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

De Int	partm ernal	nent of th Revenue	e Treasury Service						this form as ructions and					Open to Public	IO
_			year 2018 or tax year		DEC				, and e		NOV		2019		mspection
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			PEABODY L					n		Room/suite		hone nun		0.0	
			state or province, cou					<u> </u>		<u> </u>	1	7-34			
				09-283		USIA: I	Loue				U II exen	nption appi	ication is p	ending, check here	
_			hat apply.	Initial return			Initial	return of a f	ormer public (charity -	D 1 Fo	reign org	anizations	s, check here	ightharpoons
				Final return			 -	ded return	·	•					
_				Address cha				change	 		2 For	reign organi eck here an	izations me d attach co	eeting the 85% test, emputation	
H				X Section						M				itus was terminat	ed
			4947(a)(1) nonexemp					ivate founda X Cash			undei	r section :	507(b)(1))(A), check here	
			value of all assets at e I, col (c), line 16)	inu oi year	J Account	-	specify)	A Casii	Accr	uai				60-month termin	nation
	► \$,845.				n cash basi	s)		unuei	Sections	307(0)(1))(B), check here	
	Part	t I An	alysis of Revenue and e total of amounts in colum essarily equal the amounts	d Expenses	(d) may not	e	(a) Reveni	ue and er books		ivestment ome	(c)	Adjusted		(d) Disburse for charitable p	ourposes
			tributions, gifts, grant		-			,307.			 	N/A		(cash basis	only)
				is not required to a				,			-	,			
K		3 Inter	est on savings and tempor i investments	ary											
Ч	-	4 Divi	dends and interest fro	m securities			90	,965.	9	0,965.				STATEME	NT 1
			ss rents								ļ				
	1.	_	ental income or (loss)		····		260	,382.					•		
	ଭା		gain or (loss) from sale of a is sales price for all its on line 6a	, 1 , 551 , 1			200	, 302.				<u>`</u> _			
	Revenu		tal gain net income (from P						26	0,382.	 			`	
,	ۥ ٳػ	8 Net	short-term capital gair	n											
5	!		ome modifications as sales less returns												
2	11	0a and	allowances								-				
			Cost of goods sold						• • • • • • • • • • • • • • • • • • • •			 '.			
לָ	1		ss profit or (loss) er income				1	,619.		0.				STATEME	NT 2
	1:		al Add lines 1 through	າ 11				,273.	35	1,347.				OTATEME.	111 2
_	1:		pensation of officers, direc	•	etc			,185.		6,092.		*		16	,093.
	10		er employee salaries ai	•			49	,108.		0.				49	,108.
			sion plans, employee t	benefits										ļ. <u></u>	
	ie le	6a Lega		C m	мт 3	<u> </u>		,100.		0.			···		100
	Expenses		ounting fees er professional fees	51.	MI J	<u> </u>		, 100.			DEC	EIVE		1 3	,100.
			•				· · · · · · · · · · · · · · · · · · ·					TIVE	<u> </u>	 	
	11 ative	8 Taxe	es							12	CCD.	6 202	n C		
	[일 19	9 Dep	reciation and depletion	า						D021	FEB	6 202	·	4	
	튀 20		upancy								000				
	¥ 2		el, conferences, and n	neetings		 -					GDE	<u> </u>	<i>)</i>	∐	
	27 27 27 27 27 27 27 27 27 27 27 27 27 2		ting and publications er expenses	Sm	мт 4		8	,804.		0.				Ω	,804.
			il operating and admi					,0011	1	<u> </u>					,004.
	Opera		enses Add lines 13 th					,197.	1	6,092.				77	,105.
	Ō 2!	5 Con	tributions, gifts, grants	s paid				,049.	1					239	,049.
	26		l expenses and disbu	rsements					-						
_	-		lines 24 and 25	40			332	,246.	1	<u>6,092.</u>		•		316	,154.
	27		tract line 26 from line				226	,027.			l			ļ	
			ss of revenue over expension investment income (if					,027.	3.3	5,255.			· · ·		
			isted net income (if ne			<u> </u>				_,		N/A		 	

LHA For Paperwork Reduction Act Notice, see instructions

Form **990-PF** (2018)

