2020

Form **990-PF**

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as 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.

2019

| SC Numb C/ City C | e of | idar year 2019 or tax yea foundation | ar beginning | | , and e | ndina | | |
|---------------------------------------|-------------|--|--|--|---------------|---------------------|--|--|
| SC Numb C/ City C | | f foundation | - | | | | | |
| C / City C | `` | | | | | | A Employer identification | number |
| C/ City o MA | <u> </u> | EONE ELSE!S | CHILD INC | | | | 04-3410208 | |
| City o | oer a | ind street (or P O box number | if mail is not delivered to street | address) | | Room/suite | B Telephone number | |
| MA | <u> 0</u> | D. CHRISTI | AN-10 HARBOR | VIEW LANE | | | 617-312-01 | 48 |
| ' G Ch | | own, state or province, co | ountry, and ZIP or foreign p | ostal code | | | C If exemption application is pe | ending, check here |
| - /- | ieck | all that apply: | Initial return | Initial return of a fo | rmer public o | charity | D 1 Foreign organizations | , check here |
| | | <u>_</u> | J Final return | Amended return | | | 2 Foreign organizations me | eting the 85% test. |
| \ | | thing of accompany | Address change | Name change | | | 2 Foreign organizations me check here and attach coi | mputation |
| _ | | type of organization: ction 4947(a)(1) nonexer | Section 501(c)(3) exmpt charitable trust | Other taxable private founda | tion | 04 | E 'If private foundation stat under section 507(b)(1) | |
| | | rket value of all assets at | · — | - | Accr | rual | F If the foundation is in a 6 | |
| (iror ►\$ | | Part II, col. (c), line 16) | 7 636 (Part Loolun | ther (specify) nn (d), must be on cash basi | <u>c \</u> | | under section 507(b)(1) | (B), check here |
| Par | | Analysis of Revenue a | nd Expenses | (a) Revenue and | | wastmant | (c) Adjusted net | (d) Disbursement |
| | | The total of amounts in col necessarily equal the amou | umns (b), (c), and (d) may not nts in column (a)) | expenses per books | | ivestment ome | income | for charitable purpos (cash basis only) |
| | 1 | Contributions, gifts, gran | | 500,000. | | | N/A | · · · · · · · · · · · · · · · · · · · |
| | 2 | Interest on savings and temp | on is not required to attach Sch B porary | | | | | |
| | 4 | cash investments Dividends and interest fr | om securities | 54,124. | 5 | 4,124. | | STATEMENT |
| | | Gross rents | | | | | | |
| | b | Net rental income or (loss) | | | | | | |
| <u>ا</u> بو | 6a | Net gain or (loss) from sale of | | 881. | | | | |
| ş ş ş | | Gross sales price for all assets on line 6a | 356,753. | | | 0.01 | | 3 |
| اهُ | _ | Capital gain net income (from Net short-term capital ga | • | | | 881. | Possived US Ban | Setvice |
| . g | _ | Income modifications | 1111 | | | | Regerred US Ban 308 | K - 03D |
| 3 ₹ 1 | | Gross sales less returns and allowances | [| | | | | - |
| nevel hevelved in | | Less Cost of goods sold | | | | | NOV 162 | 020 |
| 1. | | Gross profit or (loss) | | | | | | <u> </u> |
| - | | Other income | -h 11 | 555,005. | | 5,005. | Ogden, (| n! |
| 7 1 | | Total Add lines 1 through Compensation of officers, dir | | 333,003. | | <u>5,005.</u> 0. | - Ogdon, (| |
| ~ | | Other employee salaries | | | - | | | |
| ≥ 10 | | Pension plans, employee | _ | | | | | |
| ≱ຮຼ∣າ | 6a | Legal fees | | | | | | |
| <u>ē</u> | b | Accounting fees | STMT 2 | 16,250. | | 8,125. | | 8,1 |
| ΩÌ. | , C | Other professional fees | | | | | | |
| 15 atj. | , 8 | Interest Taxes | | 2. | | 0. | | |
| Operating and Administrative Expenses | 9 | Depreciation and depletic | on | | | | - | |
| Ē 20 | 0 | Оссиралсу | | | | | | |
| ₹ 2· | 1 | Travel, conferences, and | meetings | | | | | |
| 등 22 | 2 | Printing and publications | | | | | | , |
| B 23 | 3 | Other expenses | • STMT 3 | 19,195. | 1 | <u>6,951.</u> | | 2,2 |
| era 24 | 4 | Total operating and adn expenses Add lines 13 t | | 35,447. | າ | 5,076. | | 10 2 |
| ŏ ₂ | 5 | Contributions, gifts, gran | - | 234,654. | | <i>5,010</i> • | | 10,3 234,6 |
| 1 | | Total expenses and dist | | | - | | | =3-1-0 |
| | | Add lines 24 and 25 | | 270,101. | 2 | 5,076. | | 245,0 |
| 27 | 7 : | Subtract line 26 from line | 12: | | | | | |
| · \ | 1 | cess of revenue over exper | | 284,904. | | 0 000 | | |
| | سله | 12-17-19 ncome (if n | | | 2 | 9,929. | NT / 2 | |
| 923 | ვ501 ე#* | COME (In | egative, enter -0-) | s saa instructions | | | N/A | Form 990-PF |
| 401 | 91 | 1105 769 UP | 28 | c, 366 manucaums | 1 | | 07.1 | 10m 330-PF |

