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Form 990-PF

Department of the Treasury  
Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

OMB No. 1545-0052

2019

Open to Public Inspection

For calendar year 2019, or tax year beginning 01-01-2019, and ending 12-31-2019

Name of foundation  
KENWOOD FOUNDATION 7521-XXXXXX21240

Number and street (or P.O. box number if mail is not delivered to street address)  
45 SCHOOL ST 5TH FLOOR

City or town, state or province, country, and ZIP or foreign postal code  
BOSTON, MA 021083204

G Check all that apply:

☐ Initial return

☐ Initial return of a former public charity

☐ Final return

☐ Amended return

☐ Address change

☐ Name change

H Check type of organization:

☒ Section 501(c)(3) exempt private foundation

☐ Section 4947(a)(1) nonexempt charitable trust

☐ Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col. (c), line 16)  $\blacktriangleright$  \$ 429,192

J Accounting method:

☐ Cash

☐ Accrual

☐ Other (specify) \_\_\_\_\_  
(Part I, column (d) must be on cash basis.)

A Employer identification number  
04-6012784

B Telephone number (see instructions)  
(617) 523-1635

C If exemption application is pending, check here ☐

D 1. Foreign organizations, check here..... ☐

2. Foreign organizations meeting the 85% test, check here and attach computation ... ☐

E If private foundation status was terminated under section 507(b)(1)(A), check here ..... ☐

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

Part I

Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)

(a)

Revenue and expenses per books

(b)

Net investment income

(c)

Adjusted net income

(d)

Disbursements for charitable purposes (cash basis only)

Revenue

1 Contributions, gifts, grants, etc., received (attach schedule)

2 Check ☐ if the foundation is **not** required to attach Sch. B

3 Interest on savings and temporary cash investments

4 Dividends and interest from securities

5a Gross rents

b Net rental income or (loss)

6a Net gain or (loss) from sale of assets not on line 10

b Gross sales price for all assets on line 6a

7 Capital gain net income (from Part IV, line 2)

8 Net short-term capital gain

9 Income modifications

10a Gross sales less returns and allowances

b Less: Cost of goods sold

c Gross profit or (loss) (attach schedule)

11 Other income (attach schedule)

12 Total. Add lines 1 through 11

Operating and Administrative Expenses

13 Compensation of officers, directors, trustees, etc.

14 Other employee salaries and wages

15 Pension plans, employee benefits

16a Legal fees (attach schedule)

b Accounting fees (attach schedule)

c Other professional fees (attach schedule)

17 Interest

18 Taxes (attach schedule) (see instructions)

19 Depreciation (attach schedule) and depletion

20 Occupancy

21 Travel, conferences, and meetings

22 Printing and publications

23 Other expenses (attach schedule)

24 Total operating and administrative expenses. Add lines 13 through 23

25 Contributions, gifts, grants paid

26 Total expenses and disbursements. Add lines 24 and 25

27 Subtract line 26 from line 12:

a Excess of revenue over expenses and disbursements

b Net investment income (if negative, enter -0-)

c Adjusted net income (if negative, enter -0-)

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 11289X

Form 990-PF (2019)

<b>Part II Balance Sheets</b> Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	2,510	0	
	<b>2</b> Savings and temporary cash investments . . . . .	7,683	4,135	4,135
	<b>3</b> Accounts receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____		0	0
	<b>4</b> Pledges receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____ Less: allowance for doubtful accounts ▶ _____ 0			
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .			
	<b>10a</b> Investments—U.S. and state government obligations (attach schedule)			
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .	95,734	86,144	318,330
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .			
	<b>11</b> Investments—land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
	<b>12</b> Investments—mortgage loans . . . . .			
	<b>13</b> Investments—other (attach schedule) . . . . .	106,727	106,727	106,727
	<b>14</b> Land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
<b>15</b> Other assets (describe ▶ _____)				
<b>16</b> <b>Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I)	212,654	197,006	429,192	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .			
	<b>18</b> Grants payable . . . . .			
	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .			
	<b>22</b> Other liabilities (describe ▶ _____)			
	<b>23</b> <b>Total liabilities</b> (add lines 17 through 22) . . . . .		0	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow FASB ASC 958, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 24, 25, 29 and 30.</b>			
	<b>24</b> Net assets without donor restrictions . . . . .			
	<b>25</b> Net assets with donor restrictions . . . . .			
	<b>Foundations that do not follow FASB ASC 958, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 26 through 30.</b>			
	<b>26</b> Capital stock, trust principal, or current funds . . . . .	212,654	197,006	
	<b>27</b> Paid-in or capital surplus, or land, bldg., and equipment fund			
	<b>28</b> Retained earnings, accumulated income, endowment, or other funds			
<b>29</b> <b>Total net assets or fund balances</b> (see instructions) . . . . .	212,654	197,006		
<b>30</b> <b>Total liabilities and net assets/fund balances</b> (see instructions) .	212,654	197,006		

