Return of Private Foundation

Department of the Treasury

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/Form990PFfor instructions and the latest information. Inspection

For calendar year 2019 or tax year beginning 2019, and ending Name of foundation THE CHICKERING FOUNDATION (FORMERLY DEDHAM A Employer identification number TEMP HOME FOR WOMEN & CHILDREN) 04-6012767 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) RECEIVED C/O FIDUCIARY TRUST CO., P.O. BOX 5580 617-482-5270 City or town, state or province, country, and ZIP or foreign postal code JUL 1 0 2020 C If exemption application is pending, check here. . BOSTON, MA 02205-5806 Initial return of a former public charity G Check all that apply. Initial return D 1 Foreign organizations, check here . Final return 2 Foreign organizations meeting the 85% test, check here and attach Name change Address change computation H Check type of organization: | X | Section 501(c)(3) exempt private foundation E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here . I Fair market value of all assets at J Accounting method X Cash If the foundation is in a 60-month termination end of year (from Part II, col. (c), line Other (specify) under section 507(b)(1)(B), check here . > **16)** ▶ \$ 3,038,902 (Part I, column (d), must be on cash basis.) Part I Analysis of Revenue and Expenses (The (d) Disbursements (a) Revenue and total of amounts in columns (b), (c), and (d) (b) Net investment (c) Adjusted net for charitable expenses per income purposes may not necessarily equal the amounts in income books column (a) (see instructions)) (cash basis only) 25,695 Contributions, gifts, grants, etc , received (attach schedule) if the foundation is not required to attach Sch B. 3 Interest on savings and temporary cash investments. 72,196 65,255 STMT 4 Dividends and interest from securities h Net rental income or (loss) 41,041 Net gain or (loss) from sale of assets not on line 10 415,853 34,326 Capital gain net income (from Part IV, line 2) . Net short-term capital gain...... SCANNED NOV 0 1 2021 Income modifications . Gross sales less returns and allowances . . . \boldsymbol{b} Less Cost of goods sold . Gross profit or (loss) (attach schedule) Other income (attach schedule) 11 Total. Add lines 1 through 11 138,932 99,581 12 Compensation of officers, directors, trustees, etc . . 13 NONE NONE 14 Other employee salaries and wages NONE NONE 15 Pension plans, employee benefits 16a Legal fees (attach schedule) Accounting fees (attach schedule) 23,186 23,186 c Other professional fees (attach scheduler. 2. Administrati 17 1,620 18 Taxes (attach schedule) (see instructions). 3. 1,184 19 Depreciation (attach schedule) and depletion. 20 NONE NONE 21 and Travel, conferences, and meetings NONE NONE 22 Operating 22 1,475 1,475 Other expenses (attach schedule) STMT. 4. Total operating and administrative expenses. 26,281 24,370 NONE 1,475 Add lines 13 through 23. 204,000 204,000 Contributions, gifts, grants paid 230,281 370 NONE Total expenses and disbursements Add lines 24 and 25 205,475 27 Subtract line 26 from line 12 -91,349 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 75,211 c Adjusted net income (if negative, enter -0-). . Form **990-PF** (2019)

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9-29

JSA For Paperwork Reduction Act Notice, see instructions. 9E1410 1 000 GI7331 L715 06/03/2020 14:03:32

P	art II	Balance Sheets	Attached schedules and amounts in the	Beginning of year	End o	f year
	٠.		description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-beari	ng	3,520.		
	2	Savings and temporary	cash investments	50,753.	22,292.	22,292
	3	Accounts receivable		-		
		Less allowance for doub	otful accounts >			
	4	Pledges receivable ▶_				
		Less allowance for doub	otful accounts >			
	5	Grants receivable				
	6	Receivables due from	officers, directors, trustees, and other			
		disqualified persons (atta	ach schedule) (see instructions)			
	7	Other notes and loans re	eceivable (attach schedule) 🕨			-
		Less allowance for doub	otful accounts > NONE			
ts	8	Inventories for sale or us	se			
Assets	9	Prepaid expenses and de	eferred charges			
Ä			government obligations (attach schedule)			
	b	Investments - corporate	stock (attach schedule) . STMT .5	1,493,880.	1,734,720.	2,268,092
			bonds (attach schedule)			
	11	Investments - land, building and equipment basis	·	<u>.</u>		
		Less accumulated deprecia (attach schedule)	ition >			
	12	Investments - mortgage	loans			
	13 14	Investments - other (atta Land, buildings, and	ch schedule) STMT .6			748,518
	14		<u> </u>			
		(attach schedule)	ntion		<u>.</u>	
	15		>) i			
	16		completed by all filers - see the			
_			age 1, Item I)	2,529,040.	2,437,691.	3,038,902
	17	• •	ccrued expenses			1
'n	18	• •			*	1
Liabilities	19					
ij	20		rs, trustees, and other disqualified persons.			
ia	21		ites payable (attach schedule)			
_	22	Other liabilities (describe	∍▶)			1
	23	Total liabilities (add line	s 17 through 22)	NONE	NONE)
$\overline{}$			FASB ASC 958, check here	·	140141	
nces		and complete lines 24,				ļ
an	24	Net assets without dono	r restrictions			İ
Ва	25		estrictions			
힏	24 25 26		ollow FASB ASC 958, check here			
킚		and complete lines 26 thre				
9	26	Capital stock, trust princ	apal, or current funds	2,529,040.	2,437,691.	
S	27		land, bldg , and equipment fund		 	1
Se	28	Retained earnings, accumul	ated income, endowment, or other funds		_	J
AS	29	Total net assets or fund	balances (see instructions)	2,529,040.	2,437,691.	4
Net Assets	30	Total liabilities and	net assets/fund balances (see		"	
				2,529,040.	2,437,691.	
_	art III		iges in Net Assets or Fund Bala			
1			palances at beginning of year - Part		-	
			d on prior year's return)			2,529,040.
			line 27a			-91,349.
			led in line 2 (itemize) ▶			
_		lines 1, 2, and 3	1	2,437,691.		
5		reases not included in	·		5	
_6	Tota	il net assets or fund ba	alances at end of year (line 4 minus li	ine 5) - Part II, column (b), line 29 6	2,437,691.