| orı | m 99 | 30-PF (2019) SOMEONE ELSE'S CHILD INC | | | 3410208 Page 2 |
|-----------------|------------|--|-------------------|----------------|---|
| P | art | Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only | Beginning of year | End of y | |
| | | | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | | Cash - non-interest-bearing | 500 252 | 0.6 556 | 06 576 |
| | | Savings and temporary cash investments | 509,373. | 96,576. | 96,576. |
| | 3 | Accounts receivable | | | |
| | | Less' allowance for doubtful accounts | | | |
| | 4 | Pledges receivable ► | | | |
| | | Less: allowance for doubtful accounts ▶ | | | |
| | _ | Grants receivable | | | |
| | 6 | Receivables due from officers, directors, trustees, and other | | 2 2 4 2 | 2 042 |
| | | disqualified persons STMT 4 | 3,333. | 3,243. | 3,243. |
| | 7 | Other notes and loans receivable | | | |
| | | Less allowance for doubtful accounts ▶ | | | |
| sets | 8 | Inventories for sale or use | | | |
| ဟ ၊ | 9 | Prepaid expenses and deferred charges | | | |
| ۲ | | Investments - U.S. and state government obligations | | | |
| | | Investments - corporate stock | 4 404 455 | 0 100 600 | 0.405.005 |
| | | Investments - corporate bonds STMT 5 | 1,434,155. | 2,133,680. | 2,137,807. |
| | 11 | Investments - land, buildings, and equipment basis | | , | - |
| | | Less accumulated depreciation | | | |
| | | Investments - mortgage loans | | | |
| | 13 | Investments - other | | | ******* |
| | 14 | Land, buildings, and equipment; basis | | | |
| | | Less accumulated depreciation | | | |
| | | Other assets (describe | | | · |
| ŀ | סו | Total assets (to be completed by all filers - see the | 1,946,861. | 2,233,499. | 2,237,626. |
| \dashv | 17 | Instructions. Also, see page 1, item I) Accounts payable and accrued expenses | 1,940,001. | 2,233,433. | 2,231,020. |
| | 18 | _ · · · · · · · · · · · · · · · · · · · | | | |
| ,, | 19 | '. ' | - | | |
| ĕ∣ | | Loans from officers, directors, trustees, and other disqualified persons | | | |
| abilities | | Mortgages and other notes payable | | | |
| | | Other liabilities (describe STATEMENT 6 | 127. | 1,861. | |
| | | , | | | |
| | 23 | Total liabilities (add lines 17 through 22) | 127. | 1,861. | |
| | | Foundations that follow FASB ASC 958, check here | | | |
| မွ | | and complete lines 24, 25, 29, and 30 | | | |
| or Fund Balance | 24 | Net assets without donor restrictions | 1,946,734. | 2,231,638. | |
| ă | 25 | Net assets with donor restrictions | | | |
| 2 | | Foundations that do not follow FASB ASC 958, check here ▶ ☐ | | | |
| 크 | | and complete lines 26 through 30 | | | |
| | | Capital stock, trust principal, or current funds | | | |
| <u>س</u> ا | 27 | · · · · · · · · · · · · · · · · · · · | | | |
| | | Retained earnings, accumulated income, endowment, or other funds | 1 046 724 | 2 221 620 | |
| Net | 29 | Total net assets or fund balances | 1,946,734. | 2,231,638. | |
| _ | 30 | Total liabilities and net assets/fund balances | 1,946,861. | 2,233,499. | |
| | | | · · | 2,233, 43,50 | |
| Pa | <u>art</u> | Analysis of Changes in Net Assets or Fund Ba | alances | | |
| 1 | Fotal | net assets or fund balances at beginning of year - Part II, column (a), line | 29 | | |
| | • | st agree with end-of-year figure reported on prior year's return) | | 1 | 1,946,734. |
| | | r amount from Part I, line 27a | | 2 | 284,904. |
| | | r increases not included in line 2 (itemize) | | 3 | 0. |
| | | lines 1, 2, and 3 | | 4 | 2,231,638. |
| | | eases not included in line 2 (itemize) | h /h\ / OC | 5 | 0. |
| <u> </u> | ota | net assets or fund balances at end of year (line 4 minus line 5) - Part II, co | iumn (b), line 29 | 6 | 2,231,638. Form 990-PF (2019) |
| | | | | | FUITH 330-F 1 (2019) |

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| | Part IV Capital Gains | and Losses for Tax on I | nvestmen | t Income | | | | | | 0200 | |
|----------------|---|--|------------------|---|------------|---------------------------|------------|-----------------------------------|-------------------------------|--|---------------|
| | | the kind(s) of property sold (for exa arehouse; or common stock, 200 sh | | ate, | 1, b | How ac - Purc - Don | iiase i | (c) Date acquired (mo., day, yr.) | | (d) Date (mo., da | |
| 1 | a ALEX BROWN ACC | T 463K6167 | | | | | P | VARI | OUS | 12/33 | 1/19 |
| | b ALEX BROWN ACC | T 463K6167 | | | | | P | VARI | OUS | 12/31 | 1/19 |
| | <u>c , , , , , , , , , , , , , , , , , , ,</u> | | | | | | | | | | |
| | <u>d</u> | | | | - | | | | | | |
| _ | e <u> </u> | | | | Ь, | | | | | <u> </u> | |
| _ | (e) Gross sales price | (f) Depreciation allowed (or allowable) | | st or other basis expense of sale | | | | | Gain or (loss s (f) minus | | |
| _ | a 236,753. | | | <u>235,88</u> | | | | | | | <u>871.</u> |
| _ | b 120,000. | - | | 119,99 | 0. | | | | | _ | 10. |
| _ | C | | | | | | | | | _ | |
| _ | d | ·· | | | | | | | | | |
| _ | Complete only for accets about | on coin in column (b) and award by | the foundation | 2 22 10/21/60 | | | | | | | |
| _ | Complete only for assets shown | ng gain in column (h) and owned by | | | | | | | Col. (h) gain not less tha | | |
| | (i) FMV as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | | xcess of col. (ı) r col. (ı), ıf any | | | 00 | | (from col. (| | |
| _ | | | 1 0.0 | (),, 4 | | | | | | | 871. |
| _ | ab | | | | | | | | | | 10. |
| _ | C | | | | | | | | | | 10. |
| _ | d | | | | | | | | | _ | |
| _ | e | . 40 | | | | | | • | - | | |
| | !" | ∫ If gain, also ente | r in Part I line | 7 | 7 | | | | | | |
| 2 | Capital gain net income or (net ca | | | | <u>}</u> | 2 | | | | | 881. |
| 3 | Net short-term capital gain or (los | ss) as defined in sections 1222(5) ar | | | <i>^</i> [| | | | | | |
| Ī | If gain, also enter in Part I, line 8, | | (o) | |) | | | | | | |
| _ | If (loss), enter -0- in Part I, line 8 | | | | ال | 3 | | | N/A | , , | _ |
| $\overline{}$ | | nder Section 4940(e) for | | | | | ent Inc | ome | | | |
| (F | or optional use by domestic private | foundations subject to the section | 4940(a) tax or | net investment in | come | 9.) | | | | | |
| lf: | section 4940(d)(2) applies, leave th | nis part blank. | | | | | | | | | |
| 14/ | lan the foundation bobbs for the con- | 4040 to | | | 10 | | | | | | |
| | | tion 4942 tax on the distributable an y under section 4940(e). Do not cor | | | 100, | | | | | Yes ↓ | X No |
| " 1 | | each column for each year; see the i | • | | ntries | | | | | <u>.</u> | |
| ÷ | (a) | (b) | | l l l l l l l l l l l l l l l l l l l | (c) | <u> </u> | | 1 | | (d) | |
| | Base periód years Calendar year (or tax year beginnii | Administration and a contraction and a | stributions | Net value of no | | ıtable- | use assets | | Distrib | (d) oution ratio rided by col. (| (c)) |
| | 2018 | * ' | 5,793. | - | 1 | . 38 | 8,813 | | (0) 0.1 | | 9377 |
| _ | 2017 | | 5,394. | | 1 | | 6,808 | | | | 4633 |
| _ | 2016 | | 7,912. | | 1 | | 0,632 | | | | 0493 |
| | 2015 | | 1,405. | | | | 3,208 | | | | 7701 |
| | 2014 | 6 | 2,141. | | | 54 | 1,445 | | | .11 | 4769 |
| | | | | | | | | | | | |
| 2 | Total of line 1, column (d) | | | | | | | 2 | | .53 | <u> 86973</u> |
| 3 | Average distribution ratio for the 5 | 5-year base period - divide the total (| on line 2 by 5. | 0, or by the numbe | er of y | ears/ | | | | | |
| | the foundation has been in exister | nce if less than 5 years | | | | | | _3 | | .10 | <u> 7395</u> |
| | | | • | | | | | | | | |
| 4 | Enter the net value of noncharitab | le-use assets for 2019 from Part X, | line 5 | | | | | 4 | | <u>1,887,</u> | <u>792.</u> |
| | | | | | | | | | | | |
| 5 | Multiply line 4 by line 3 | | | | | | | 5 | | 202, | 739. |
| _ | | | | | | | | | | | |
| 6 | Enter 1% of net investment incom | ie (1% of Part I, line 27b) | | | | | | 6 | | | <u> 299.</u> |
| , | Add lines E 4 C | | | | | | | _ | | 202 | 020 |
| 1 | Add lines 5 and 6 | | | | | | | | | ∠U3, | 038. |
| 8 | Enter qualifying distributions from | Part XII, line 4 | | | | | | 8 | | 245, | 025. |
| | If line 8 is equal to or greater than See the Part VI instructions. | line 7, check the box in Part VI, line | 1b, and comp | olete that part using | g a 19 | % tax r | ate. | | | | |