**Part III Analysis of Changes in Net Assets or Fund Balances**

<b>1</b> Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>1</b>	212,654
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	52,033
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	0
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	264,687
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	67,681
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	<b>6</b>	197,006

**Part IV Capital Gains and Losses for Tax on Investment Income**

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

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

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

<b>2</b> Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	<b>2</b>	86,538
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8		<b>3</b>	

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes☒ No

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

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


(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2018	142,965	382,629	0.373639
2017	172,049	361,044	0.476532
2016	214,315	262,817	0.815453
2015	217,704	245,139	0.888084
2014	211,806	251,011	0.843812
<b>2</b> Total of line 1, column (d)		<b>2</b>	3.39752
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years		<b>3</b>	0.679504
<b>4</b> Enter the net value of noncharitable-use assets for 2019 from Part X, line 5		<b>4</b>	418,510
<b>5</b> Multiply line 4 by line 3		<b>5</b>	284,379
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)		<b>6</b>	854
<b>7</b> Add lines 5 and 6		<b>7</b>	285,233
<b>8</b> Enter qualifying distributions from Part XII, line 4		<b>8</b>	171,615

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

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

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		
<b>b</b>	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b . . . . .	<b>1</b>	1,707
<b>c</b>	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	0
<b>3</b>	Add lines 1 and 2. . . . .	<b>3</b>	1,707
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	0
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>	1,707
<b>6</b>	Credits/Payments:		
<b>a</b>	2019 estimated tax payments and 2018 overpayment credited to 2019	<b>6a</b>	1,908
<b>b</b>	Exempt foreign organizations—tax withheld at source . . . . .	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868) . . . . .	<b>6c</b>	0
<b>d</b>	Backup withholding erroneously withheld . . . . .	<b>6d</b>	
<b>7</b>	Total credits and payments. Add lines 6a through 6d. . . . .	<b>7</b>	1,908
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.	<b>8</b>	0
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . . <b>▶</b>	<b>9</b>	
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . . <b>▶</b>	<b>10</b>	201
<b>11</b>	Enter the amount of line 10 to be: <b>Credited to 2020 estimated tax</b> <b>▶</b> 201 <b>Refunded</b> <b>▶</b>	<b>11</b>	0

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .	<b>1a</b>	No
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). . . . . <i>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.</i>	<b>1b</b>	No
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .	<b>1c</b>	No
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: <b>(1)</b> On the foundation. <b>▶</b> \$ _____ <b>(2)</b> On foundation managers. <b>▶</b> \$ _____		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <b>▶</b> \$ _____		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . <i>If "Yes," attach a detailed description of the activities.</i>	<b>2</b>	No
<b>3</b> 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? <i>If "Yes," attach a conformed copy of the changes</i> . . . . .	<b>3</b>	No
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>4a</b>	No
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>4b</b>	
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . <i>If "Yes," attach the statement required by General Instruction T.</i>	<b>5</b>	No
<b>6</b> 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? . . . . .	<b>6</b>	Yes
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i> . . . . .	<b>7</b>	Yes
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) <b>▶</b> MA _____		
<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation .</i>	<b>8b</b>	Yes
<b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the taxable year beginning in 2019? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i> . . . . .	<b>9</b>	No
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>  . . . . .	<b>10</b>	No