20-	6748222	Page 2
End o	f year	
	(c) Fair Market	Value
	Ε0	EAA

<u>_</u>	art	Balance Sheets Atlached schedules and amounts in the description	Beginning of year	End of	year
٢	an	column should be for end of year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	50,494.	58,502.	58,502.
	2	Savings and temporary cash investments	473,779.	488,843.	488,843.
	3	Accounts receivable -			
	ĺ	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			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts			
ts	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges	4 556 554	4 054 056	4 050 540
⋖	1	Investments - U S and state government obligations STMT 5	1,756,774.	1,254,856.	1,259,512.
	l .	Investments - corporate stock STMT 6	2,164,934.	2,512,656.	3,448,726.
	C	Investments - corporate bonds STMT 7	151,796.	508,947.	515,262.
,	11	Investments - land buildings and equipment basis			
		Less accumulated depreciation	· - ···		<u> </u>
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment basis			
	4.5	Less accumulated depreciation			
	15	Other assets (describe >) Total assets (to be completed by all filers - see the			
	16	Instructions Also, see page 1, item I)	4,597,777.	4,823,804.	5,770,845.
	17	Accounts payable and accrued expenses	4,331,1110	4,023,004.1	3,770,043.
	18	Grants payable			,
	19	Deferred revenue		\	
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			·
ij	21	Mortgages and other notes payable			
Ë		Other liabilities (describe)		-	. \
					• • • • • • • • • • • • • • • • • • • •
	23_	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here	1		
		and complete lines 24 through 26, and lines 30 and 31			
ses	24	Unrestricted			
Jan	25	Temporarily restricted			, , , , , , , , , , , , , , , , , , , ,
Ва	26	Permanently restricted			
Med Assets or Fund Balances		Foundations that do not follow SFAS 117, check here			
Ī		and complete lines 27 through 31	4 505 505		
s	27	Capital stock, trust principal, or current funds	4,597,777.	4,823,804.	
sse	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Ä	29 30	Retained earnings, accumulated income, endowment, or other funds	0.	0.	
<u> </u>	30	Total net assets or fund balances	4,597,777.	4,823,804.	· · · · · · · · · · · · · · · · · · ·
20	1	Tabel Pakilla and advantage Honda halanaa	4 507 777	1 023 004	
<u></u>	31	Total liabilities and net assets/fund balances	4,597,777.	4,823,804.	<u> </u>
P	art	Analysis of Changes in Net Assets or Fund Ba	lances		
-	Total	net assets or fund balances at beginning of year - Part II, column (a), line 3	<u> </u>		
1		st agree with end-of-year figure reported on prior year's return)	•	1	4,597,777.
2	•	r amount from Part I, line 27a		2	226,027.
		r increases not included in line 2 (itemize)		3	0.
-		lines 1, 2, and 3		4	4,823,804.
		eases not included in line 2 (itemize)		5	0.
-		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6	4,823,804.
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MARIGOLD CHARITABLE TRUST

Part IV Capital Gains	and Losses for Tax on Ir	nvestment	Income					
(a) List and describe 2-story brick w	e the kind(s) of property sold (for example kind(s) of property sold (for example kind(s)) and sold (for example kind(s)).	ample, real esta s MLC Co)	te,	(b) Ho	ow acquired Purchase Donation	(c) Date (mo, d	acquired lay, yr.)	(d) Date sold (mo , day, yr)
1a SEE ATTACHED S	TATEMENT				P			
b CAPITAL GAINS	DIVIDENDS							
<u>c</u>								
<u>d</u>								·
<u>e</u>	1 10 5	T	<u> </u>	L	_			
(e) Gross sales price	(f) Depreciation allowed (or allowable)	plus e	st or other basis expense of sale	_			ain or (loss) s (f) minus ((g))
a 1,546,689.		 	1,290,68	5.				256,004.
b 4,378.				_+				4,378.
<u> </u>		┼						
<u>d</u>								
Complete only for assets shown	ing gain in column (h) and owned by	the foundation	on 12/31/69			\ Coino (C	201 (h) 0010	
Complete only for assets shown	(i) Adjusted basis		cess of col. (i)			. (k), but i	Col. (h) gain not less thar	n -0-) or
(i) FMV as of 12/31/69	as of 12/31/69		col. (j), if any			Losses	(from col (l	h))
a		 		-				256,004.
b								4,378.
C								
d								
e					·			
	C If name also enti	er in Part I line	7	7				
2 Capital gain net income or (net o	$\{$ If gain, also entagrated loss $\}$ apital loss $\}$, enter -	0- in Part I, line	. 7	PL	2			260,382.
3 Net short-term capital gain or (fo	oss) as defined in sections 1222(5) a			[[
If gain, also enter in Part I, line 8		(-).		}	İ			
If (loss), enter -0- in Part I, line 8	3		 		3		N/A	
	Inder Section 4940(e) for				tment inco	ome		
(For optional use by domestic prival	te foundations subject to the section	4940(a) tax on	net investment inc	come)				
If section 4940(d)(2) applies, leave	this part blank.							
								<u> </u>
	ction 4942 tax on the distributable ar ify under section 4940(e). Do not co			00.5				Yes X No
النائد المستحد	each column for each year; see the			itries				
	(b)	niou donono doi	ord making any on	(c)		Ţ -		(d)
(a) Base period years Calendar year (or tax year beginn	Admoted analytings de	stributions	Net value of nor		able-use assets			(d) pution ratio rided by col. (c))
2017		08,731.		5.	365,444		100 (0) 0	.057541
2016		34,019.			296,825			.053621
2015		55,831.			068,416			.050476
2014	2	73,107.			052,949			.054049
2013	2	79,119.		5,	063,286	•		.055126
2 Total of line 1, column (d)						2		.270813
3 Average distribution ratio for the	5-year base period - divide the total	on line 2 by 5 (O, or by the numbe	er of ye	ars			-
the foundation has been in existe	ence if less than 5 years					3		.054163
4 Enter the net value of noncharita	ble-use assets for 2018 from Part X	, lıne 5				4		<u>5,236,820.</u>
5 Multiply line 4 by line 3						5		283,642.
6 Enter 1% of net investment incom	me (1% of Part I, line 27b)					6		3,353.
								006 00-
7 Add lines 5 and 6						7	<u></u>	286,995.
a ma	De LVIII i es 4							216 154
8 Enter qualifying distributions fro						8	L	316,154.
If line 8 is equal to or greater that See the Part VI instructions	an line 7, check the box in Part VI, lin	e 1b, and comp	olete that part using	g a 1%	tax rate			