| Form | 990-PF (2019) SOMEONE ELSE'S CHILD INC | 04-3 | 41020 | 3 | Page 4 |
|------|--|---------|---------------|------------|--|
| Pa | rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4 | 948 - s | ee instr | uctio | ns) |
| 1a | Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1. | | | ••• | |
| | Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) | | | | : |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1% | 1 | _ | 2 | 99. |
| | of Part I, line 27b | | | | |
| C | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col (b) | | | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) | 2 | | | 0. |
| 3 | Add lines 1 and 2 | 3 | | 2 | 199. |
| 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 | | 2 | <u> 199.</u> |
| 6 | Credits/Payments: | | | | |
| a | 2019 estimated tax payments and 2018 overpayment credited to 2019 6a 40. | | | | |
| b | Exempt foreign organizations - tax withheld at source 6b 0. | | | | |
| C | Tax paid with application for extension of time to file (Form 8868) 6c 1,000. | | | | |
| d | Backup withholding erroneously withheld 6d 0. | | | | |
| 7 | Total credits and payments. Add lines 6a through 6d | 7 | | 1,0 | 40. |
| 8 | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached | 8 | | | 0. |
| | 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 | | 7 | 41. |
| 11 | Enter the amount of line 10 to be: Credited to 2020 estimated tax | 11 | | | 0. |
| Pa | rt VII-A Statements Regarding Activities | | | | |
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene | ın | | Yes | No |
| | any political campaign? | | 1a | | X |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the defini | tion | 1b | | X |
| | 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. | | | | |
| | Did the foundation file Form 1120-POL for this year? | | 1c | | Х |
| | 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 . | | | | |
| | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation | | | 1 | |
| | managers. ► \$ 0. | | | | j |
| | Has the foundation engaged in any activities that have not previously been reported to the IRS? | | 2 | 1 | Х |
| | If "Yes," attach a detailed description of the activities. | | | | , |
| | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, o | r | | | ŀ |
| | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | | 3 | | Х |
| | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | 4a | | X |
| | If "Yes," has it filed a tax return on Form 990-T for this year? | N/2 | A. 4b | | |
| | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | , - | 5 | | Х |
| Ū | If "Yes," attach the statement required by General Instruction T | | | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either | | | | |
| | By language in the governing instrument, or | | | İ | |
| | 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? | IGVV | 6 | | х |
| | | | 7 | x | <u> </u> |
| ' | 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 | | '- | ├ ^ | |
| 0. | Enter the states to which the foundation reports or with which it is registered. See instructions | | | | |
| oa | Enter the states to which the foundation reports or with which it is registered. See instructions | | - | | |
| L | MA If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) | | | | |
| D | | | 0. | v | |
| | of each state as required by General Instruction G? If "No," attach explanation | | <u>8b</u> | X | |
| | | - d | l | ŀ | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cale | ndar | _ | | 7.7 |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calei year 2019 or the tax year beginning in 2019? See the instructions for Part XIV If "Yes," complete Part XIV | | 7 10 | Х | х |

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| | it VII-A Statements negariting 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 | | X |
| 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 | | X |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | X | |
| | Website address ► <u>WWW.LOVINGKIDS.ORG</u> | | _ | |
| 14 | The books are in care of ▶ DIANE ENGLERT CHRISTIAN Telephone no. ▶ 617-33 | 2-0 | 148 | |
| | Located at ► 10 HARBOR VIEW LANE, MARBLEHEAD, MA ZIP+4 ►03 | <u> 945</u> | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here | | > | |
| | and enter the amount of tax-exempt interest received or accrued during the year | N | /A | |
| 16 | At any time during calendar year 2019, 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 | | X |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the | | | |
| | foreign country | | | |
| Pa | art 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. | L | Yes | No |
| 1a | During the year, did the foundation (either directly or indirectly) | | | |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) | | | |
| | a disqualified person? | | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | | | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available |] | | |
| | for the benefit or use of a disqualified person)? | | | |
| | (6) Agree to pay money or property to a government official? (Exception Check "No" | | | |
| | ıf the foundation agreed to make a grant to or to employ the official for a period after | | | |
| | termination of government service, if terminating within 90 days.) | | | |
| b | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations | | | _ |
| | section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A | 1b | | |
| | Organizations relying on a current notice regarding disaster assistance, check here | | | |
| C | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected | | | - |
| | before the first day of the tax year beginning in 2019? | 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)): | | ` | |
| a | At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines | | | |
| | 6d and 6e) for tax year(s) beginning before 2019? | | } | |
| | If "Yes," list the years | | l | |
| 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 | | l | |
| | 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. | | | |
| | | | Ì | |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time | | | |
| | during the year? | | | |
| b | If "Yes," did it have excess business holdings in 2019 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 Form 4720, | | | , |
| | Schedule C, to determine if the foundation had excess business holdings in 2019.) N/A | 3b | | |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | X |
| 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 2019? | 4b | | <u>X</u> |
| | En | aan | DE / | 2010 |

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Form 990-PF (2019)

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

| orm 990-PF (2019) SOMEONE ELSE'S CHILD INC | 04-3 | 410208 Page 7 |
|--|---|----------------------|
| Part VIII Information About Officers, Directors, Trustees, Founda Paid Employees, and Contractors (continued) | tion Managers, Highly | |
| 3 Five highest-paid independent contractors for professional services. If none, enter | | |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | | |
| , | | |
| | | |
| | | |
| | _ | |
| | | |
| | | |
| | | |
| | _ | |
| | | |
| otal number of others receiving over \$50,000 for professional services | · · · · · · · · · · · · · · · · · · · | > |
| Part IX-A Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statist number of organizations and other beneficiaries served, conferences convened, research papers prod | lical information such as the luced, etc. | Expenses |
| N/A | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Port IV B Comments Deleted Investments | | |
| Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on | lines 1 and 2 | Amount |
| | illes i allo 2. | Amount |
| N/A | | |
| <u> </u> | | |
| · · · · · · · · · · · · · · · · · · · | | |
| | | |
| | *** | |
| All other program-related investments See instructions. | | |
| An other program related investments occumentolicits. | | |
| | | |

Form **990-PF** (2019)

0.