**Part VII-A Statements Regarding Activities** (continued)

<b>11</b>	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. . . . .	<b>11</b>		<b>No</b>
<b>12</b>	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 . . . . .	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► _____	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of ► <u>WELCH &amp; FORBES LLC, C/O LAUREN GATES</u> Telephone no. ► <u>(617) 523-1635</u>			

Located at ► 45 SCHOOL STREET BOSTON MA ZIP+4 ► 02108

<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here . . . . .	<input type="checkbox"/>		
	and enter the amount of tax-exempt interest received or accrued during the year . . . . .	► <b>15</b>		
<b>16</b>	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? . . . . .	<b>16</b>	<b>Yes</b>	<b>No</b>
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ► _____			

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

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

		<b>Yes</b>	<b>No</b>
<b>1a</b>	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> 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.) . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> 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 . . . . .	<b>1b</b>	
	Organizations relying on a current notice regarding disaster assistance check here. . . . . ► <input type="checkbox"/>		
<b>c</b>	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? . . . . .	<b>1c</b>	<b>No</b>
<b>2</b>	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)):		
<b>a</b>	At the end of tax year 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	If "Yes," list the years ► 20____, 20____, 20____, 20____		
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions.) . . . . .	<b>2b</b>	
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. ► 20____, 20____, 20____, 20____		
<b>3a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</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 Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2019.) . . . . .	<b>3b</b>	
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>	<b>No</b>
<b>b</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?	<b>4b</b>	<b>No</b>

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

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

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

<b>1 List all officers, directors, trustees, foundation managers and their compensation. See instructions</b>				
<b>(a)</b> Name and address	<b>(b)</b> Title, and average hours per week devoted to position	<b>(c)</b> Compensation (If not paid, enter -0-)	<b>(d)</b> Contributions to employee benefit plans and deferred compensation	<b>(e)</b> Expense account, other allowances
See Additional Data Table				
<b>2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."</b>				
<b>(a)</b> Name and address of each employee paid more than \$50,000	<b>(b)</b> Title, and average hours per week devoted to position	<b>(c)</b> Compensation	<b>(d)</b> Contributions to employee benefit plans and deferred compensation	<b>(e)</b> Expense account, other allowances
NONE				
<b>Total</b> number of other employees paid over \$50,000. . . . .				<b>0</b>

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

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

**Part IX-A Summary of Direct Charitable Activities**

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

	Expenses
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	

**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
<b>1</b>	
<b>2</b>	
All other program-related investments. See instructions.	
<b>3</b>	
<b>Total.</b> Add lines 1 through 3 . . . . . ►	

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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities. . . . .	<b>1a</b>	318,156
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b>	0
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	106,727
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b>	424,883
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets. . . . .	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d. . . . .	<b>3</b>	424,883
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	6,373
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	418,510
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	20,926

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

<b>1</b>	Minimum investment return from Part X, line 6. . . . .	<b>1</b>	20,926
<b>2a</b>	Tax on investment income for 2019 from Part VI, line 5. . . . .	<b>2a</b>	1,707
<b>b</b>	Income tax for 2019. (This does not include the tax from Part VI.). . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	1,707
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1. . . . .	<b>3</b>	19,219
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	0
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	19,219
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . . . .	<b>7</b>	19,219

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . .	<b>1a</b>	171,615
<b>b</b>	Program-related investments—total from Part IX-B. . . . .	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. . . . .	<b>2</b>	0
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required). . . . .	<b>3a</b>	0
<b>b</b>	Cash distribution test (attach the required schedule). . . . .	<b>3b</b>	0
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	171,615
<b>5</b>	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. . . . .	<b>5</b>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	<b>6</b>	171,615