•	1	
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Part VI Excise Tax Based on Investment Income (Section	n 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 let	· · · · · · · · · · · · · · · · · · ·	
b Domestic foundations that meet the section 4940(e) requirements in Part V, check		3,353.
of Part I, line 27b		
c All other domestic foundations enter 2% of line 27b Exempt foreign organizations,	enter 4% of Part I, line 12, col. (b)	•
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations	s only, others, enter -0-)	0.
3 Add lines 1 and 2	3	3,353.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundation	s only; others, enter -0-)	0.
5 Tax based on investment income Subtract line 4 from line 3. If zero or less, enter	r -0- 5	3,353.
6 Credits/Payments:		
a 2018 estimated tax payments and 2017 overpayment credited to 2018	6a 1,496.	
b Exempt foreign organizations - tax withheld at source	6b 0.	
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	1,496.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 22	20 is attached 8	0.
9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	▶ 9	1,857.
10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount over	erpaid 🕨 10	
11 Enter the amount of line 10 to be. Credited to 2019 estimated tax	Refunded ▶ 11	
Part VII-A Statements Regarding Activities		
1a During the tax year, did the foundation attempt to influence any national, state, or li	ocal legislation or did it participate or intervene in	Yes No
any political campaign?		1a X
b Did it spend more than \$100 during the year (either directly or indirectly) for politic	cal purposes? See the instructions for the definition	1b X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and	d 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 X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed d	uring the year:	
(1) On the foundation. \blacktriangleright \$ (2) On foundation r	managers ▶ \$ 0 .	
e Enter the reimbursement (if any) paid by the foundation during the year for politica		
managers. ► \$ 0 .		
2 Has the foundation engaged in any activities that have not previously been reported	J to the IRS?	2 X
If "Yes," attach a detailed description of the activities		d
3 Has the foundation made any changes, not previously reported to the IRS, in its go	verning instrument, articles of incorporation, or	.,
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the chan	iges	3 X
4a Oid the foundation have unrelated business gross income of \$1,000 or more during	g the year?	4a X
b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b
5 Was there a liquidation, termination, dissolution, or substantial contraction during	the year?	5 X
If "Yes," attach the statement required by General Instruction T		
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) sa	atisfied either.	
 By language in the governing instrument, or 		
By state legislation that effectively amends the governing instrument so that no r	nandatory directions that conflict with the state law	
remain in the governing instrument?		6 X
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Ye	es," complete Part II, col (c), and Part XV	7 X
8a Enter the states to which the foundation reports or with which it is registered. See	instructions	

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)

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV

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

of each state as required by General Instruction G? If "No," attach explanation

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8b

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[Part VII-A | Statements Regarding Activities (continued)