	000) , (2,00)					raye
Pai		scribe the kind(s) of property sold (for each		(b) How	<u> </u>	
		rick warehouse, or common stock, 200	• •	P - Purchase D - Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a	PUBLICLY TRADED	SECURITIES		D - Donajion		
<u>b</u>				_		
<u>c</u>						
d				-		
e		(f) Depreciation allowed	(g) Cost or other basis	 	(h) Gain or (lo	lee)
	(e) Gross sales price	(or allowable)	plus expense of sale		((e) plus (f) mini	
а	415,853.		381,527.			34,326.
<u>b</u>						 -
c		-		<u> </u>		
<u>a</u>				<u> </u>		
		owing gain in column (h) and owned b	y the foundation on 12/31/69	(I)	Gains (Col (h) ga	un minus
	(i) FMV as of 12/31/69	(j) Adjusted basis	(k) Excess of col. (ı)		(k), but not less t	han -0-) or
		as of 12/31/69	over col (j), if any		Losses (from co	
a						<u>34,326</u> .
<u>b</u>						
d			-	-		
e	* * * * * * * * * * * * * * * * * * * *					
2	Capital gain net income	or (net capital loss) If ga	in, also enter in Part I, line 7			
	-	(If (10	oss), enter -0- in Part I, line 7	2		34,326.
3		ain or (loss) as defined in sections ' art I, line 8, column (c). See ins	_			
		art i, illie 6, columni (c). See ilis	4	2		
Par		Inder Section 4940(e) for Red		ncome		
Was		leave this part blank. the section 4942 tax on the distrib 't qualify under section 4940(e). Do	• •	ase perio	d?	Yes X No
1		nount in each column for each yea		ng any en	tries.	
	(a) Base period years	(b)	(c)		(d) Distribution ra	tio.
Cale	endar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use assets		(col (b) divided by	col (c))
	2018	178,737.	2,941,742.			0.060759
	2017 2016	168,342. 175,636.	2,917,405. 2,812,913.			0.057703
	2015	100,921.	2,942,455.			0.002439
_	2014	127,371.	2,998,323.			0.042481
	-		-			
2		d)		2		0.257680
3	=	o for the 5-year base period - divid		,		0 051536
	the number of years the	foundation has been in existence i	fless than 5 years	3		0.051536
4	Enter the net value of no	oncharitable-use assets for 2019 fro	om Part X, line 5	4	2,	942,054.
5	Multiply line 4 by line 3.			5		151,622.
6	Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		752.
7	Add lines 5 and 6			7	· · · · · · · · · · · · · · · · · · ·	152,374.
8	If line 8 is equal to or g	tions from Part XII, line 4		8 that part		205,475. rate. See the
	Part VI instructions.					

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Part	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	nstru	ctions	s)
	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) Domestic foundations that meet the section 4940(e) requirements in Part V, check		7	<u>'52.</u>
	here ► X and enter 1% of Part I, line 27b			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			ONE
3	Add lines 1 and 2			<u>52.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			ONE
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0			<u>52.</u>
6	Credits/Payments:			
a	2019 estimated tax payments and 2018 overpayment credited to 2019 6a			
ь	YOUT			1
c d	Tax paid with application for extension of time to file (Form 8868) 6c NONE Backup withholding erroneously withheld			i
7 7	Total credits and payments. Add lines 6a through 6d		7	48.
8	Enter any penalty for underpayment of estimated tax Check here if Form 2220 is attached 8			10.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		_	4.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be: Credited to 2020 estimated tax ▶ NONE Refunded ▶ 11			
Part	VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		<u>X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			
	instructions for the definition	1b		<u> X</u>
	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		<u>^</u>
ŭ	(1) On the foundation \$\Display \\$			i
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			}
	on foundation managers \$]
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities			Ī
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		<u>X</u>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		<u>X</u>
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	N/A	37
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		<u>X</u>
•	If "Yes," attach the statement required by General Instruction T.			İ
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either. • By language in the governing instrument, or			,
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that 			' '
	conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	Х	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions MA			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
	(or designate) of each state as required by General Instruction G7If "No," attach explanation	8b	X	
9	ls the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	-	_	
	4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes,"			٠
	complete Part XIV	9		<u>X</u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	4.		Х
	names and addresses	10		