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



**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
<b>1</b> Distributable amount for 2019 from Part XI, line 7				19,219
<b>2</b> Undistributed income, if any, as of the end of 2019:				
<b>a</b> Enter amount for 2018 only. . . . .			0	
<b>b</b> Total for prior years: 20____, 20____, 20____		0		
<b>3</b> Excess distributions carryover, if any, to 2019:				
<b>a</b> From 2014. . . . .	202,831			
<b>b</b> From 2015. . . . .	209,469			
<b>c</b> From 2016. . . . .	204,345			
<b>d</b> From 2017. . . . .	156,118			
<b>e</b> From 2018. . . . .	125,741			
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	898,504			
<b>4</b> Qualifying distributions for 2019 from Part XII, line 4: ► \$ 171,615				
<b>a</b> Applied to 2018, but not more than line 2a			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2019 distributable amount. . . . .				19,219
<b>e</b> Remaining amount distributed out of corpus	152,396			
<b>5</b> Excess distributions carryover applied to 2019. (If an amount appears in column (d), the same amount must be shown in column (a).)	0			0
<b>6 Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	1,050,900			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b. . . . .		0		
<b>c</b> 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		
<b>d</b> Subtract line 6c from line 6b. Taxable amount—see instructions. . . . .		0		
<b>e</b> Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions. . . . .			0	
<b>f</b> Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020. . . . .				0
<b>7</b> 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			
<b>8</b> Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions). . . .	202,831			
<b>9 Excess distributions carryover to 2020.</b> Subtract lines 7 and 8 from line 6a. . . . .	848,069			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2015. . . . .	209,469			
<b>b</b> Excess from 2016. . . . .	204,345			
<b>c</b> Excess from 2017. . . . .	156,118			
<b>d</b> Excess from 2018. . . . .	125,741			
<b>e</b> Excess from 2019. . . . .	152,396			

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

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling. . . . . ▶

**b** Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

**2a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .

	Tax year	Prior 3 years			(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test—enter:					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .					
<b>c</b> "Support" alternative test—enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)**

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

**a** The name, address, and telephone number or email address of the person to whom applications should be addressed:

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

**c** Any submission deadlines:

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

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total</b> . . . . .			<b>▶ 3a</b>	171,615
<b>b</b> <i>Approved for future payment</i>				
<b>Total</b> . . . . .			<b>▶ 3b</b>	

Enter gross amounts unless otherwise indicated.

[illegible]

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

<b>1</b> Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			<b>Yes</b>	<b>No</b>
<b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of:				
<b>(1)</b> Cash. . . . .		<b>1a(1)</b>		<b>No</b>
<b>(2)</b> Other assets. . . . .		<b>1a(2)</b>		<b>No</b>
<b>b</b> Other transactions:				
<b>(1)</b> Sales of assets to a noncharitable exempt organization. . . . .		<b>1b(1)</b>		<b>No</b>
<b>(2)</b> Purchases of assets from a noncharitable exempt organization. . . . .		<b>1b(2)</b>		<b>No</b>
<b>(3)</b> Rental of facilities, equipment, or other assets. . . . .		<b>1b(3)</b>		<b>No</b>
<b>(4)</b> Reimbursement arrangements. . . . .		<b>1b(4)</b>		<b>No</b>
<b>(5)</b> Loans or loan guarantees. . . . .		<b>1b(5)</b>		<b>No</b>
<b>(6)</b> Performance of services or membership or fundraising solicitations. . . . .		<b>1b(6)</b>		<b>No</b>
<b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees. . . . .		<b>1c</b>		<b>No</b>
<b>d</b> If the answer to any of the above is "Yes," complete the following schedule. Column <b>(b)</b> should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column <b>(d)</b> the value of the goods, other assets, or services received.				

[illegible]

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

**b** If "Yes," complete the following schedule.

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

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	*****	2020-06-12	*****
	_____ Signature of officer or trustee	_____ Date	_____ Title

May the IRS discuss this return with the preparer shown below  
 (see instr.) ☒ **Yes** ☐ **No**

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	WAYNE R KURPIEL		2020-06-12		P00107798
	Firm's name ▶ WELCH & FORBES LLC				Firm's EIN ▶ 04-3573806
	Firm's address ▶ 45 SCHOOL STREET BOSTON, MA 021083204				Phone no. (617) 523-1635