			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		<u>X</u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?		ı	
	If "Yes," attach statement. See instructions	_12_		<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	_13	X	
	Website address ► WWW.MARIGOLDCHARITABLETRUST.ORG			
14	The books are in care of ► EVELYN V MORENO Telephone no ►617-34			 _
	Located at ► C/O NIXON PEABODY LLP, 53 STATE STREET, BOSTON, M ZIP+4 ►02	109	-28	35
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		, →	لــا
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	NI-
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		<u> </u>
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			'}
Þэ	foreign country ► rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
			Yes	No
1.	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. During the year, did the foundation (either directly or indirectly).		103	
14	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)		- 1	
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No		i	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? X 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)?		1	ļ
	(6) Agree to pay money or property to a government official? (Exception Check "No"			ĺ
	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.)		1	
h	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		
	Organizations relying on a current notice regarding disaster assistance, check here	7		
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			-
_	before the first day of the tax year beginning in 2018?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning		•	- 1
	before 2018?			
	If "Yes," list the years >		ļ	
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.) N/A	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			
	>		İ	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		ŀ	
	during the year? $igsquare$ Yes $igsquare$ 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	.		1
	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) N/A	3b		
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		<u>X</u>
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		X

Form 990-PF (2018)

:

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

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Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)	ation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enti-	er "NONE."	<u> </u>
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
T		
Total number of others receiving over \$50,000 for professional services Part IX-A' Summary of Direct Charitable Activities		▶ 0
	integral information push on the	
List the foundation's four largest direct charitable activities during the tax year. Include relevant stat number of organizations and other beneficiaries served, conferences convened, research papers pro	oduced, etc.	Expenses
1 N/A		
2		
3		
4		· · · · · · · · · · · · · · · · · · ·
<u> </u>		
Part IX-B Summary of Program-Related Investments	T-100. Th.	
Describe the two largest program-related investments made by the foundation during the tax year o	n lines 1 and 2	Amount
1 N/A		
2	·····	
All other program-related investments. See instructions		
3		
`		
Total. Add lines 1 through 3	>	0.

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	dation	s, 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	5,259,904.
b	Average of monthly cash balances	1b	5,259,904. 56,665.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	5,316,569.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.	1	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	5,316,569.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	79,749.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	5,236,820.
6	Minimum investment return Enter 5% of line 5	6	261,841.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an	d certai	n
	foreign organizations, check here and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	261,841.
2a	Tax on investment income for 2018 from Part VI, line 5		
b	Income tax for 2018 (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	3,353.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	258,488.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	258,488.
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	258,488.
P	art 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	316,154.
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	316,154.
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	_5	<u>3,353.</u>
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	312,801.
•	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation q	ualifies	for the section
	4940(a) reduction of tay in those years		

Form **990-PF** (2018)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI,	00.500			_
line 7				258,488.
2 Undistributed income, if any, as of the end of 2018			00 010	
a Enter amount for 2017 only			88,313.	
b Total for prior years.				
5		0.		
3 Excess distributions carryover, if any, to 2018:				
a From 2013				
b From 2014	,			
c From 2015				
d From 2016				
e From 2017	0.			
f Total of lines 3a through e				
4 Qualifying distributions for 2018 from				
Part XII, line 4. ► \$ 316,154.			88,313.	
a Applied to 2017, but not more than line 2a			00,313.	
b Applied to undistributed income of prior		0.		
years (Election required - see instructions)		<u> </u>		- w
c Treated as distributions out of corpus	0.			
(Election required - see instructions)	0.			227,841.
d Applied to 2018 distributable amount	0.		•	227,041.
e Remaining amount distributed out of corpus	0.			0.
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			
6 Enter the net total of each column as indicated below.				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			············
b Prior years' undistributed income. Subtract		_		
line 4b from line 2b		0.		·
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which				
the section 4942(a) tax has been previously		_		
assessed		0.		
d Subtract line 6c from line 6b. Taxable				i
amount - see instructions		0.		
e Undistributed income for 2017. Subtract line			•	
4a from line 2a Taxable amount - see instr.			0.	
f Undistributed income for 2018 Subtract				
lines 4d and 5 from line 1. This amount must				20 647
be distributed in 2019				30,647.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	^ 1			
may be required - see instructions)	0.			
8 Excess distributions carryover from 2013	•			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2019	^			
Subtract lines 7 and 8 from line 6a	0.		· · · · · · · · · · · · · · · · · · ·	
10 Analysis of line 9.		:		
a Excess from 2014				
b Excess from 2015				
c Excess from 2016				
d Excess from 2017				•
e Excess from 2018				<u></u>