Par	t 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		l x
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
12	•	12		X
	person had advisory privileges? If "Yes," attach statement See instructions	12	37	
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	<u> </u>
	Website address N/A			
14	The books are in care of ► FIDUCIARY TRUST COMPANY Telephone no ► (617) 482	-507	0	
	Located at ► 53 STATE STREET, BOSTON, MA ZIP+4 ► 02109			
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		Yes	No
	over a bank, 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	N/	Δ]
	the foreign country	IN/.	Λ.	
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly)]
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			;
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			li
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X 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)?			!
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
b	olf 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	19/2	<u> </u>
	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			لــــا
	were not corrected before the first day of the tax year beginning in 2019?	1c		<u> X</u>
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 2019, did the foundation have any undistributed income (Part XIII, lines			1
	6d and 6e) for tax year(s) beginning before 2019? Yes X No			
	If "Yes," list the years			ł
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			ļ
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement - see instructions)	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			!
ь	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			
	·			į.
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the		- N/	<u>ئ</u> ر م
A -	foundation had excess business holdings in 2019.)	3b	-"	
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	\dashv	<u> X</u>
D	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	D-PE	X (2010)

D	990-PF (2019)		04-60	12/0/		Т	age
T al	t VII-B Statements Regarding Activities	for Which Form	4720 May Be Req	uired (continued)			
5a	• During the year, did the foundation pay or incur any a	mount to				Yes	No
	(1) Carry on propaganda, or otherwise attempt to infl	uence legislation (section	on 4945(e))?	. Yes X No	.		
	(2) Influence the outcome of any specific public	election (see section	4955), or to carry or	n, <u>——</u>			
	directly or indirectly, any voter registration drive?			. Yes X No	.		
	(3) Provide a grant to an individual for travel, study, o						
	(4) Provide a grant to an organization other than	• •					
	section 4945(d)(4)(A)? See instructions	· · · · · · · · · · · · · · · · · · ·	•		,		
•	(5) Provide for any purpose other than religious,						
	purposes, or for the prevention of cruelty to childr		• •		,		
b	If any answer is "Yes" to 5a(1)-(5), did any of t	•					
_	Regulations section 53 4945 or in a current notice reg					N/A	\- -
	Organizations relying on a current notice regarding di				·		-
С	If the answer is "Yes" to question 5a(4), does t				<u> </u>		
·	because it maintained expenditure responsibility for the		•		.		
	If "Yes," attach the statement required by Regulations	•			'		
6.	Did the foundation, during the year, receive any						
6a		•	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		_		
ь	on a personal benefit contract? Did the foundation, during the year, pay premiums, di			. —			X
U	If "Yes" to 6b, file Form 8870.	ectly of manectly, on a	personal benefit contra	act	. 6ь	-	^
7a	At any time during the tax year, was the foundation a	name to a neak-bited to	, abaltas transaction?	. Yes X No			
b	If "Yes," did the foundation receive any proceeds or ha		•	· — —		N/A	
8	Is the foundation subject to the section 4960 tax on p	•		1011.	· 7b	14,72	
0	•	•		. Yes X No			
Par	remuneration or excess parachute payment(s) during t VIII Information About Officers, Direc						
	and Contractors		_	•			
1		ion					
<u></u>	List all officers, directors, trustees, and foundate						
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contributions to • employee benefit plans	(e) Expens		
	(a) Name and address	(b) Title, and average	(c) Compensation	(d) Contributions to •	(e) Expens		
SEE A	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to • employee benefit plans and deferred compensation			:s
SEE A	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contributions to • employee benefit plans			
SEE A	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to • employee benefit plans and deferred compensation			:s
SEE A	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to • employee benefit plans and deferred compensation			:s
SEE A	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to • employee benefit plans and deferred compensation			:s
SEE A	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to • employee benefit plans and deferred compensation			:s
SEE A	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to • employee benefit plans and deferred compensation			:s
SEE A	(a) Name and address ATTACHED LIST AA	(b) Title, and average hours per week devoted to position	(c) Compensation (lf not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	other all	owance	-0-
SEE A	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (lf not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	other all	owance	-0-
