	9,185,701
8	Enter qualifying distributions from Part XII, line 4	8	9,748,357

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	80,528
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	80,528
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	80,528
6	Credits/Payments		
a	2018 estimated tax payments and 2017 overpayment credited to 2018 — 6a: 105,000		
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	105,000
8	Enter any **penalty** for underpayment of estimated tax Check here ☐ if Form 2220 is attached	8	0
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	24,472
11	Enter the amount of line 10 to be **Credited to 2019 estimated tax** ▶ 24,472 **Refunded** ▶	11	0

Part VII-A **Statements Regarding Activities**

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		No
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition)	1b		No
	*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*			
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	Yes	

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?	13	Yes	

Website address ▶ WWW APCFUND ORG

14 The books are in care of ▶ CHERYL GIDEON Telephone no ▶ (617) 451-6178

Located at ▶ 185 DEVONSHIRE STREET SUITE 600 BOSTON MA ZIP+4 ▶ 02110

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		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)			
	(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		No
	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		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)*

			Yes	No
5a	During the year did the foundation pay or incur any amount to			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	☐ 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		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b		No
	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		
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?	7b		
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
CALEB LORING III 185 DEVONSHIRE STREET BOSTON, MA 02110	TRUSTEE 7 00	100,000	0	0
ROBERT G BANNISH 185 DEVONSHIRE STREET BOSTON, MA 02110	TRUSTEE 7 00	100,000	0	0
KATHERINE L BABSON 185 DEVONSHIRE STREET BOSTON, MA 02110	TRUSTEE 7 00	100,000	0	0
MARGARET H MORTON 185 DEVONSHIRE STREET BOSTON, MA 02110	TRUSTEE 7 00	100,000	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
BETHANY B KENDALL 185 DEVONSHIRE STREET SUITE 600 BOSTON, MA 02110	EXECUTIVE DIRECTOR 40 00	128,207	30,726	0
CHERYL A GIDEON 185 DEVONSHIRE STREET SUITE 600 BOSTON, MA 02110	ADMINISTRATOR 40 00	89,300	31,064	0
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
NORTHERN TRUST 50 SOUTH LASALLE STREET CHICAGO, IL 60603	INVESTMENT ADVISORY	151,294
CB RICHARD ELLIS - NE PARNTER 111 HUNTINGTON AVE 12TH FLOOR BOSTON, MA 02199	CONSTRUCTOR	73,434

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	176,271,894
b	Average of monthly cash balances	1b	66,416
c	Fair market value of all other assets (see instructions)	1c	0
d	**Total** (add lines 1a, b, and c)	1d	176,338,310
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	176,338,310
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	2,645,075
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4	5	173,693,235
6	**Minimum investment return.** Enter 5% of line 5	6	8,684,662

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	8,684,662
2a	Tax on investment income for 2018 from Part VI, line 5	2a	80,528		
b	Income tax for 2018 (This does not include the tax from Part VI)	2b			
c	Add lines 2a and 2b			2c	80,528
3	Distributable amount before adjustments Subtract line 2c from line 1			3	8,604,134
4	Recoveries of amounts treated as qualifying distributions			4	0
5	Add lines 3 and 4			5	8,604,134
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	8,604,134

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	9,748,357
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	9,748,357
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	80,528
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	9,667,829

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				8,604,134
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.				
b From 2014.				
c From 2015.				
d From 2016.				
e From 2017. 887,055				
f **Total** of lines 3a through e.	887,055			
4 Qualifying distributions for 2018 from Part XII, line 4 ▶ $ 9,748,357				
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.				8,604,134
e Remaining amount distributed out of corpus	1,144,223			
5 Excess distributions carryover applied to 2018	0			0
(If an amount appears in column (d), the same amount must be shown in column (a).)				
6 **Enter the net total of each column as indicated below:**				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	2,031,278			
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) . . .	0			
9 **Excess distributions carryover to 2019.** Subtract lines 7 and 8 from line 6a	2,031,278			
10 Analysis of line 9				
a Excess from 2014. . . .				
b Excess from 2015. . . .				
c Excess from 2016. . . .				
d Excess from 2017. . . . 887,055				
e Excess from 2018. . . . 1,144,223				

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)

	Tax year	Prior 3 years			(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
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))

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 e-mail address of the person to whom applications should be addressed