	D CHARITABLE			20-6	74.8222 Page 10
PartiXIV Private Operating Fo	oundations (see ins	tructions and Part VI	A, question 9)	N/A	
1 a If the foundation has received a ruling of	determination letter that	it is a private operating			
foundation, and the ruling is effective for	2018, enter the date of the	ne ruling	▶		
b Check box to indicate whether the found	ation is a private operatin	g foundation described	n section] 4942(J)(3) or	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2018	(b) 2017	(c) 2016	(d) 2015	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of		. /			
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities					
Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon a "Assets" alternative test - enter:					
(1) Value of all assets(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter			<u> </u>		
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					
organizatioñs as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income		AL		1 105 000	
Part:XVa Supplementary Info	rmation (Complet	e this part only i	t the foundation	nad \$5,000 or mo	re in assets
		10110113.)			
Information Regarding Foundation List any managers of the foundation where year (but only if they have contributed in	o have contributed more t		ributions received by the	foundation before the clo	se of any tax
BEVERLY G MARRAM					
b List any managers of the foundation who other entity) of which the foundation has			or an equally large porti	on of the ownership of a p	artnership or
NONE	-				
2 Information Regarding Contributi	on, Grant, Gift, Loan,	Scholarship, etc., Pr	ograms:		
Check here In the foundation of the foundation makes gifts, grants, etc.,	nly makes contributions t	o preselected charitable	organizations and does		uests for funds If
a The name, address, and telephone number	per or email address of the	e person to whom applic	ations should be addres	sed	
SEE STATEMENT 8					
b The form in which applications should b	e submitted and informati	on and materials they s	nould include.		
c Any submission deadlines:					
		Lauren abandibi diri			
d Any restrictions or limitations on awards	s, such as by geographica	i areas, charitable fields,	KINDS OF INSTITUTIONS, OF	other factors:	

3 Grants and Contributions Paid During th		Payment		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
· · · · · · · · · · · · · · · · · · ·	or substantial contributor	recipient		
a Paid during the year				
BOSTON CHILDREN'S HOSPITAL	NONE	PUBLIC CHARITY	DR. HEIDI ELLIS'	
300 LONGWOOD AVENUE			MENTAL HEALTH PROJECT	
BOSTON, MA 02115			FOR SOMALI ELEMENTARY	
			SCHOOL-AGE CHILDREN	30,78
BOSTON MEDICAL CENTER	NONE	PUBLIC CHARTTY	SUPPORT OF CHILD	
B8 EAST NEWTON STREET	10.12	ODDIC CHARTIT	WITNESS TO VIOLENCE	
BOSTON, MA 02118			PROJECT	44,744
BOSTON MEDICAL CENTER	NONE	PUBLIC CHARITY	SUPPORT OF SPARK	
88 EAST NEWTON STREET			CENTERS	
BOSTON, MA 02118			NEURODEVELOPMENTAL	
			SERVICES	48,125
CAMP STARFISH	NONE	PUBLIC CHARITY	TRAUMA INFORMED STAFF	
636 GREAT ROAD SUITE 2			TRAINING	
STOW, MA 01775				4,300
CAMP STARFISH	NONE			
636 GREAT ROAD SUITE 2	HONE	PUBLIC CHARITY	SCHOLARSHIPS FOR 10-12 CHILDREN TO ATTEND	
STOW, MA 01775			SUMMER CAMP	15,000
	ONTINUATION SHEE	T(S)	▶ 3a	239,049
b Approved for future payment			3a	233,013
NONE				
				
				
	_		!	
Tabl				_
Total			<u>▶ 3b</u>	000 DE :

Enter gross amounts unless otherwise indicated	Unrelated	business income		section 512, 513 or 514	(e)
•	(a) Business	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue:	code	·-···	COUR	7.1.1.2.1.1	
a	-		-		
D					
C				-	
0					
e	-	····			
g Fees and contracts from government agencies		···			
g Fees and contracts from government agencies2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities	 		14	90,965.	<u> </u>
5 Net rental income or (loss) from real estate:			7.4	30,303.	
	 				