SEE / , , N	(a) Name and address ATTACHED LIST AAA Compensation of five highest-paid employee "NONE."	(b) Title, and average hours per week devoted to position s (other than those (b) Title, and average	(c) Compensation (lf not paid, enter -0-) -0-	(d) Contributions to employee benefit plans and deferred compensation -0- 1 - see instruction	other all	one,	-0-
SEE / , , N	(a) Name and address ATTACHED LIST AAA . Compensation of five highest-paid employee	(b) Title, and average hours per week devoted to position	(c) Compensation (lf not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation - 0 - (d) Contributions to employee benefit plans and deferred	other all	one,	-0-
SEE / , , N	(a) Name and address ATTACHED LIST AAA Compensation of five highest-paid employee "NONE."	(b) Title, and average hours per week devoted to position s (other than those hours per week hours per week	(c) Compensation (lf not paid, enter -0-) -0-	(d) Contributions to employee benefit plans and deferred compensation -0- (d) Contributions to employee benefit	other all	one,	-0-
SEE 1 2 2 (a)	(a) Name and address ATTACHED LIST AAAA Compensation of five highest-paid employee "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position s (other than those hours per week hours per week	(c) Compensation (lf not paid, enter -0-) - ()- se included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation - 0 - (d) Contributions to employee benefit plans and deferred compensation	other all ons). If no (e) Expens other all	one, o	-0-
SEE / , , N	(a) Name and address ATTACHED LIST AAAA Compensation of five highest-paid employee "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position s (other than those hours per week hours per week	(c) Compensation (lf not paid, enter -0-) -0-	(d) Contributions to employee benefit plans and deferred compensation - 0 - (d) Contributions to employee benefit plans and deferred	other all ons). If no (e) Expens other all	one,	-0-
SEE 1 2 2 (a)	(a) Name and address ATTACHED LIST AAAA Compensation of five highest-paid employee "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position s (other than those hours per week hours per week	(c) Compensation (lf not paid, enter -0-) - ()- se included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation - 0 - (d) Contributions to employee benefit plans and deferred compensation	other all ons). If no (e) Expens other all	one, o	-0-
SEE 1 2 2 (a)	(a) Name and address ATTACHED LIST AAAA Compensation of five highest-paid employee "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position s (other than those hours per week hours per week	(c) Compensation (lf not paid, enter -0-) - ()- se included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation - 0 - (d) Contributions to employee benefit plans and deferred compensation	other all ons). If no (e) Expens other all	one, o	-0-
SEE 1 2 2 (a)	(a) Name and address ATTACHED LIST AAA Compensation of five highest-paid employee "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position s (other than those hours per week hours per week	(c) Compensation (lf not paid, enter -0-) - ()- se included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation - 0 - (d) Contributions to employee benefit plans and deferred compensation	other all ons). If no (e) Expens other all	one, o	-0-
SEE 1 2 2 (a)	(a) Name and address ATTACHED LIST AAAA Compensation of five highest-paid employee "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position s (other than those hours per week hours per week	(c) Compensation (lf not paid, enter -0-) - ()- se included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation - 0 - (d) Contributions to employee benefit plans and deferred compensation	other all ons). If no (e) Expens other all	one, o	-0-
SEE 1 2 2 (a)	(a) Name and address ATTACHED LIST AAA Compensation of five highest-paid employee "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position s (other than those hours per week hours per week	(c) Compensation (lf not paid, enter -0-) - ()- se included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation - 0 - (d) Contributions to employee benefit plans and deferred compensation	other all ons). If no (e) Expens other all	one, o	-0-
SEE 1 2 2 (a)	(a) Name and address ATTACHED LIST AAA Compensation of five highest-paid employee "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position s (other than those hours per week hours per week	(c) Compensation (lf not paid, enter -0-) - ()- se included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation - 0 - (d) Contributions to employee benefit plans and deferred compensation	other all ons). If no (e) Expens other all	one, o	-0-

NONE
Form 990-PF (2019)

3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NOVE	
NONE	NONE
	-
	
Total number of others receiving over \$50,000 for professional services	NONE
Part IX-A Summary of Direct Charitable Activities	1,011
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1THE CORPORATION'S PURPOSE (AND HENCE ITS MISSION) IS TO	
HONOR THE WORK OF HANNAH B. CHICKERING WHO IN THE 19TH	
CENTURY DEDICATED HER LIFE TO FEMALE PRISONERS AND THEIR	204,000
2CHILDREN. ACCORDINGLY, THE CORPORATION SHALL PROVIDE	
FINANCIAL SUPPORT TO PROGRAMS AND ORGANIZATIONS THAT ADDRESS THE NEEDS OF WOMEN AND CHILDREN IN CRISIS, THEREBY	
3FURTHERING THE CORPORATION'S GOAL OF HELPING WOMEN AND	
CHILDREN GAIN HEALTH, SAFETY, INDEPENDANCE AND SELF-	
SUFFICIENCY.	
4	
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1NONE	
2	
All other program-related investments. See instructions	
3 NONE	
Total. Add lines 1 through 3 · · · · · · · · · · · · · · · · · ·	
. www.r. / www.	