CHERYL GIDEON EXEC ASSISTANTBUSINES
185 DEVONSHIRE STREET SUITE 600
BOSTON, MA 02110
(617) 451-6178

b The form in which applications should be submitted and information and materials they should include

PROPOSALS ARE SUBMITTED ONLINE

c Any submission deadlines

DEADLINES ARE FEBRUARY 1ST AND JULY 1ST OF EVERY YEAR

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

WE WILL NOT ACCEPT PROPOSALS FROM INDIVIDUALS PRIVATE FOUNDATIONS ORGANIZATIONS EXISTING OR OPERATING OUTSIDE MASSACHUSETTS ORGANIZATIONS FUNDED PRINCIPALLY WITH TAX DOLLARS START-UP ORGANIZATIONS SECTION 509(A)(3) SUPPORTING ORGANIZATIONS RELIGIOUS ORGANIZATIONS FOR RELIGIOUS PURPOSES EDUCATIONAL INSTITUTIONS FOR EDUCATIONAL PURPOSES WE WILL NOT FUND OPERATING BUDGETS PROGRAMS ADMINISTRATIVE OVERHEAD ANNUAL FUND DRIVES EMERGENCIES OR IMMEDIATE FUNDING REQUESTS EVENTS, PERFORMANCES, MEDIA, THEATRICAL PRODUCTIONS, PUBLICATIONS, EXHIBITS, CONFERENCES MULTI-YEAR GRANT PROPOSALS ADVOCACY OR LOBBYING EFFORTS SCHOLARSHIPS / FELLOWSHIPS / ENDOWMENTS

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	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
a *Paid during the year* See Additional Data Table				
Total . . . . . ▶ **3a**				
b *Approved for future payment*				
Total . . . . . ▶ **3b**				

Part XVI-A Analysis of Income-Producing Activities

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					
4 Dividends and interest from securities. . . .			14	3,723,817	
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.			14	304,275	
8 Gain or (loss) from sales of assets other than inventory			18	4,625,892	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a RETURNED GRANT					9,000
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e). .		0		8,653,984	9,000
13 **Total.** Add line 12, columns (b), (d), and (e).				13	8,662,984

(See worksheet in line 13 instructions to verify calculations)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions)
11A	RETURNED GRANT

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

			Yes	No
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?			
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

Sign Here

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

******	2019-09-26	******
Signature of officer or trustee	Date	Title

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
STEPHEN D CANDELARIO				P00739148

Firm's name ▶ RUSSELL BRIER & CO LLP	Firm's EIN ▶04-1796830
Firm's address ▶ TEN POST OFFICE SQUARE - 6TH FL BOSTON, MA 021094689	Phone no (617) 523-7094

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
ACTION INC180 MAIN ST GLOUCESTER, MA 01930	NONE	PC	CAPITAL	90,000
AMERICAN RED CROSS 2000 CENTURY DRIVE WORCESTER, MA 01606	NONE	PC	CAPITAL	125,000
APPALACHIAN MOUNTAIN CLUB 10 CITY SQUARE BOSTON, MA 02129	NONE	PC	CAPITAL	80,000
Total . . . . . ▶ **3a**				9,062,500

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
ARTISTS FOR HUMANITY100 W 2ND ST BOSTON, MA 02127	NONE	PC	CAPITAL	200,000
ASPIRE DEVELOPMENTAL SERVICES 176 FRANKLIN STREET LYNN, MA 01904	NONE	PC	CAPITAL	25,000
BAYSTATE HEALTH FOUNDATION 280 CHESTNUT STREET SPRINGFIELD, MA 01199	NONE	PC	CAPITAL	50,000
Total . . . . . ▶ **3a**				9,062,500

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
BERKSHIRE TACONIC COMMUNITY FOUNDATION 800 NORTH MAIN STREET SHEFFIELD, MA 01257	NONE	PC	SPECIAL GRANT	102,000
BEVERLY CHILDREN'S LEARNING CENTER 550 CABOT STREET BEVERLY, MA 01915	NONE	PC	CAPITAL	38,000
BOSTON BUILDING MATERIALS COOPERATIVE 100 TERRACE ST ROXBURY, MA 02120	NONE	PC	CAPITAL	75,000
Total . . . . . ▶ **3a**				9,062,500