a Debt-financed propertyb Not debt-financed property					
· · · ·					
6 Net rental income or (loss) from personal				1	
property 7 Other investment income			- - 		
8 Gain or (loss) from sales of assets other	 -				
than inventory			18	260,382.	
9 Net income or (loss) from special events			1-4	200,302.	*
O Gross profit or (loss) from sales of inventory					
1 Other revenue.					
a IRS EXCISE TAX REFUND			01	1,619.	
	-		-	2,013.	
. b					
d					
e					
2 Subtotal Add columns (b), (d), and (e)	_	C).	352,966.	0
3 Total Add line 12, columns (b), (d), and (e)	<u></u>		<u> </u>		352,966
See worksheet in line 13 instructions to verify calculations.)			,-	302/300
	-	aliahanant at E			
Part XVI-B Relationship of Activities	to the Accom	plishment of E	exempt Pur	poses	
Line No Explain below how each activity for which in	come is reported in a	column (e) of Part XV	I-A contributed	importantly to the accomp	lishment of
▼ the foundation's exempt purposes (other than the foundation) is exempt purposes.				portantij to mo doodinp	
					
			·		
					

Form **990-PF** (2018)

Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitat					
•	Exempt Organizations				
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c)		Yes	No	
	(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)		X	
	(2) Other assets	1a(2)		X	
b	Other transactions:			1	

a Transfers from the reporting foundation to a noncharitable exempt organization of

(1) Cash
(2) Other assets

b Other transactions:

(1) Sales of assets to a noncharitable exempt organization

(2) Purchases of assets from a noncharitable exempt organization

(3) Rental of facilities, equipment, or other assets

(4) Reimbursement arrangements

(5) Loans or loan guarantees

(6) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

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,

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 no	oncharitable exempt organization	(d	Description of transfers, transact	tions and sharing arrangements
			N/A			
		-				
			· · · · · · · · · · · · · · · · · · ·			
			·····			
			<u> </u>			
ın se	ection 501(c) (other than sections," complete the following school (a) Name of org	n 501(c)(3)) or in section	on 527? (b) Type of organiz		(c) Description of	Yes X No
	N/A					
Sign Here		Declaration of prepare	urn, including accompanying schedules or (other than taxpayer) is based on all $D \qquad \qquad \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	nformation of white	ch preparer has any knowledge 'RUSTEE	May the IRS discuss this return with the preparer shown below? See instr
Paid	Print/Type pteparer's na CHRISTOPHE CALDWELL	R	reparer's argylatura	Date /2/9	Check if self- employed	PTIN P00642498
Prepa Use O	nly				Firm's EIN ▶	
	Firm's address ► 53					
	ВО	STON, MA 0:	2109-2835		Phone no. 1	-617-345-1000
						Form 990-PF (2018

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, Foundation Purpose of grant or show any relationship to Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient CHILDREN'S ADVOCACY CENTER NONE PUBLIC CHARITY FOR SUPPORT OF CHILD 989 COMMONWEALTH AVENUE TRAUMA SUPERVISION AND BOSTON, MA 02215 SERVICE PROVISION 25,000. ELIZABETH STONE HOUSE NONE PUBLIC CHARITY FOR ONE CHILD'S 8 NOTRE DAME STREET PARTICIPATION IN FIVE ROXBURY, MA 02119 WEEKS OF PRESCHOOL AND FOUR WEEKS OF SUMMER CAMP 2,299. ELIZABETH STONE HOUSE NONE PUBLIC CHARITY FOR ONE CHILD TO 8 NOTRE DAME STREET ATTEND SUMMER CAMP ROXBURY, MA 02119 WITH TRANSPORTATION 1,701. HAWC NONE PUBLIC CHARITY SUPPORT OF 27 CONGRESS STREET PARENT/CHILD TRAUMA SALEM, MA 01970 RECOVERY PROGRAM 25,000. NONE JEANNE GEIGER CRISIS CENTER PUBLIC CHARITY FOR THREE CHILDREN TO 2 HARRIS STREET PARTICIPATE IN NEWBURYPORT, MA 01950 CHILD/PARENT PSYCHOTHERAPY 3,180. JEANNE GEIGER CRISIS CENTER NONE PUBLIC CHARITY PARTICIPATION FEE FOR 2 HARRIS STREET FIVE CHILDREN IN NEWBURYPORT, MA 01950 VARIOUS THERAPEUTIC PROGRAMS 7,500. NONE PUBLIC CHARITY JEANNE GEIGER CRISIS CENTER FOR SIX CHILDREN TO 2 HARRIS STREET PARTICIPATE IN THE NEWBURYPORT, MA 01950 HARRY POTTER REAL MAGIC ART THERAPY GROUP 6,000. JEANNE GEIGER CRISIS CENTER NONE PUBLIC CHARITY FUNDS FOR FIVE 2 HARRIS STREET CHILDREN THAT ATTENDED NEWBURYPORT, MA 01950 HARRY POTTER REAL MAGIC ART THEATRE 4,500. THE HOME FOR LITTLE WANDERERS NONE PUBLIC CHARITY FOR THE EXPANSION OF 10 GUEST STREET SMART INITIATIVE TO BOSTON, MA 02135 INFANT/TODDLERS & SMART TRAINING 20,920. 96,100. Total from continuation sheets