Par	Minimum Investment Return (All domestic foundations must complete this part. For see instructions.)	eign founda	itions,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities	. 1a	2,915,664.
b	Average of monthly cash balances	. 1b	71,193.
С			NONE
d	Total (add lines 1a, b, and c)		2,986,857.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	. 2	NONE
3	Subtract line 2 from line 1d		2,986,857.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)		44,803.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4		2,942,054.
6	Minimum investment return. Enter 5% of line 5		147,103.
Par	TXI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating for and certain foreign organizations, check here ▶ and do not complete this part.)		
1	Minimum investment return from Part X, line 6	. 1	147,103.
2a			
b		T	
C	Add lines 2a and 2b	2c	752.
3	Distributable amount before adjustments. Subtract line 2c from line 1		146,351.
4	Recoveries of amounts treated as qualifying distributions	. 4	NONE
5	Add lines 3 and 4		146,351.
6	Deduction from distributable amount (see instructions)		NONE
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	1 1	146,351.
Par	t XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а		. 1a	205,475.
			203/173.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes		NONE
3	Amounts set aside for specific charitable projects that satisfy the:	. -	NONE
а		3a	NONE
b			NONE
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4		205,475.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
-	Enter 1% of Part I, line 27b. See instructions		752.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		204,723.
•	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when co		
	qualifies for the section 4940(a) reduction of tax in these years.		nemer the loundation

Form **990-PF** (2019)

Pa	rt XIII Undistributed Income (see insti	ructions)	-		-
		(a)	(b)	(c)	(d)
1	Distributable amount for 2019 from Part XI,	Corpus	Years prior to 2018	2018	2019
	line 7				146,351.
2	Undistributed income, if any, as of the end of 2019				
а	Enter amount for 2018 only			146,266.	
b	Total for prior years 20,20,20		NONE		
3	Excess distributions carryover, if any, to 2019				
а	From 2014 NONE				
b	From 2015 NONE] .			i
C	From 2016 NONE				
d	From 2017 NONE				
е	From 2018 NONE				<u> </u>
f	Total of lines 3a through e	NONB			
4	Qualifying distributions for 2019 from Part XII,				,
	line 4 [.] ▶ \$205,475.				
а	Applied to 2018, but not more than line 2a			146,266.	
b	Applied to undistributed income of prior years				İ
	(Election required - see instructions)	STMT 8	NONE		
C	Treated as distributions out of corpus (Election	05.605			
	required - see instructions)	25,695.			
	Applied to 2019 distributable amount	NONT			33,514.
	Remaining amount distributed out of corpus Excess distributions carryover applied to 2019	NONB			
-	(If an amount appears in column (d), the same	NONE			NONE
	amount must be shown in column (a))	NONE			NONE
6	Enter the net total of each column as indicated below:		·		1
9	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	25,695.			i g
	•	23,053.			<u>-</u> <u>-</u>
D	Prior years' undistributed income Subtract line 4b from line 2b		NONE		}
c	Enter the amount of prior years' undistributed		1,01,7		
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a) tax has been previously assessed		NONE		1
d	Subtract line 6c from line 6b Taxable				
_	amount - see instructions		NONE		ļ
е	Undistributed income for 2018 Subtract line				
	4a from line 2a. Taxable amount - see instructions				
f	Undistributed income for 2019 Subtract lines				
•	4d and 5 from line 1. This amount must be		İ		
	distributed in 2020				112,837.
7	Amounts treated as distributions out of corpus				}
	to satisfy requirements imposed by section				ļ
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required - see instructions)	25,695.			
8	Excess distributions carryover from 2014 not		N		į
	applied on line 5 or line 7 (see instructions)	NONE			
9	Excess distributions carryover to 2020.	370377			\ {
	Subtract lines 7 and 8 from line 6a	NONE			
	Analysis of line 9				
	Excess from 2015 NONE	.			í í
	Excess from 2016 NONE				
	Excess from 2017 NONE				
	Excess from 2018 NONE				
е	Excess from 2019 NONE				1

Form **990-PF** (2019)

Form 990-PF (2019)				Page 11
Part XV Supplementary Information (continued)			
3 Grants and Contributions Paid Duri Recipient Name and address (home or business)	ng the Year or App	roved for	Future Payment	· · · · · · · · · · · · · · · · · · ·
Recipient	show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	contribution	
a Paid during the year				
SEE STATEMENT 13				204,000.
<u> </u>				201,000.
		<u> </u>		
Total	 		▶ 3a	204,000.
b Approved for future payment				
				•
Total	<u> </u>		<u> </u>	
Total	<u></u>	<u> </u>	<u> ▶ 3b</u>	

Part XVI-	A Analysis of Income-Produ	icing Acti	vities			
	amounts unless otherwise indicated.	Unrela	ited business income	Excluded by	section 512, 513, or 514	(e)
-	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
=						(See instructions)
				 		