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVENUE BOSTON, MA 02215	NONE	PC	CAPITAL	600,000
BOSTONIAN SOCIETY CORPORATION 206 WASHINGTON STREET BOSTON, MA 02009	NONE	PC	CAPITAL	250,000
BOYS & GIRLS CLUB OF GREATER LOWELL 657 MIDDLESEX STREET LOWELL, MA 01851	NONE	PC	CAPITAL	50,000
Total . . . . . ▶ **3a**				9,062,500

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
BOYS & GIRLS CLUB OF STONEHAM 15 DALE COURT STONEHAM, MA 02180	NONE	PC	CAPITAL	50,000
BOYS & GIRLS CLUB OF TAUNTON 31 COURT STREET TAUNTON, MA 02780	NONE	PC	CAPITAL	25,000
BOYS & GIRLS CLUBS OF BOSTON 200 HIGH ST SUITE 3B BOSTON, MA 02110	NONE	PC	CAPITAL	62,000
Total . . . . . ▶ **3a**				9,062,500

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
CAMBRIDGE CENTER FOR ADULT EDUCATION 42 BRATTLE STREET CAMBRIDGE, MA 02138	NONE	PC	CAPITAL	44,000
CAPE COD FOUNDATION 261 WHITES PATH UNIT 2 SOUTH YARMOUTH, MA 02664	NONE	PC	SPECIAL GRANT	102,000
CARROLL CENTER FOR THE BLIND 770 CENTRE STREET NEWTON, MA 02458	NONE	PC	CAPITAL	100,000
Total . . . . . ▶ **3a**				9,062,500

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
CODMAN SQUARE HEALTH CENTER 637 WASHINGTON STREET DORCHESTER, MA 02124	NONE	PC	CAPITAL	28,500
COMMUNITY FOUNDATION OF NORTH CENTRAL MA 649 JOHN FITCH HWY FITCHBURG, MA 01420	NONE	PC	SPECIAL GRANT	102,000
COMMUNITY FOUNDATION OF SOUTHEASTERN MA 128 UNION STREET UNIT 403 NEW BEDFORD, MA 02740	NONE	PC	SPECIAL GRANT	102,000
Total . . . . . ▶ **3a**				9,062,500

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
COMMUNITY FOUNDATION OF WESTERN MA 333 BRIDGE STREET SPRINGFIELD, MA 01103	NONE	PC	SPECIAL GRANT	102,000
DECORDOVA & DANA MUSEUM & PARK 51 SANDY POND ROAD LINCOLN, MA 01773	NONE	PC	CAPITAL	100,000
DISMAS HOUSE OF MASSACHUSETTS PO BOX 30125 WORCESTER, MA 01603	NONE	PC	CAPITAL	50,000
Total . . . . . ▶ **3a**				9,062,500

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
DOTHOUSE HEALTH 1353 DORCHESTER AVE BOSTON, MA 02122	NONE	PC	CAPITAL	75,000
DOUBLE EDGE THEATRE PRODUCTIONS 948 CONWAY ROAD ASHFIELD, MA 01330	NONE	PC	CAPITAL	50,000
DOVER LAND CONSERVATION TRUST PO BOX 562 DOVER, MA 02030	NONE	PC	SPECIAL GRANT	60,000
Total . . . . . ▶ **3a**				9,062,500

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
ECONOMIC MOBILITY PATHWAYS ONE WASHINGTON MALL BOSTON, MA 02108	NONE	PC	CAPITAL	35,000
EDWARD M KENNEDY COMMUNITY HEALTH CENTER 650 LINCOLN STREET WORCESTER, MA 02605	NONE	PC	CAPITAL	25,000
EMH RECOVERY 678 NORTH MAIN STREET BROCKTON, MA 02301	NONE	PC	CAPITAL	50,000
Total . . . . . ▶ **3a**				9,062,500

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
ESSEX COUNTY COMMUNITY FOUNDATION 175 ANDOVER STREET DANVERS, MA 01923	NONE	PC	SPECIAL GRANT	102,000
EXECUTIVE SERVICE CORPS OF NEW ENGLAND 176 FEDERAL STREET SUITE 5C BOSTON, MA 02110	NONE	PC	CAPITAL	30,000
FATHER BILL'S & MAINSPRING 430 BELMONT STREET BROCKTON, MA 02301	NONE	PC	CAPITAL	50,000
Total . . . . . ▶ **3a**				9,062,500