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No 1545 0047

Employer identification number

2018

1	MARIGOLD CHARITABLE TRUST	20-6748222
Organization type (chec	k 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	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
· · · · · · · · · · · · · · · · · · ·	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e See instructions
	(c)(r), (d), or (10) organization can check boxes for both the defleral hole and a Special Hull	3 See instructions
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling any one contributor. Complete Parts I and II. See instructions for determining a contributor's	
Special Rules		
sections 509(a)(any one contrib	tion described in section 501(c)(3) filing Form 990 or 990 EZ that met the 33 1/3% support to 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, outor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount EZ, line 1 Complete Parts I and II	or 16b, and that received from
year, total contr	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a abutions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educated to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the co	ational purposes, or for the
year, contribution is checked, enter purpose. Don't of	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a cins exclusively for religious, charitable, etc., purposes, but no such contributions totaled more there the total contributions that were received during the year for an exclusively religious complete any of the parts unless the General Rule applies to this organization because it rable, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000 If this box s, charitable, etc ,
	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fo	•

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

MARIGOLD	CHARITABLE	TRUST	

20-6748222

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	al space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BEVERLY G MARRAM 2701 NORTH OCEAN BOULEVARD, APT. E210 BOCA RATON, FL 33431	\$ 197,540.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Omnocash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

Employer identification number

MARIGOLD CHARITABLE TRUST

20-6748222

(a) No. 100 Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received (see instructions) (see instructions) (d) Date received (see instructions) (d) Date rec	Part II	Noncash Property (see instructions) Use duplicate copies of Pa	rt II if additional space is needed	
s 197,540. 11/18/19 (a) No. from Part I (b) Description of noncash property given (c) FMV (or estimate) (See instructions) (d) Date received FMV (or estimate) (See instructions) (d) Date received (d) Date received FMV (or estimate) (See instructions) (d) Date received (e) FMV (or estimate) (See instructions) (d) Date received (d) Date received FMV (or estimate) (See instructions) (d) Date received (e) FMV (or estimate) (See instructions) (d) Date received (e) FMV (or estimate) (See instructions) (d) Date received (e) FMV (or estimate) (See instructions) Description of noncash property given FMV (or estimate) (See instructions) Description of noncash property given FMV (or estimate) (See instructions) Description of noncash property given FMV (or estimate) (See instructions) Date received (d) Date received (d) Date received Date received (d) Date received	No. from		FMV (or estimate)	
(a) No. Iform Description of noncash property given S	1	815 SHARES OF EDWARDS LIFESCIENCES CORP		
No. (a) Description of noncash property given FMV (or estimate) (See instructions) Date received (a) (b) (c) FMV (or estimate) (See instructions) Date received			ss	11/18/19
(a) No. from Part I Description of noncash property given S	No. from		FMV (or estimate)	
No. from Part I Description of noncash property given S			\$	
(a) No. (b) FMV (or estimate) (See instructions) (a) No. (b) FMV (or estimate) (See instructions) (b) FMV (or estimate) (See instructions) (c) FMV (or estimate) (d) Date received (d) Date received (a) No. (b) FMV (or estimate) (See instructions) (a) No. (b) FMV (or estimate) (See instructions) (b) FMV (or estimate) (See instructions) (c) FMV (or estimate) (See instructions) (d) Date received (e) FMV (or estimate) (See instructions)	No. from	• •	FMV (or estimate)	
No. from Part I Description of noncash property given (a) No. from Part I Description of noncash property given (b) FMV (or estimate) (See instructions) (c) FMV (or estimate) (d) Date received (d) Date received (a) No. from Description of noncash property given (b) FMV (or estimate) (See instructions) (c) FMV (or estimate) (See instructions) (d) Date received (a) No. (b) FMV (or estimate) (See instructions) (a) No. (b) FMV (or estimate) (See instructions) (b) FMV (or estimate) (d) Date received (c) FMV (or estimate) (d) Date received (d) Date received (e) FMV (or estimate) (d) Date received (f) FMV (or estimate) (d) Date received (g) FMV (or estimate) (d) Date rece				
(a) No. from Part I (b) FMV (or estimate) (See instructions) (c) FMV (or estimate) (See instructions) (d) Date received (a) No. from Description of noncash property given (b) FMV (or estimate) (c) FMV (or estimate) (d) FMV (or estimate) (See instructions) (d) Date received	No. from	· ·	FMV (or estimate)	
No. from Description of noncash property given Part I (a) No. from Description of noncash property given (b) FMV (or estimate) (See instructions) (c) FMV (or estimate) (C) FMV (or estimate) (d) Date received (d) Date received (e) FMV (or estimate) (C) FMV (or estimate) (See instructions) (d) Date received			s	
(a) No. (b) from Description of noncash property given (c) FMV (or estimate) (See instructions) Date received	No. from		FMV (or estimate)	
No. (b) (c) (d) FMV (or estimate) (approximate) (See instructions) Date received			\$	
	No. from		FMV (or estimate)	
\$			 s	