				 	-	
						
				†		
				 		
	and contracts from government agencies			 		
	ship dues and assessments			<u> </u>		
	on savings and temporary cash investments			†		
	ds and interest from securities			14	72,196.	
	al income or (loss) from real estate					
	-financed property - · · · · · · ·					
	debt-financed property					
	al income or (loss) from personal property					
	vestment income					
	oss) from sales of assets other than inventory			18	41,041.	
	me or (loss) from special events · · ·					
	ofit or (loss) from sales of inventory					
•	venue a					
					_	
е						
12 Subtotal	. Add columns (b), (d), and (e)				113,237.	
13 Total. A	dd line 12, columns (b), (d), and (e)		,	 .	13	113,237.
(See worksh	neet in line 13 instructions to verify calcu	ulations)				
Part XVI-	B Relationship of Activities	to the A	ccomplishment of E	xempt Pur	poses	
Line No.	Explain below how each activit	v for which	n income is reported	in column (e) of Part XVI-A contrib	uted importantly to the
▼	accomplishment of the foundation					
	,					
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		_				
						
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			NOT APPLICABL	<u>.E</u>		
					<u> </u>	
					<u></u>	
	<u> </u>					

Part	XVII	Informati Organiza		garding	Transfer	s to a	and	Transa	ctions	and	Relation	onships	With	Nonchar	itable	Exe	empt
	in sec	e organization tion 501(c) cations?				_			_		-	_				Yes	No
	Transfe	ers from the re							_								
		sh • • • • • •															<u> X</u>
		er assets		• • • •			• • •	• • • •	• • • •	• • •	• • • • •	• • • •		• • • • • •	1a(2)		<u> X</u>
Þ		ransactions es of assets to		haritabla	overnt o	anniant	tion								45.43		v
		chases of ass			·-	_									$\overline{}$		<u>X</u>
		ntal of facilities				-	-								$\overline{}$	-	X
		mbursement															X
	(5) Loa	ns or loan gu	arantee:	s											1b(5)		Х
		formance of s			· ·		-										X_
		g of facilities, o															<u>X</u>
d		answer to an of the goods,	•		•	•			_					•			
		n any transac															
(a) L	ne no	(b) Amount inv			me of noncha									ions, and shar			
<u> </u>			_											· · · · · · · · · · · · · · · · · · ·			
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	describ	foundation di ed in section "complete the	501(c)	(other tha	an section							exempt	organiza	etions	Ye	s 📝	No
	11 100,	(a) Name of org				(b)	Type	of organiza	tion		1	(c)	Description	on of relations	hip		
	_											<u>_</u>					
																	
	Under	penalties of perjui	ry, I declar	e that I have	e examined thi	s return, i	ncludin	ng accompa	nying sch	edules a	nd statemen	ts, and to	the best o	f my knowledg	e and be	lief, it	is true,
0:		t, and complete Dec	laration of	preparer (oth	er than taxpayer) is based o	on all in	nformation o	f which pr	eparer ha	as any knowl	edge	1				
Sigr		MRA	ndl	rser	1	16	12	6/2	0	1/	rasi	vill	,	May the IRS with the pre			
Here	Sign	nature of officer or	rtrustee			Date	•	-	-	Title				See instruction	s X	Yes	No
		Print/Type prep	2000'0 020				C) C) C)	turo			Date		<u> </u>		TIN		
Paid	1	l '' ' ' '		10	kſ	reparer's	(۱)	1.21				/02/20	Che	· · · · · · · · · · · · · · · · · · ·	P10064	1/102	: 2
Prep	oarer	JOHN AVI		מורד שם:	Y TRUST	COME	VINA	7			100/		irm's EIN		13096		<u> </u>
_	Only	Firm's address		D. BOX		COM						- 	3 [4	<u> </u>	-5050	, , 0	
_				STON,	MA				022	<u>05-5</u>	806	Р	hone no	617-48	<u>32</u> -52	<u> 70</u>	
															m 990		(2019)

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/Form990for the latest information. OMB No 1545-0047

2019

Employer identification number

THE CHICKERING FOUNDATION (FORMERLY DEDHAM 04-6012767 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(v1), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III, For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

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

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

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
THE CHICKERING FOUNDATION (FORMERLY DEDHAM

Employer identification number 04 - 6012767

Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ELISHA V ASHTON TRUST C/O CHOATE HALL & STEWART BOSTON, MA 02110	\$ 25,695	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

STATEMENT

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	NET INVESTMENT INCOME	65,255.
INTEREST FROM SECURITIES	REVENUE AND EXPENSES PER BOOKS	72,196.
- DIVIDENDS AND		TOTAL
FORM 990PF, PART I	DESCRIPTION	DIVIDENDS

N

STATEMENT

FEES	11 11 11 11 11
PROFESSIONAL	
- OTHER	
PART I	
M 990PF,	
FOR	

			SINCOME	186. 23,186.	11111	186. 23,186.	
REVENUE	AND	EXPENSES	PER BOOKS			TOTALS 23,186.	
			DESCRIPTION	FIDUCIARY TRUST CO - INV MGMT			

04-6012767

20960308

FORM 990PF, PART I - TAXES

	NET	INVESTMENT	INCOME	1 1 1 1	1,184. 1,184. ====================================
REVENUE	AND	EXPENSES	PER BOOKS	1 1 1 1 1 1 1	436. 1,184. 1,620. ============
					TOTALS
			DESCRIPTION	1 1 1 1 1 1 1 1 1	EXCISE TAXES FOREIGN TAXES

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REVENUE	AND	EXPENSES	PER BOOKS	
			DESCRIPTION	

CHARITABLE PURPOSES	1 1 1 1 1
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1,390.