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
FOUNDATION FOR METROWEST 3 ELIOT STREET NATICK, MA 01760	NONE	PC	SPECIAL GRANT	102,000
GORE PLACE SOCIETY52 GORE STREET WALTHAM, MA 02453	NONE	PC	CAPITAL	75,000
GREATER ASHMONT MAIN STREET 1914 DORCHESTER AVE BOSTON, MA 02124	NONE	PC	CAPITAL	20,000
Total . . . . . ▶ **3a**				9,062,500

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
GREATER BOSTON FOOD BANK 70 S BAY AVE BOSTON, MA 02118	NONE	PC	CAPITAL	100,000
GREATER LOWELL COMMUNITY FOUNDATION 100 MERRIMACK STREET SUITE 202 LOWELL, MA 01852	NONE	PC	SPECIAL GRANT	102,000
GREATER WORCESTER COMMUNITY FOUNDATION 370 MAIN STREET SUITE 650 WORCESTER, MA 01608	NONE	PC	SPECIAL GRANT	102,000
Total . . . . . ▶ **3a**				9,062,500

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
HABITAT FOR HUMANITY - NORTH CENTRAL MA 138 GREAT ROAD ACTON, MA 01720	NONE	PC	CAPITAL	25,000
HARBORLIGHT COMMUNITY PARTNERS PO BOX 507 BEVERLY, MA 01915	NONE	PC	CAPITAL	75,000
HEYWOOD HOSPITAL 242 GREEN STREET GARDNER, MA 01440	NONE	PC	CAPITAL	100,000
Total . . . . . ▶ **3a**				9,062,500

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
HORACE MANN EDUCATIONAL ASSOCIATES 8 FORGE PARK EAST FRANKLIN, MA 02038	NONE	PC	CAPITAL	50,000
HUNTINGTON THEATRE COMPANY 264 HUNTINGTON AVENUE BOSTON, MA 02116	NONE	PC	CAPITAL	100,000
INTERFAITH SOCIAL SERVICES 105 ADAMS STREET QUINCY, MA 02169	NONE	PC	CAPITAL	27,000
Total . . . . . ▶ **3a**				9,062,500

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
ITALIAN HOME FOR CHILDREN 1125 CENTRE STREET JAMAICA PLAIN, MA 02130	NONE	PC	CAPITAL	70,000
LAHEY CLINIC HOSPITAL 85 HERRICK STREET BEVERLY, MA 01915	NONE	PC	CAPITAL	250,000
LOWELL HOUSE 555 MERRIMACK STREET LOWELL, MA 01854	NONE	PC	CAPITAL	50,000
Total . . . . . ▶ **3a**				9,062,500

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA ST SUITE 540 BOSTON, MA 02114	NONE	PC	CAPITAL	300,000
MASSACHUSETTS HORTICULTURAL SOCIETY 900 WASHINGTON STREET WELLESLEY, MA 02482	NONE	PC	CAPITAL	70,000
MUSEUM OF SCIENCE1 SCIENCE PARK BOSTON, MA 02114	NONE	PC	CAPITAL	250,000
Total . . . . . ▶ **3a**				9,062,500

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
MY BROTHER'S KEEPERPO BOX 338 EASTON, MA 02356	NONE	PC	CAPITAL	25,000
NEW ENGLAND AQUARIUM CENTRAL WHARF BOSTON, MA 02110	NONE	PC	CAPITAL	350,000
NEW ENGLAND BAPTIST HOSPITAL 125 PARKER HILL AVE BOSTON, MA 02120	NONE	PC	CAPITAL	350,000
Total . . . . . ▶ **3a**				9,062,500

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
NORTH BENNET STREET SCHOOL 152 NORTH STREET BOSTON, MA 02109	NONE	PC	SPECIAL GRANT	250,000
OLD COLONY YMCA - BROCKTON 320 MAIN STREET BROCKTON, MA 02301	NONE	PC	CAPITAL	50,000
PERKINS SCHOOL FOR THE BLIND 175 NORTH BEACON STREET WARTERTOWN, MA 02472	NONE	PC	CAPITAL	300,000
Total . . . . . ▶ **3a**				9,062,500

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
PINE STREET INN444 HARRISON AVE BOSTON, MA 02118	NONE	PC	CAPITAL	500,000
PLYMOUTH CENTER FOR THE ARTS 11 NORTH STREET PLYMOUTH, MA 02360	NONE	PC	CAPITAL	50,000
RAW ART WORKS37 CENTRAL SQUARE LYNN, MA 01901	NONE	PC	CAPITAL	50,000
Total . . . . . ▶ **3a**				9,062,500