Total. Add lines 1 through 3

| Р | art X Minimum investment Heturn (All domestic foundations r | must complete this p | art Foreign four | idations, s | ee instructions) |
|----|--|---------------------------|---------------------|-----------------|-------------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitab | le, etc., purposes: | | | |
| a | Average monthly fair market value of securities | | | 1a | 1,693,014. |
| b | Average of monthly cash balances | | | 1b | 220,238. |
| C | Fair market value of all other assets | | | 1c | 3,288. |
| d | Total (add lines 1a, b, and c) | | | 1d | 1,916,540. |
| е | 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 | 1,916,540. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount | t, see instructions) | | 4 | 28,748. |
| 5 | Net value of noncharitable-use assets Subtract line 4 from line 3 Enter here and o | | 5 | 1,887,792. | |
| 6 | Minimum investment return Enter 5% of line 5 | | 6 | 94,390. | |
| P | art XI Distributable Amount (see instructions) (Section 4942(j)(3) a | nd (j)(5) private operati | ng foundations an | d certain | |
| | foreign organizations, check here 🕨 🔃 and do not complete this part | .) | - | | |
| 1 | Mınımum investment return from Part X, line 6 | | | 1 | 94,390. |
| 2a | Tax on investment income for 2019 from Part VI, line 5 | 2a | 299. | | |
| b | Income tax for 2019 (This does not include the tax from Part VI) | 2b | | | |
| C | Add lines 2a and 2b | | | 2c | 299. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | | | 3 | 94,091. |
| 4 | Recoveries of amounts treated as qualifying distributions | | | 4 | 0. |
| 5 | Add lines 3 and 4 | | | 5 | 94,091. |
| 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 | t XIII, line 1 | | 7 | 94,091. |
| P | art XII Qualifying Distributions (see instructions) | | | | |
| _ | | | | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., pur | poses. | | | 0.45 0.05 |
| a | Expenses, contributions, gifts, etc total from Part I, column (d), line 26 | | | 1a | 245,025. |
| þ | 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 charita | ble, etc., purposes | | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | | | |
| a | Suitability test (prior IRS approval required) | | | 3a | |
| þ | Cash distribution test (attach the required schedule) | | | 3b | 0.45 0.05 |
| 4 | Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, a | | | 4 | 245,025. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net inve | estment | | | |
| | income. Enter 1% of Part I, line 27b | | | 5 | 299. |
| 6 | Adjusted qualifying distributions Subtract line 5 from line 4 | | | 6 | 244,726. |
| | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years v | when calculating wheth | er the foundation o | jualifies for t | the section |
| | 4940(e) reduction of tax in those years. | | | | |

Form **990-PF** (2019)

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2018 | (c) 2018 | (d) 2019 |
|---|--|----------------------------|-------------------|--|
| 1 Distributable amount for 2019 from Part XI, | | | | |
| line 7 | | | | 94,091. |
| 2 Undistributed income, if any, as of the end of 2019 | | | | |
| a Enter amount for 2018 only | | | O. | |
| b Total for prior years | | • | | |
| | | 0. | | |
| 3 Excess distributions carryover, if any, to 2019. | | | | |
| a From 2014 35,069. | | | | |
| b From 2015 39,745. | , | | | • |
| c From 2016 40,880. | • | 1 | | till to the second of the seco |
| d From 2017 93,072. | | | , 10 mm | 6 t 1 t 1 |
| e From 2018 96,352. | | | | |
| f Total of lines 3a through e | 305,118. | | | |
| 4 Qualifying distributions for 2019 from | | | | |
| Part XII, line 4: ► \$ 245,025. | | | | |
| a Applied to 2018, 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 | | | r v 1 06 (+ 24 m) | e i seekkoolt i k |
| (Election required - see instructions) | 0. | | | • |
| d Applied to 2019 distributable amount | | | | 94,091. |
| e Remaining amount distributed out of corpus | 150,934. | | | |
| 5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a)) | 0. | | | 0. |
| 6 Enter the net total of each column as indicated below: | | * | • | |
| 2 Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 456,052. | | • | , |
| b Prior years' undistributed income. Subtract | 430,032. | | | |
| 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 2018. Subtract line | , | - | | |
| 4a from line 2a. Taxable amount - see instr. | | | 0. | |
| f Undistributed income for 2019. Subtract | | - | | |
| lines 4d and 5 from line 1. This amount must | | | | |
| be distributed in 2020 | | | | 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 2014 | | | 111 | 10 |
| not applied on line 5 or line 7 | 35,069. | | | |
| 9 Excess distributions carryover to 2020 | 00,0001 | | | |
| Subtract lines 7 and 8 from line 6a | 420,983. | | | |
| 10 Analysis of line 9: | | | - | |
| a Excess from 2015 39,745. | | | | |
| b Excess from 2016 40,880. | | | | |
| c Excess from 2017 93,072. | | | | |
| d Excess from 2018 96,352. | | | | |
| e Excess from 2019 150, 934. | | | | , |
| 6 E A O O O O O O O O O O O O O O O O O O | ·· · · · · · · · · · · · · · · · · · · | | | - 000 PF |

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Form **990-PF** (2019)

| Part XIV Private Operating Fo | Juliuations (see | HISTIUCTIONS AND PAIL V | | | |
|--|-------------------------|--|--------------------------|-----------------------------|----------------------|
| a If the foundation has received a ruling or | determination letter th | | II-A, question 3) | N/A | |
| foundation, and the ruling is effective for | | | | | |
| b Check box to indicate whether the found | | = | in section | 4942(J)(3) or 4 | 942(1)(5) |
| a Enter the lesser of the adjusted net | Tax year | | Prior 3 years | | <u></u> |
| income from Part I or the minimum | (a) 2019 | (b) 2018 | (c) 2017 | (d) 2016 | (e) Total |
| investment return from Part X for | | | | | |
| each year listed | | | | | |
| b 85% of line 2a | | Спистерия по | | | |
| c Qualifying distributions from Part XII, | | propper proper p | | | |
| 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 | | | 1 | | |
| 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 Info | mation (Comp | lete this part only | if the foundation | n had \$5,000 or m | ore in assets |
| at any time during the | ne year-see ins | tructions.) | | | |
| Information Regarding Foundation | n Managers: | | | | |
| a List any managers of the foundation who | have contributed mor | e than 2% of the total con | tributions received by t | ne foundation before the cl | ose of any tax |
| year (but only if they have contributed m | ore than \$5,000). (See | e section 507(d)(2).) | | | |
| EE STATEMENT 8 | | | | | |
| b List any managers of the foundation who | | | (or an equally large por | tion of the ownership of a | partnership or |
| other entity) of which the foundation has | a 10% or greater inter | rest. | | | |
| ONE | | - Cabalanahin ata D | | | |
| Information Regarding Contribution Check here ► In the foundation of | | | _ | not accept unsolicited red | wests for funds. If |
| the foundation makes gifts, grants, etc., | • | • | _ | | uests for fullus. If |
| a The name, address, and telephone numb | | | | ****** | |
| a The hame, address, and telephone humb | er or email address or | the person to whom appr | ications should be addi- | | |
| EE STATEMENT 9 | | | | | |
| b The form in which applications should be | e submitted and inform | nation and materials they s | hould include: | - | |
| c Any submission deadlines: | | | | | |
| | | | | | |
| d Any restrictions or limitations on awards | | | | | |