TAX PREPARATION FEES FILING FEES

1,390.

1,475.

TOTALS

26

STATEMENT

1460 1 01 2

BOOK VALUE ASSET STATEMENT AS OF 12/31/19

PAGE 1 ACCOUNT NO 20960308 2

THE CHICKERING FOUNDATION PRI 04-6012767

FORM 990-PF, PART II BALANCE SHEET

PAR VALUE/SHARE	DESCRIPTION	COST	BOOK VALUE	MARKET VALUE	EST ANNUAL INCOME
CASH/CASH EQUIVALEN	WTS				
7302 08	DREYFUS GOVT CASH MANAGEMENT-INSTL SHS	7,302 08	7,302 08	7,302 08	111 15
EQUITIES/COMMON STO					
19 00	ALPHABET INC CL A APPLE INC COM CHURCH & DWIGHT INC COM ECOLAB INC COM HOME DEPOT INC COM ISHARES CORE SAP 500 ETF ISHARES CORE SAP SMALLCAP ETF ISHARES MOST ACWI EX USA INDEX ETF	5.032 19	5,181 77	25,448 41	0 00
176 00	APPLE INC COM	6,015 43	7,124 64	51,682 40	542 08
198 00	CHURCH & DWIGHT INC COM	3,354 04	4,869 64	13,927 32	180 18
127 00	ECOLAB INC COM	11,352 53	11,352 53	24,509 73	238 76
102 00	HOME DEPOT INC COM	7,753 02	7,753 02	22,274 76	554 88
3248 00	ISHARES CORE S&P 500 ETF	699,837 63	699,837 63	1,049,883 52	19,462 02
674 00	ISHARES CORE S&P SMALLCAP ETF	51,139 68	51,139 68	56,514 90	814 19
1495 00	ISHARES MSCI ACWI EX USA INDEX ETF	62,065 83	62,065 83	73,434 40	2,241 01
1350 00	ISHARES MSCI EAFE VALUE INDEX ETF ISHARES RUSSELL 2000 INDEX ETF ISHARES SHORT-TERM CORPORATE BOND ETF MICROSOFT CORP COM PINCO ENHANCED SHORT MATURITY ETF	68,802 07	68,802 07	67,405 50	3,115 80
387 00	ISHARES RUSSELL 2000 INDEX ETF	59,400 63	59,400 63	64,114 29	807 28
4448 00	ISHARES SHORT-TERM CORPORATE BOND ETF	232,397 51	232,475 94	238,546 24	7,308 06
177 00 1725 00	MICROSOFT CORP COM	5,093 17	3,463 63	27,912 90	361 08
489 00	CDDD COLD TRUCT	1/3,008 33	1/3,09/ 90	1/3,242 /3	4,640 25
92 00	MICROSOFT CORP COM PIMCO ENHANCED SHORT MATURITY ETF SPDR GOLD TRUST UNITED TECHNOLOGIES CORP COM US BANCORP COM (NEW) VANGUARD FTSE DEVELOPED ETF VANGUARD FTSE EMERGING MARKET ETF	10 5/3 13	10,029 03	03,070 10	270 49
98 00	IIS BANCORP COM (NEW)	2 168 56	2 686 33	5 810 42	164 64
1600 00	VANGUARD FTSE DEVELOPED ETF	65.480.96	65, 480, 96	70.496.00	2.144.00
1350 00	VANGUARD FISE EMERGING MARKET ETF	55.296.00	55,296 00	60.034 50	1.941 30
3005 00	VANGUARD SHORT-TERM INFLA PROT SECS ETF	147,011 83	147,011 83	148,086 40	2,887 81
63 00	US BANCORP COM (NEW) VANGUARD FTSE DEVELOPED ETF VANGUARD FTSE EMERGING MARKET ETF VANGUARD SHORT-TERM INFLA PROT SECS ETF WALT DISNEY HOLDING CO COM	2,707 74	3,105 24	9,111 69	110 88
TOTAL EQUITIES,	TOTAL EQUITIES/COMMON STOCK		1,734,720 25		
MUTUAL FUND INVEST	MENTS - STATEMENT 6				
	BAIRD INTERMEDIATE BD -INSTL BUFFALO INTERNATIONAL	90,722 35	90,722 35	94,321 12	2,376 86
2423 643	BUFFALO INTERNATIONAL	25,767 31	26,458 98	40,935 33	234 10
2693 02	FIDELITY ADVISOR EMERGING MKTS FUND - Z JOHCM INTERNATIONAL SELECT I PIMCO INCOME FUND - INSTL VANGUARD INTERMEDIATE TAX-EXEMPT ADMIRAL	71,553 53	71,553 53	76,670 28	592 46
4482 844	JOHCM INTERNATIONAL SELECT I	86,625 53	88,986 44	107,677 91	1,022 09
9751 876	PIMCO INCOME FUND - INSTL	114,584 45	114,584 45	117,412 59	6,372 54
16490 068	VANGUARD INTERMEDIATE TAX-EXEMPT ADMIRAL WCM FOCUSED INTL GROWTH INSTL	232,388 84	232,388 84	238,611 28	6,100 21
3854 548	WCM FOCUSED INTE GROWTH INSTE	55,984 90	55,984 90	12,889 50	159 89