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
RONALD MCDONALD HOUSE OF SPRINGFIELD 34 CHAPIN TERRACE SPRINGFIELD, MA 01107	NONE	PC	CAPITAL	50,000
ROOT NS INC35 CONGRESS STREET SALEM, MA 01970	NONE	PC	CAPITAL	45,000
SHAKESPEARE & COMPANY 70 KEMBLE STREET LENOX, MA 01240	NONE	PC	CAPITAL	50,000
Total . . . . . ▶ **3a**				9,062,500

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
SOCIETY FOR PRESERVATION NE ANTIQUITIES 141 CAMBRIDGE STREET BOSTON, MA 02114	NONE	PC	CAPITAL	50,000
STANLEY STREET TREATMENT AND RESOURCES 386 STANLEY STREET FALL RIVER, MA 02720	NONE	PC	CAPITAL	100,000
THE SALEM MISSIONPO BOX 810 SALEM, MA 01970	NONE	PC	CAPITAL	20,000
Total . . . . . ▶ **3a**				9,062,500

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
THE WANG CENTER FOR THE PERFORMING ARTS 270 TREMONT STREET BOSTON, MA 02116	NONE	PC	CAPITAL	150,000
THOMPSON ISLAND OUTWARD BOUND EDUCCTR PO BOX 127 BOSTON, MA 02127	NONE	PC	CAPITAL	250,000
TUFTS MEDICAL CENTER 750 WASHINGTON STREET BOX 231 BOSTON, MA 02111	NONE	PC	CAPITAL	250,000
Total . . . . . ▶ **3a**				9,062,500

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
TUFTS UNIVERSITY-CUMMINGS SCHOOL-VET MED 169 HOLLAND STREET SOMERVILLE, MA 02144	NONE	PC	CAPITAL	610,000
UNITARIAN UNIVERSALIST URBAN MINISTRY 10 PUTNAM STREET ROXBURY, MA 02119	NONE	PC	CAPITAL	82,000
WATERFRONT HISTORIC AREA LEAGUE 15 JOHNNY CAKE HILL NEW BEDFORD, MA 02740	NONE	PC	CAPITAL	50,000
Total . . . . . ▶ **3a**				9,062,500

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
WORCESTER CENTER FOR THE PERFORMING ARTS 2 SOUTHBRIDGE STREET WORCESTER, MA 01608	NONE	PC	CAPITAL	75,000
WORCESTER YOUTH CENTER 326 CHANDLER STREET WORCESTER, MA 01602	NONE	PC	CAPITAL	40,000
YMCA - CAPE COD 2245 LYANNOUGH ROAD WBARNSTABLE, MA 02668	NONE	PC	CAPITAL	35,000
Total . . . . . ▶ **3a**				9,062,500

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
YMCA - HAMPSHIRE REGIONAL 286 PROPSECT STREET NORTHAMPTON, MA 01060	NONE	PC	CAPITAL	40,000
YMCA - MERRIMACK VALLEY 101 AMESBURY STREET LAWRENCE, MA 01840	NONE	PC	CAPITAL	150,000
YMCA - NEW BEDFORD - SOUTHCOAST 128 UNION STREET UNIT 304 NEW BEDFORD, MA 02740	NONE	PC	CAPITAL	65,000
Total . . . . . ▶ **3a**				9,062,500

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
YMCA OF GREATER WESTFIELD 67 COURT STREET WESTFIELD, MA 01085	NONE	PC	CAPITAL	78,000
YWCA OF CENTRAL MA1 SALEM SQUARE WORCESTER, MA 01608	NONE	PC	CAPITAL	50,000
Total . . . . . ▶ **3a**				9,062,500

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TY 2018 Accounting Fees Schedule

Name: AMELIA PEABODY CHARITABLE FUND TRUST

EIN: 23-7364949

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
NORTHERN TRUST - CUSTODY FEES	35,000	35,000		0
RUSSELL, BRIER & CO LLP - AUDIT AND RELATED ACCOUNTING	20,000	8,000		12,000

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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2018 Depreciation Schedule