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d			
List and describe the kind(s) of property sold (e.g., real estate, (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
239. ABBVIE INC SR NT COM		1973-06-13	2019-11-22
166. ANSYS INC COM		2007-05-16	2019-06-05
5. ANSYS INC COM		2007-05-16	2019-08-26
5. ANSYS INC COM		2007-05-16	2019-12-05
156. CARMAX INC		2004-07-08	2019-11-22
5. CARMAX INC		2004-07-08	2019-12-05
10. DANAHER CORPORATION		2005-06-14	2019-08-26
5. DANAHER CORPORATION		2005-06-14	2019-12-05
5. ECOLAB INC		2010-06-30	2019-12-05
5. IDEXX LABORATORIES INC		2008-04-24	2019-08-26

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

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
20,516		61	20,455
30,401		4,626	25,775
1,058		139	919
1,267		139	1,128
15,222		1,557	13,665
480		50	430
1,356		206	1,150
731		103	628
927		226	701
1,380		127	1,253

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

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
			20,455
			25,775
			919
			1,128
			13,665
			430
			1,150
			628
			701
			1,253

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

List and describe the kind(s) of property sold (e.g., real estate, (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
65. IDEXX LABORATORIES INC		2008-04-24	2019-11-22
5. IDEXX LABORATORIES INC		2008-04-24	2019-12-05
10. MICROSOFT CORP		1994-02-23	2019-08-26
25. MIDDLEBY CORP		2015-06-25	2019-08-23
5. STRYKER CORP		2006-05-16	2019-08-26
5. STRYKER CORP		2006-05-16	2019-12-05
150. WELLS FARGO & CO		2012-04-03	2019-08-26

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

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
16,656		1,655	15,001
1,259		127	1,132
1,347		25	1,322
2,656		2,834	-178
1,078		218	860
1,015		218	797
6,675		5,175	1,500

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

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
			15,001
			1,132
			1,322
			-178
			860
			797
			1,500

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
EDITH L DABNEY	TRUSTEE 1	0		
45 SCHOOL STREET 5TH FLOOR BOSTON, MA 02108				
JOHN H KNOWLES JR	TRUSTEE 1	0		
45 SCHOOL STREET 5TH FLOOR BOSTON, MA 02108				
EDITH K WILLIAMS	TRUSTEE 1	0		
45 SCHOOL STREET 5TH FLOOR BOSTON, MA 02108				
THOMAS M WILLIAMS	TRUSTEE 1	0		
45 SCHOOL STREET 5TH FLOOR BOSTON, MA 02108				
JEAN KNOWLES HEDLUND	TRUSTEE 1	0		
45 SCHOOL STREET 5TH FLOOR BOSTON, MA 02108				
JAMES T KNOWLES	TRUSTEE 1	0		
45 SCHOOL STREET 5TH FLOOR BOSTON, MA 02108				
ROBERT M KNOWLES	TRUSTEE 1	0		
45 SCHOOL STREET 5TH FLOOR BOSTON, MA 02108				
THEODORE E OBER	TRUSTEE 1	0		
45 SCHOOL STREET 5TH FLOOR BOSTON, MA 02108				



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ACORD Food Pantry69 WILLOW STREET Hamilton, MA 01982	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	250
American Red Cross of Mass 139 MAIN STREET SUITE 1 CAMBRIDGE, MA 02142	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	1,500
Animal Rescue League of BOSTON 10 CHANDLER ST BOSTON, MA 02116	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	1,000
<b>Total . . . . . ▶ 3a</b>				171,615

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Annisquam Village Church 820 WASHINGTON STREET Annisquam, MA 01930	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	150
Belmont Hill School 350 PROSPECT STREET BELMONT, MA 02178	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	750
Beverly Bootstraps Food Pantry Inc 371 CABOT STREET Beverly, MA 01915	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	750
<b>Total . . . . . ▶ 3a</b>				171,615

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BOSTON SYMPHONY ORCHESTRA 301 MASSACUHSETTS AVENUE BOSTON, MA 02115	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	12,000
Brookwood SchoolPO BOX 1429 Manchester, MA 01944	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	250
CARE USA151 ELLIS STREETNE ATLANTA, GA 30303	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	1,000
<b>Total . . . . . ▶ 3a</b>				171,615