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year BOCH CENTER NONE OTHER PUBLIC 270 TREMONT STREET CHARITY CASH DONATION BOSTON, MA 02116 SUPPORTING THE ARTS 37,500. BOSTON EXPLORERS NONE OTHER PUBLIC CASH DONATION FOR 72 MONTGOMERY STREET CHARITY CHILDREN TO ATTEND BOSTON, MA 02116 CAMP 30,000. DESTINY ARTS CENTER NONE OTHER PUBLIC CASH DONATION TO A US 970 GRACE AVE CHARITY SPONSORING OAKLAND, CA 94608 ORGANIZATION FOR AN ARTS PERFORMANCE PROGRAM IN NAIROBI 22,782. BULLITT CO PUBLIC SCHOOLS NONE OTHER PUBLIC CASH DONATION FOR AID 1040 HIGHWAY 44 EAST CHARITY ro schools SHEPHERDSVILLE, KY 40165 20,000. SOLVE CONFERENCE NONE OTHER PUBLIC CASH DONATION TOWARDS CHARITY SOLVING WORLD'S MIT CAMBRIDGE MA 02139-4307 GREATEST CHALLENGES 15,000. SEE CONTINUATION SHEET(S) ➤ 3a Total 234 654. b Approved for future payment NONE Total

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SOMEONE ELSE'S CHILD INC

Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount status of contribution any foundation manager Name and address (home or business) or substantial contributor recipient NONE THOMPSON ISLAND OUTWARD BOUND OTHER PUBLIC CASH DONATION FOR KIDS CHARITY PROGRAMS P.O. BOX 127 12,500. BOSTON, MA 02127 RSC FOUNDATION NONE OTHER PUBLIC CASH DONATION FOR 160 FEDERAL STREET, 4TH FL CHARITY FAMILY IN NEED BOSTON, MA 02110 10,500. NONE DTHER PUBLIC CASEY CARES FOUNDATION CASH DONATION TO AIDE 3918 VERO RD, STE C CHARITY CRITICALLY ILL BALTIMORE, MD 21227 CHILDREN AND FAMILY 10,000. MEMBERS GIRLS INC OF LYNN DTHER PUBLIC CASH DONATION TO GIRLS NONE IN NEED 50 HIGH STREET CHARITY LYNN, MA 01902 10,000. KATHERINE SHAM NONE N/A -CASH DONATION TO INDIVIDUAL/FAMISUPPORT AN INDIVIDUAL 1514 HIGHLAND PARK DR. S. LAKE WALES, FL 33898 WITH HEALTH BILLS 10,000. KLARAS CENTER FOR FAMILIES NONE DTHER PUBLIC CASH DONATION FOR P.O. BOX 890, 110 S. 12TH ST. CHARITY FAMILY SUPPORT FOR WACO, TX 76703 SPECIAL NEEDS AND MENTAL HEALTH <u>6,557.</u> OUR SPACE OUR PLACE NONE DTHER PUBLIC CASH DONATION FOR 1481 TREMONT STREET CHARITY CHILDREN IN NEED 6,000. BOSTON MA 02120 KICK 4 LIFE NONE OTHER PUBLIC CASH DONATION FOR 520 8TH AVE. STE 201C FL 2 CHARITY SOCCER PROGRAM FOR 5,000. NEW YORK, NY 10018 KIDS ROBIN LANE NONE N/A -CASH DONATION FOR 29 POND STREET INDIVIDUAL/FAMIVIVIENNE CHILD'S 5,000. BEVERLY MA 01915 MEDICAL EXPENSES ST ANNES HOMES AT SWIFT NONE OTHER PUBLIC CASH DONATION SOUTH CHARITY 48 BALFOUR STREET AFRICAN RESCUE HOME WOODSTOCK, S AFRICA 7915, SOUTH AFRICA 5,000. <u>7915</u> 109 372. Total from continuation sheets

SOMEONE ELSE'S CHILD INC

| Part XV Supplementary Information | n | | · | |
|--|--|-------------------------|---|-------------|
| 3 Grants and Contributions Paid During the | | - | | |
| Recipient | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | | |
| • | | | | |
| • | | | | |
| SAILING HEALS | NONE | OTHER PUBLIC | CASH DONATION FOR SPECIAL NEEDS | |
| 5 WINCHESTER STREET BRADFORD MA 08135 | | CHARITY | INDIVIDUALS | 3,000 |
| BRIDI ORB, IM 00100 | | | INDIVIDUAL D | 3,000 |
| | | | | |
| NETWORK FOR GOOD | NONE | OTHER PUBLIC | CASH DONATION FOR | |
| 1140 CONNECTICUT AVE NW#700 | | CHARITY | INDIVIDUALS IN NEED | 2 060 |
| WASHINGTON, DC 20036 | | | | 2,060 |
| | | | | |
| AUDREY CHMURA | NONE | N/A - | CASH DONATION HELPING | |
| WATERSIDE ROAD | | INDIVIDUAL/FAMI | TEENS FAMILY WITH | 0.000 |
| MARBLEHEAD, MA 01945 | | | EVICTION EXPENSES | 2,000 |
| FRIENDS OF MHD PUBLIC SCHOOLS | NONE | OTHER PUBLIC | CASH DONATION TO | |
| PO BOX 718 | | CHARITY | VARIOUS PROGRAMS | |
| MARBLEHEAD, MA 01945 | | | SUPPORTING LOCAL | |
| | | | schools | 1,500 |
| | | į | | |
| REBECKHA LYNN WHITEFIELD FOUNDATION | NONE | OTHER PUBLIC | CASH DONATION FOR | |
| 55 PIONEER CIRCLE | ,,,,,, | CHARITY | CHILDREN IN NEED | |
| ATTLEBORO, MA 02703 | | | | 1,500 |
| | | | | |
| THE EXCELLENCE SCHOOL | NONE | OTHER PUBLIC | CASH DONATION | |
| P.O. BOX 25072-00603 | HOME | CHARITY | SUPPORTING AFRICAN | |
| NAIROBI KENYA | | | SCHOOL PROGRAMS | 1,325 |
| | | | | |
| COUNCIL FOUNDAMION | NONE | OMUED DUBLIC | CASH DONATION | |
| COUNCIL FOUNDATION 701 PENNSYLVANIA AVE NW STE 750 | NONE | OTHER PUBLIC CHARITY | SUPPORTING EDUCATIONAL | |
| WASHINGTON, DC 20004 | | | PROGRAMS | 1,000 |
| | | | | <u>-</u> |
| QUATTA TIPROGIA TOURINITION | | | andy powerton for | |
| CYSTIC FIBROSIS FOUNDATION 220 N. MAIN STREET #104 | NONE | OTHER PUBLIC CHARITY | CASH DONATION FOR INDIVIDUALS DIAGNOSED | |
| NATICK MA 01760 | | | WITH CYSTIC FIBROSIS | 1,000 |
| | | | | |
| | | | | |
| MAKE A WISH FOUNDATION OF MA & RI | NONE | OTHER PUBLIC | CASH DONATION FOR | |
| 1 BULFINCH PLACE, 2ND FL BOSTON MA 02114 | | CHARITY | CHILDREN IN NEED | 1,000 |
| DOUGH, IN VALLE | | | | 1,000 |
| | | | | |
| RAW ART WORKS | NONE | OTHER PUBLIC | CASH DONATION FOR | |
| 37 CENTRAL SQUARE | | CHARITY | AFTER SCHOOL PROGRAMS | 1 000 |
| LYNN, MA 01901 Total from continuation sheets | | | FOR KIDS | 1,000 |

Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient SPRINGBROOK NONE DTHER PUBLIC CASH DONATION FOR 105 CAMPUS DRIVE CHARITY SPECIAL NEEDS ONEONTA, NY 13820 INDIVIDUALS 1,000. THE GREATER SALEM BALLET COMPANY NONE DTHER PUBLIC CASH DONATION FOR 96 SWAMPSCOTT RD #6 CHARITY BALLET PROGRAMS FOR SALEM MA 01970 STUDENTS 700. BLACK RIVER BAND BOOSTER NONE OTHER PUBLIC CASH DONATION FOR 233 COUNTY ROAD 40 CHARITY SCHOOL AGE BAND SULLIVAN, OH 44880 SUPPORT 200. RAFAEL HERNANDEZ SCHOOL OTHER PUBLIC NONE DONATION OF RETAIL 61 SCHOOL STREET CHARITY GIFT CARDS AND HOLIDAY ROXBURY, MA 02119 DINNERS FOR FAMILIES IN NEED 4,512. GIRLS INC OF LYNN NONE OTHER PUBLIC DONATION OF RETAIL 50 HIGH STREET CHARITY GIFT CARDS AND LYNN MA 01902 CHRISTMAS BASKETS 2,500. MARBLEHEAD FOOD PANTRY NONE N/A -DONATION OF RETAIL 80 ATLANTIC AVENUE INDIVIDUAL/FAMIGIFT CARDS & FOOD FOR MARBLEHEAD, MA 01945 INDIVIDUALS IN NEED 1,975. MAKING ENDS MEET NONE OTHER PUBLIC DONATION OF ADOPT A CHARITY P.O. BOX 901 FAMILY CHRISTMAS GIFTS MARBLEHEAD, MA 01945 FOR FAMILIES IN NEED 1,522. RIGHT TURN REHAB NONE OTHER PUBLIC DONATION OF SUPPLIES 440 ARSENAL STREET CHARITY FOR REHAB FACILITY WATERTOWN, MA 02472 641. THE DOREEN THOMAS FAMILY NONE N/A -DONATION OF RETAIL 233 LAFAYETTE STREET INDIVIDUAL/FAMIGIFT CARDS FOR SALEM, MA 01970 INDIVIDUALS IN NEED 280. ZENA LANE NONE N/A -DONATION OF RETAIL 29 POND STREET APT2 INDIVIDUAL/FAMIGIFT CARDS FOR BEVERLY MA 01915 INDIVIDUALS IN NEED 100. Total from continuation sheets

Analysis of Income-Producing Activities

| Enter gross | amounts unless otherwise indicated. | Unrelate | d business income | | ded by section 512, 513, or 514 | (e) |
|--|---|-----------------|----------------------|-----------------------|---------------------------------|-----------------------------------|
| | | (a) Business | (b) Amount | (C) Exclu- sion | (d) Amount | Related or exempt function income |
| - | n service revenue: | code | | code | 741100111 | Tanonon moonic |
| | | | | | | |
| b | | | | | | |
| | | | | - | | |
| ° — | | | | | | |
| e | | - | | | | |
| g Fees | and contracts from government agencies | | - | | | |
| - | rship dues and assessments | | | | | |
| | on savings and temporary cash | | | | | |
| investm | | | | | | |
| | ds and interest from securities | | | | | 54,124. |
| - | al income or (loss) from real estate: | | | | | 01/111 |
| | -financed property | | | | | |
| | debt-financed property | | | | | |
| | al income or (loss) from personal | | - | | | • |
| property | , , , | | | | | |
| | vestment income | | | - | | |
| | (loss) from sales of assets other | | | | - | |
| than inv | | | | | | 881. |
| | ome or (loss) from special events | - | | | | |
| | rofit or (loss) from sales of inventory | | . | | | |
| 11 Other re | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| d | | | | | | |
| e | | | | | | |
| 12 Subtota | Add columns (b), (d), and (e) | | 0. | | 0. | 55,005. |
| | dd line 12, columns (b), (d), and (e) | | | | 13 | |
| | heet in line 13 instructions to verify calculations.) | | | | - | |
| Part X | /I-B Relationship of Activities to | the Acco | omplishment of Ex | emp | t Purposes | |
| | | | | | · | |
| Line No | Explain below how each activity for which incon the foundation's exempt purposes (other than b | | | contrit | outed importantly to the accon | aplishment of |
| ▼ | THE SOLE PURPOSE OF EAR | | | COM | | |
| <u>3</u> 3 | IS TO GENERATE FUNDS FR | | | COM | <u>.c.</u> | |
| <u>3</u> | CONTRIBUTIONS ARE PAID | | | TΨΔ | BLE ORGANIZAT | TONS |
| <u>, </u> | CONTRIBUTIONS ARE TAID | IO QUA | BILLING CIMIN | 111 | DDD ORGANIZAT | 10110 |
| | | | | | | |
| | | | | | | |
| | - | | | | | |
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| | | | | | | |