Name: AMELIA PEABODY CHARITABLE FUND TRUST

EIN: 23-7364949

Depreciation Schedule

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
COMPUTER AND PERIPHERAL EQUIPMENT	1998-01-08	4,852	4,852	SL	5 000000000000	0	0		
COMPUTER AND PERIPHERAL EQUIPMENT	2004-06-03	3,260	3,260	SL	5 000000000000	0	0		
SERVER, SOFTWARE & MANUAL	2006-04-10	350	350	SL	5 000000000000	0	0		
185 DEVONSHIRE STREET, UNIT 600	2008-08-01	1,248,641	295,294	SL	39 000000000000	32,016	0		
DESK AND CHAIRS	2008-09-01	9,147	9,147	SL	5 000000000000	0	0		
CONFERENCE TABLE	2008-10-14	2,318	2,318	SL	5 000000000000	0	0		
BOOKCASES	2008-12-22	822	822	SL	5 000000000000	0	0		
TELEPHONE	2008-08-18	4,804	4,804	SL	5 000000000000	0	0		
COMPUTER HARDWARE	2008-09-12	6,308	6,308	SL	5 000000000000	0	0		
185 DEVONSHIRE STREET, UNIT 600	2008-09-12	99,755	26,537	SL	39 000000000000	2,558	0		
COLOR COPIER	2008-03-17	10,356	10,356	SL	5 000000000000	0	0		
AIR CONDITIONER	2010-07-27	5,733	5,733	SL	5 000000000000	0	0		
COMPUTER	2011-06-01	2,600	2,600	SL	5 000000000000	0	0		
FURNITURE (COUCH, LAMPS)	2011-11-28	1,192	1,192	SL	5 000000000000	0	0		
SERVER BATTERY	2012-07-11	200	200	SL	5 000000000000	0	0		
APPLE LAPTOP	2012-11-06	1,279	1,279	SL	5 000000000000	0	0		
PRINTER	2014-07-01	926	833	SL	5 000000000000	93	0		
NETWORK SOLUTIONS COMPUTER	2015-07-04	3,300	2,310	SL	5 000000000000	660	0		
TWO DELL MONITORS	2015-07-04	500	350	SL	5 000000000000	100	0		
TELEPHONE SYSTEM	2016-03-17	3,647	2,188	SL	5 000000000000	729	0		

Depreciation Schedule

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
RUG IN OFFICE	2018-04-30	11,344		SL	5 000000000000	1,513	0		
ELEVATOR RENOVATION	2018-02-21	39,510		SL	39 000000000000	844	0		

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TY 2018 Investments Corporate Bonds Schedule

Name: AMELIA PEABODY CHARITABLE FUND TRUST

EIN: 23-7364949

Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
CORPORATE BONDS-PUBLICLY TRADED	6,637,848	6,569,633

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TY 2018 Investments Corporate Stock Schedule

Name: AMELIA PEABODY CHARITABLE FUND TRUST

EIN: 23-7364949

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
CORPORATE STOCKS-PUBLICLY TRADED	75,295,106	120,080,182

TY 2018 Investments Government Obligations Schedule

Name: AMELIA PEABODY CHARITABLE FUND TRUST

EIN: 23-7364949

US Government Securities - End of Year Book Value:	13,091,008
US Government Securities - End of Year Fair Market Value:	12,999,067
State & Local Government Securities - End of Year Book Value:	501,712
State & Local Government Securities - End of Year Fair Market Value:	504,715

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TY 2018 Investments - Other Schedule

Name: AMELIA PEABODY CHARITABLE FUND TRUST

EIN: 23-7364949

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
MUTUAL FUNDS-PUBLICLY TRADED	AT COST	8,198,460	8,574,245
ALTERNATIVE INVESTMENTS	AT COST	5,938,372	6,689,723