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990PF, PART VII-B LINE 2b - SECTION 4942a2 EXPLANATION STATEMENT

THE FOUNDATION DOES NOT HAVE UNDISTRIBUTED INCOME FROM PRIOR YEARS.

990PF, PART XIII, LINE 4(b) ELECTION UNDER SEC. 53.4942(a)-3(d)(2)

PURSUANT TO THE PROVISIONS OF REG. 53.4942(a)-3(d)(2), THE CHICKERING FOUNDATION HEREBY ELECTS TO TREAT AS DISTRIBUTED OUT OF CORPUS \$25,695 OF THE \$205,475 IN QUALIFYING DISTRIBUTIONS FOR 2019.THIS STATEMENT IS BEING FILED WITH THE FOUNDATION'S FORM 990-PF FOR TAX YEAR ENDING 12/31/2019.

RECIPIENT NAME:
MRS BARBARA BEAL
ADDRESS:
15 LEE ROAD
CHESTNUTHILL HILL, MA 02467
FORM, INFORMATION AND MATERIALS:
LETTER OF INQUIRY
NONE
NONE

THE CHICKERING FOUNDATION (FORMERLY DEDHAM 04-6012767 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID ________ RECIPIENT NAME: MSPCC KINNECTION PROGRAM ADDRESS: 3815 WASHINGTON ST., SUITE 2 BOSTON, MA 02130 **RELATIONSHIP:** N/APURPOSE OF GRANT: KINNECTION PROGRAM FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 22,000. RECIPIENT NAME: JEREMIAH PROGRAM RELATIONSHIP: N/APURPOSE OF GRANT: GENERAL PURPOSES FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID 10,000. RECIPIENT NAME: HOMESTART ADDRESS: 105 CHAUNCY STREET BOSTON, MA 02111

AMOUNT OF GRANT PAID

RELATIONSHIP:

PURPOSE OF GRANT: GENERAL PURPOSES

FOUNDATION STATUS OF RECIPIENT:

N/A

PC

22,000.

THE CHICKERING FOUNDATION (FORMERLY DEDHAM 04-6012767 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: RESPOND INC **RELATIONSHIP:** N/APURPOSE OF GRANT: GENERAL PURPOSES FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID 10,000. RECIPIENT NAME: MY LIFE MY CHOICE ADDRESS: 989 COMMONWEALTH AVE BOSTON, MA 02215 **RELATIONSHIP:** N/A PURPOSE OF GRANT: GENERAL PURPOSES FOUNDATION STATUS OF RECIPIENT: PCRECIPIENT NAME: PROJECT PLACE CREW PROGRAM ADDRESS: 1145 WASHINGTON STREET BOSTON, MA 02118 RELATIONSHIP: N/A PURPOSE OF GRANT: GENERAL PURPOSES FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID

22,000.

THE CHICKERING FOUNDATION (FORMERLY DEDHAM 04-6012767 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID ________ RECIPIENT NAME: SECOND STEP ADDRESS: P.O. BOX 600213 NEWTONVILLE, MA 02460 RELATIONSHIP: N/A PURPOSE OF GRANT: GENERAL PURPOSES FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 22,000. RECIPIENT NAME: PARENTS HELPING PARENTS ADDRESS: 108 WATER STREET WATERTOWN, MA 02474 RELATIONSHIP: N/A PURPOSE OF GRANT: GENERAL PURPOSES FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 22,000.

RELATIONSHIP:
NONE
PURPOSE OF GRANT:
GENERAL PURPOSES
FOUNDATION STATUS OF RECIPIENT:
PC
AMOUNT OF GRANT PAID

RECIPIENT NAME: WALKER, INC

10,000.

THE CHICKERING FOUNDATION (FORMERLY DEDHAM 04-6012767 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID _______ RECIPIENT NAME: FIDELITY CHARITABLE RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL PURPOSES FOUNDATION STATUS OF RECIPIENT: RECIPIENT NAME: ON THE RISE RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL PURPOSES FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID 10,000.

TOTAL GRANTS PAID:

204,000.

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