| orm 99 | | | <u>NE ELSE'S</u> | | | | 04-341 | | | ge 13 |
|----------------|-----------------|---|--|--|--|---|---------------------------------------|--------------|-----------|-----------|
| Part : | XVII | Information Re Exempt Organ | | sfers to a | nd Transactions a | and Relations | ships With Noncha | ritable |) | |
| 1 Dic | the org | ganization directly or indi | rectly engage in any | of the followin | g with any other organizat | ion described in sec | ction 501(c) | | Yes | No |
| (ot | her thai | n section 501(c)(3) organ | nizations) or in sectio | n 527, relating | g to political organizations? | > | | | | |
| a Tra | nsfers | from the reporting found: | ation to a noncharita | ble exempt or | ganization of: | | | | 1 | |
| (1) | Cash | 1 | | | | | | 1a(1) | | X |
| (2) | Other | assets | | | | | | 1a(2) | | X |
| b Oth | er trans | sactions. | | | | | | | | |
| (1) | Sales | of assets to a noncharita | ble exempt organizat | tion | | | | 1b(1) | | X |
| (2) | Purch | ases of assets from a no | ncharitable exempt o | organization | | | | 1b(2) | | X |
| (3) | Renta | l of facilities, equipment, | or other assets | | | | | 1b(3) | | X |
| (4) | Reimt | oursement arrangements | | | | | | 1b(4) | | X |
| (5) | Loans | or loan guarantees | | | | | | 1b(5) | | X |
| (6) | Perfo | rmance of services or me | mbership or fundrais | sıng solicitatio | ins | | | 1b(6) | | X |
| c Sh | arıng of | facilities, equipment, ma | uling lists, other asse | ts, or paid em | ployees | | | 1c | | X |
| d If t | ne ansv | ver to any of the above is | "Yes," complete the | following sche | dule Column (b) should a | lways show the fair | market value of the goods | , other ass | sets, | |
| or | services | s given by the reporting f | oundation. If the four | ndation receive | ed less than fair market val | lue in any transactio | on or sharing arrangement, | show in | | |
| col | umn (d |) the value of the goods, | other assets, or serv | ices received. | | | | | | |
| a) Line n | • | (b) Amount involved | (c) Name of | noncharitable | e exempt organization | (d) Description | on of transfers, transactions, an | d sharing ar | rangeme | nts |
| | | | | N/A | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| 2a Ist | he four | idation directly or indirec | tly affiliated with, or r | related to, one | or more tax-exempt organ | izations described | , | | _ | _ |
| ın s | ection | 501(c) (other than sectio | n 501(c)(3)) or in se | ction 527? | | | l | Yes | LX | No |
| b If " | es," co | mplete the following sch | | | T | | <u>.</u> | | | |
| | | (a) Name of org | janization | | (b) Type of organization | | (c) Description of relation | ship | | |
| | | N/A | | | | | · · · · · · · · · · · · · · · · · · · | | | |
| | | | =:: = | | | ļ | | | | |
| | | | | _ | | | | | | |
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| | 1 | | | | <u> </u> | <u> </u> | | | | |
| ٠. | Under and be | penalties of perjury, I declare lief, it is true, correct, and cor | that I have examined thi molete. Declaration of pre | s return, includin eparer (other thai | ig accompanying schedules and in taxpayer) is based on all infor | d statements, and to th mation of which prepar | er has any knowledge | lay the IRS | | |
| Sign Here | | . 2/), | 1 | 16/ | 1/0/2 | | TARY/TREAS | nown below | ? See in: | ei str |
| ilere | | y new | MY Cyfur | Juh | ar 11/0/20 | URER THE | | X Yes | : | J No |
| | Sign | ature of officer or trustee | | I Description | Date / | Title | Chaok Corre | _ | | |
| | | Print/Type preparer's na | ame | Preparer's s | ignature | Date | Check if PTIN | | | |
| ם: - | | | | | | Durles | self- employed | | 7 A A | |
| Paid | | PATRICK MA | | | | 1 4/1/ 80 | | 0628 | | |
| Prepa Use (| | Firm's name MAR | TORELLA & | GRASS | O, LLP | | Firm's EIN ► 11-2 | 8TZ6 | ∠8 | |

Form **990-PF** (2019)

Phone no. 516-354-6700

Firm's address ▶ 99 TULIP AVENUE, SUITE 204

FLORAL PARK, NY 11001-1927

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

2019

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

| sc | OMEONE ELSE'S CHILD INC | 04-3410208 |
|--|--|---|
| Organization type (check o | | |
| 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 | |
| Note: Only a section 501(c) General Rule X For an organization | s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule, or filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling | s \$5,000 or more (in money or |
| | one contributor Complete Parts I and II See instructions for determining a contributor | s total contributions |
| sections 509(a)(1) any one contributo | n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amou, line 1 Complete Parts I and II | or 16b, and that received from |
| year, total contribu | n described in section 501(c)(7), (8), or (10) filing Form 990 or 990·EZ that received from ations of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educity to children or animals Complete Parts I, II, and III | |
| year, contributions is checked, enter h purpose Don't cor | n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from exclusively for religious, charitable, etc., purposes, but no such contributions totaled matere the total contributions that were received during the year for an exclusively religious implete any of the parts unless the General Rule applies to this organization because it is, etc., contributions totaling \$5,000 or more during the year | ore than \$1,000 If this box , charitable, etc , |
| but it must answer "No" on | at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (F Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Fo he filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF) | · · · · · · · · · · · · · · · · · · · |

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

Name of organization

Employer identification number

SOMEONE ELSE'S CHILD INC

04-3410208

| OCHEO | NE EDSE S CHILD INC | | -3410200 |
|------------|---|--------------------------|---|
| Part I | Contributors (see instructions) Use duplicate copies of Part I if add | ditional space is needed | |
| (a) No. | . (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | MICHAEL & DIANE CHRISTIAN 10 HARBOR VIEW LANE MARBLEHEAD, MA 01945 | \$500,000. | Person X Payroll |
| (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

SOMEONE ELSE'S CHILD INC

04-3410208

| Part II | Noncash Property (see instructions) Use duplicate copies of Pa | art 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 |
| | | s | |

04-34101

| Schedule E | 3 (Form 990, 990-EZ, or 990-PF) (2019) | | | Page | ə 4 |
|---------------------------|--|--|----------------|---|------------|
| Name of or | ganization | • | | Employer identification number | r |
| SOMEON | NE ELSE'S CHILD INC | | | 04-3410208 | |
| Part III | Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional |) through (e) and the following line charitable, etc., contributions of \$1,000 | entry For orga | c)(7), (8), or (10) that total more than \$1,000 for the ye | a |
| (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, a | nd ZIP + 4 | Rela | tionship 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, a | nd ZIP + 4 | Rela | tionship 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 | gıft | | |
| <u> </u> | Transferee's name, address, a | nd ZIP + 4 | Rela | tionship 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, a | nd ZIP + 4 | Rela | tionship of transferor to transferee | |
| | | | | | |