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TY 2018 Land, Etc. Schedule

Name: AMELIA PEABODY CHARITABLE FUND TRUST

EIN: 23-7364949

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
COMPUTER AND PERIPHERAL EQUIPMENT	4,852	4,852	0	
COMPUTER AND PERIPHERAL EQUIPMENT	3,260	3,260	0	
SERVER, SOFTWARE & MANUAL	350	350	0	
185 DEVONSHIRE STREET, UNIT 600	1,248,641	327,310	921,331	
DESK AND CHAIRS	9,147	9,147	0	
CONFERENCE TABLE	2,318	2,318	0	
BOOKCASES	822	822	0	
TELEPHONE	4,804	4,804	0	
COMPUTER HARDWARE	6,308	6,308	0	
185 DEVONSHIRE STREET, UNIT 600	99,755	29,095	70,660	
COLOR COPIER	10,356	10,356	0	
AIR CONDITIONER	5,733	5,733	0	
COMPUTER	2,600	2,600	0	
FURNITURE (COUCH, LAMPS)	1,192	1,192	0	
SERVER BATTERY	200	200	0	
APPLE LAPTOP	1,279	1,279	0	
PRINTER	926	926	0	
NETWORK SOLUTIONS COMPUTER	3,300	2,970	330	
TWO DELL MONITORS	500	450	50	
TELEPHONE SYSTEM	3,647	2,917	730	
RUG IN OFFICE	11,344	1,513	9,831	
ELEVATOR RENOVATION	39,510	844	38,666	

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TY 2018 Legal Fees Schedule

Name: AMELIA PEABODY CHARITABLE FUND TRUST

EIN: 23-7364949

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CASNER & EDWARDS	1,235	0		1,235

TY 2018 Other Decreases Schedule

Name: AMELIA PEABODY CHARITABLE FUND TRUST

EIN: 23-7364949

Description	Amount
DIVIDENDS & INTEREST - 2018 BOOK VS TAX ADJUSTMENT	61,239
CAPITAL GAINS DISTRIBUTIONS 2017 BOOKS VS TAX	4,672
ROUNDING	2

TY 2018 Other Expenses Schedule

Name: AMELIA PEABODY CHARITABLE FUND TRUST

EIN: 23-7364949

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
DUES AND SUBSCRIPTIONS	13,240	0		13,240
INSURANCE	6,548	655		5,893
MA FILING FEE	500	0		500
OFFICE EXPENSES AND SUPPLIES	17,246	2,372		14,874
POSTAGE	955	191		764
UTILITIES	3,690	369		3,321
MISCELLANEOUS	8,683	949		7,734

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TY 2018 Other Income Schedule

Name: AMELIA PEABODY CHARITABLE FUND TRUST

EIN: 23-7364949

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
HIGHVISTA PASS THRU NET INCOME(TAX BASIS)	304,275	304,275	304,275
RETURNED GRANT	9,000		9,000

TY 2018 Other Increases Schedule

Name: AMELIA PEABODY CHARITABLE FUND TRUST

EIN: 23-7364949

Description	Amount
REALIZED GAINS - 2018 BOOK VS TAX ADJUSTMENT	55,686
FOREIGN TAXES - 2017 BOOK VS TAX ADJUSTMENT	65,050
INVESTMENT ADVISORY FEES PAID - 2017 BOOK VS TAX ADJUSTMENT	20,110

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TY 2018 Other Professional Fees Schedule

Name: AMELIA PEABODY CHARITABLE FUND TRUST

EIN: 23-7364949

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT ADVISORY FEES	282,659	282,659		0
W B SMITH	7,700	7,700		0
COMPLETE NETWORK SOLUTIONS	8,845	0		8,845

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TY 2018 Substantial Contributors Schedule

Name: AMELIA PEABODY CHARITABLE FUND TRUST

EIN: 23-7364949

Name	Address
AMELIA PEABODY ANNUITY TRUST	SUSAN B RICE TRUSTEE HM PAYSON ONE PORTLAND SQUARE 5TH FL UNION STREE PORTLAND, ME 04101

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TY 2018 Taxes Schedule

Name: AMELIA PEABODY CHARITABLE FUND TRUST

EIN: 23-7364949

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES PAID ON FOREIGN DIVIDEND	150,240	150,240		0
PAYROLL TAXES	17,203	1,720		15,483
FEDERAL TAXES	157,034	0		0

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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 *www.irs.gov/Form990* for the latest information

OMB No 1545-0047

2018

Name of the organization
AMELIA PEABODY CHARITABLE FUND TRUST

Employer identification number
23-7364949

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 33 1/3% 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	**Employer identification number**
AMELIA PEABODY CHARITABLE FUND TRUST	23-7364949

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	AMELIA PEABODY ANNUITY TRUST SUSAN B RICE TRUSTEE HMPAYSON ONE P PORTLAND, ME 04101	$ 102,200	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)

Name of organization	Employer identification number
AMELIA PEABODY CHARITABLE FUND TRUST	23-7364949

Part II Noncash Property

(See instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	

Name of organization
AMELIA PEABODY CHARITABLE FUND TRUST

Employer identification number
23-7364949

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

(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