Name of organization Employer identification number MARIGOLD CHARITABLE TRUST 20-6748222 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 Part III 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 info once) > \$_ Use duplicate copies of Part III if additional space is needed (a) No. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift CONTRIBUTED STOCK IS STILL HELD BY ADDITIONAL FUNDING OF THE FOR GENERAL FOUNDATION PURPOSES 1 MARIGOLD CHARITABLE TRUST THE ORGANIZATION (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee BEVERLY G MARRAM BEVERLY MARRAM IS A TRUSTEE OF THE FOUNDATION 2701 NORTH OCEAN BLVD, APT. BOCA RATON, FL 33431 (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part ! (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 990-PF	DIVIDENDS	AND INTER	REST	FROM SECU	RITIES S	TATEMENT 1
SOURCE	GROSS AMOUNT	CAPITAI GAINS DIVIDENI		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	
DIVIDENDS INTEREST	61,224		78. 0.	56,846 34,119		
TO PART I, LINE 4	95,343	4,3	78.	90,965	90,965.	
FORM 990-PF	-	OTHER 1	INCOM	E	S	TATEMENT 2
DESCRIPTION			REV		(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
IRS EXCISE TAX REFU	ND			1,619.	0.	
TOTAL TO FORM 990-P	F, PART I,	LINE 11 ==		1,619.	0.	
FORM 990-PF		ACCOUNT	ING F	EES	S	TATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) INVEST- T INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLI PURPOSES
TAX PREP FEES		3,100	•	0.		3,100
TO FORM 990-PF, PG	1, LN 16B	3,100	•	0.		3,100
FORM 990-PF		OTHER I	EXPEN	SES	S	TATEMENT 4
DESCRIPTION		(A) EXPENSES PER BOOKS	NET	(B) INVEST- T INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLI PURPOSES
PC FILING FEE EMPLOYMENT TAXES PAYROLL SERVICE FEE CITIZENS BANK FEES WEB FEES PRINT FEES	s	35 4,397 3,011 36 464 861	• •	0. 0. 0.	-	35 4,397 3,011 36 464
TO FORM 990-PF, PG	- 1 r.N 23	8,804		0.		861
TO TOME 950 FF, EG	=, 1,14 25		· = 			

FORM 990-PF U.S. AND STATE/CITY GOVERNMENT	T OBLIGATIONS	STATEMENT 5
DESCRIPTION GOV'T GOV'T	BOOK VALUE	FAIR MARKET VALUE
US GOVT OBLIGATIONS X	1,254,856.	1,259,512.
TOTAL U.S. GOVERNMENT OBLIGATIONS	1,254,856.	1,259,512.
TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS		
TOTAL TO FORM 990-PF, PART II, LINE 10A	1,254,856.	1,259,512.
FORM 990-PF CORPORATE STOCK		STATEMENT 6
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
CORPORATE STOCK	2,512,656.	3,448,726.
TOTAL TO FORM 990-PF, PART II, LINE 10B	2,512,656.	3,448,726.
FORM 990-PF CORPORATE BONDS		STATEMENT 7
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
CORPORATE BONDS	508,947.	515,262.
TOTAL TO FORM 990-PF, PART II, LINE 10C	508,947.	515,262.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT 8

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

BEVERLY G MARRAM C/O NIXON PEABODY LLP, 53 STATE STREET BOSTON, MA 02109-2835

TELEPHONE NUMBER

617-345-1000

FORM AND CONTENT OF APPLICATIONS

APPLICATION BY LETTER TO INCLUDE GENERAL INFORMATION, AUDIT, BUDGET AND TAX EXEMPT FORM OF ORGANIZATION

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

NONE