| FORM 990-PF | DIVIDENDS | S AND INTER | EST | FROM SECUR | ITIES | SI | ATEMENT | 1 |
|---|-----------------|---|-----|-----------------------------------|------------------------|--------|----------------------------|-------------------------|
| SOURCE | GROSS AMOUNT | CAPITAL GAINS DIVIDEND | | (A) REVENUE PER BOOKS | (E NET IN MENT I | | (C) ADJUST NET INC | |
| RAYMOND JAMES & ASSOCIATES, INC. RAYMOND JAMES & ASSOCIATES, INC. | 52,325. | | 0. | 52,325. | 52 | 2,325. | | - |
| US GOVT INT | 1,799. | | 0. | 1,799. | 1 | ,799. | | |
| TO PART I, LINE 4 | 54,124. | | 0. | 54,124. | 54 | ,124. | | |
| | | | | | | | | |
| FORM 990-PF | | ACCOUNTI | NG | FEES | STATEMENT 2 | | | |
| DESCRIPTION | | (A) EXPENSES PER BOOKS | | | (C) ADJUS NET IN | TED | (D) CHARITA PURPOSI | |
| ACCOUNTING | <u></u> | 16,250. | | 8,125. | | | 8,1 | 25. |
| TO FORM 990-PF, PG 1 | , LN 16B | 16,250. | _ | 8,125. | | | 8,1 | 25 . |
| FORM 990-PF | | OTHER E | XPE | NSES | | ST | 'ATEMENT | 3 |
| DESCRIPTION | | (A) EXPENSES PER BOOKS | | (B) T INVEST- NT INCOME | (C) ADJUS NET IN | TED | (D) CHARITAI PURPOSI | |
| DUES, FEES & SUBSCRIPT SERVICE CHARGES SUPPLIES ACCRUED INTEREST PURI | | 829. 774. 309. 16,823. 460. | | 0. 128. 0. 16,823. 0. | | | 64 30 | 29. 46. 09. 0. |
| TO FORM 990-PF, PG 1 | , LN 23 | 19,195. | | 16,951. | | | 2,2 | 44. |

| ECDM 000 DE | | | | |
|--|--|---------------------|------------------------------|------------------------------|
| FORM 990-PF | RECEIVABLES DUE F | ROM OFFICERS, DIREC | TORS, ETC. | STATEMENT 4 |
| | | | | |
| BORROWER'S NAM | E AND TITLE . | | | |
| DIANE ENGLERT | CHRISTIAN, SECRETAR | Y/TREASURER | | |
| DATE OF MATUR NOTE DAY | | YMENT | INTEREST RATE | ORIGINAL LOAN AMOUNT |
| 12/31/15 | ASAP | | .00% | 1,634. |
| SECURITY PROVI | DED BY BORROWER | PURPOSE OF L | OAN | |
| NONE | | PAYMENT OF N | ON FOUNDATION | ON EXPENSES |
| | | FMV OF | | |
| DESCRIPTION OF | CONSIDERATION | CONSIDERATION BA | LANCE DUE | FMV OF LOAN |
| CASH | | 1,444. | 1,444. | 1,444. |
| | | | | |
| BORROWER'S NAMI | E AND TITLE | | | |
| BORROWER'S NAMI | | y/mpeacupep | | |
| DIANE ENGLERT (| CHRISTIAN, SECRETAR | Y/TREASURER | | |
| DIANE ENGLERT (| CHRISTIAN, SECRETAR RITY | | INTEREST RATE | ORIGINAL LOAN AMOUNT |
| DIANE ENGLERT (| CHRISTIAN, SECRETAR RITY | | | |
| DIANE ENGLERT (DATE OF MATURE DATE 12/31/16 | CHRISTIAN, SECRETAR RITY TE TERMS OF REPA | | .00% | LOAN AMOUNT |
| DIANE ENGLERT (DATE OF MATURE DATE 12/31/16 SECURITY PROVIS | CHRISTIAN, SECRETAR RITY TE TERMS OF REPA ASAP | YMENT | RATE .00% | LOAN AMOUNT |
| DIANE ENGLERT (DATE OF MATURE DATE 12/31/16 | CHRISTIAN, SECRETAR RITY TE TERMS OF REPA ASAP DED BY BORROWER | PURPOSE OF L | RATE .00% OAN ON FOUNDATION | LOAN AMOUNT 505. ON EXPENSES |

BORROWER'S NAME AND TITLE

DIANE ENGLERT CHRISTIAN, SECRETARY/TREASURER

| DATE OF NOTE | MATURITY DATE | TERMS OF REP | AYMENT | | INTEREST RATE | ORIGINAL LOAN AMOUNT |
|---|------------------|---------------|---------|---------------------|------------------|-------------------------|
| 12/31/17 | | ASAP | | | .00% | 1,294 |
| SECURITY | PROVIDED B | Y BORROWER | | PURPOSE O | F LOAN | |
| NONE | | | | PAYMENT O | F NON FOUNDATIO | N EXPENSES |
| DESCRIPTI | ON OF CONS | IDERATION | | MV OF SIDERATION | BALANCE DUE | FMV OF LOAN |
| CASH | | | | 1,294. | 1,294. | 1,294 |
| TOTAL TO | FORM 990-P | F, PART II, L | INE 6 | | 3,243. | 3,243 |
| FORM 990- | -PF | | CORPORA | TE BONDS | | STATEMENT |
| DESCRIPTI | ION | | | | BOOK VALUE | FAIR MARKET VALUE |
| RAYMOND JAMES PORTFOLIO - SEE SCHEDULE ATTACHED | | | | 2,133,680. | 2,137,807 | |
| TOTAL TO | FORM 990-P | F, PART II, L | INE 10C | · : | 2,133,680. | 2,137,807 |
| FORM 990- | -PF | 0 | THER LI | ABILITIES | | STATEMENT |
| DESCRIPTI | ON | | | | BOY AMOUNT | EOY AMOUNT |
| CHARGE CA | ARD PAYABLE | | | | 127. | 1,861 |
| TOTAL TO | FORM 990-P | F, PART II, L | INE 22 | | 127. | 1,861 |
| | | | | • | | |

STATEMENT 8

LIST OF SUBSTANTIAL CONTRIBUTORS FORM 990-PF STATEMENT PART VII-A, LINE 10 NAME OF CONTRIBUTOR ADDRESS MICHAEL AND DIANE CHRISTIAN 10 HARBOR VIEW LANE MARBLEHEAD, MA 01945

> PART XV - LINE 1A LIST OF FOUNDATION MANAGERS

NAME OF MANAGER

FORM 990-PF

MICHAEL CHRISTIAN DIANE ENGLERT CHRISTIAN

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT 9

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

DIANE ENGLERT CHRISTIAN 10 HARBOR VIEW HARBOR MARBLEHEAD, MA 01945

TELEPHONE NUMBER

617-312-0148

EMAIL ADDRESS

DCHRISTIAN@OGADIVSORS.C

FORM AND CONTENT OF APPLICATIONS

BY WRITTEN REQUEST AND INCLUSIVE OF ALL MATERIALS OF THE CHARITY OR NECESSARY INFORMATION ON THE INDIVIDUAL OR GROUP.

ANY SUBMISSION DEADLINES

OCTOBER 31ST OF THE YEAR

RESTRICTIONS AND LIMITATIONS ON AWARDS

DONATIONS MADE TO CHILDREN AND ANIMALS (CHILDREN OF OUR EARTH)