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CASPAR Inc315 HIGHLAND AVENUE SOMMERVILLE, MA 02144	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	1,000
Children's Cancer Research Fund PO BOX 7006 ALBERT LEA, MN 56007	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	1,000
Children Incorporated 4205 DOVER ROAD Richmond, VA 23221	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	1,000
<b>Total . . . . . ▶ 3a</b>				171,615

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Christian Children's Fund 2821 EMERYWOOD PKWYBOX 26484 Richmond, VA 26484	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	1,000
Coalition for Buzzards Bay 620 BELLEVILLE AVENUE NEW BEDFORD, MA 02745	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	250
Columbia University 622 W 113TH ST MAIL CODE 4524 new york, NY 10025	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	150
<b>Total . . . . . ▶ 3a</b>				171,615

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Conservation Law Foundation 62 SUMMER STREET BOSTON, MA 02210	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	1,500
Dexter School20 NEWTON STREET BROOKLINE, MA 02445	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	650
Doctors Without Borders 333 SEVENTH AVE 2ND FLOOR New York, NY 10001	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	1,000
<b>Total . . . . . ▶ 3a</b>				171,615

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Environmental Defense Fund 1875 CONNECTICUT AVENW Washington, DC 20009	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	1,500
Epilepsy Foundation 8301 PROFESSIONAL PLACE Landover, MD 20785	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	1,000
Essex County Greenbelt 82 EASTERN AVENUE Essex, MA 01929	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	350
<b>Total . . . . . ▶ 3a</b>				171,615

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
First Church in Chestnut Hill 26 SUFFOLK ROAD CHESTNUT HILL, MA 02467	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	3,000
Harvard College 124 MOUNT AUBURN STREET CAMBRIDGE, MA 02138	NONE	PUBLIC	CLASS ENDOWMENT PROGRAM	1,500
Home for Little Wanderers 271 HUNTINGTON AVENUE BOSTON, MA 02115	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	1,000
<b>Total . . . . . ▶ 3a</b>				171,615



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Horizons for Homeless Children 1705 COLUMBUS AVENUE Roxbury, MA 02119	NONE	PUBLIC	UNRESTRICTED	250
Ipswich River Watershed Assn Inc PO BOX 576 Ipswich, MA 01938	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	250
Jackson Laboratory610 MAIN STREET BAR HARBOR, ME 04609	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	1,250
<b>Total . . . . . ▶ 3a</b>				171,615

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Landmark School429 HALE STREET Prides Crossing, MA 01965	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	250
Leukemia & Lymphoma Society PO BOX 4072 PITTSFIELD, MA 01202	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	1,000
Manchester Community Center BOX 212HARBORS POINT Manchester, MA 01944	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	100
<b>Total . . . . . ▶ 3a</b>				171,615

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Manchester Public Library 15 UNION STREET MANCHESTER, MA 01944	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	100
Massachusetts Audubon Society 208 SOUTH GREAT ROAD Lincoln, MA 01773	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	1,250
Massachusetts General Hospital 165 CAMBRIDGE STSUITE 600 BOSTON, MA 02114	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	6,500
<b>Total . . . . . ▶ 3a</b>				171,615

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
McLean Hospital115 MILL STREET BELMONT, MA 02478	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	5,000
Memorial Sloan-Kettering Cancer Cen 633 THIRD AVENUE 28TH FLOOR NEW YORK, NY 10017	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	1,000
MGH INSTITUTE OF HEALTH PROFESSIONALS36 FIRST AVENUE BOSTON, MA 02129	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	12,000
<b>Total . . . . . ▶ 3a</b>				171,615

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Mohonk PreservePO BOX 715 New Paltz, NY 12561	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	500
Museum of ScienceSCIENCE PARK BOSTON, MA 02114	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	2,500
National Wildlife Federation 11100 WILDLIFE CENTER DRIVE WESTON, VA 20190	NONE	PUBLIC	UNRESTRICTED	500
<b>Total . . . . . ▶ 3a</b>				171,615

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Nativity Preparatory School 39 LAMARTINE STREET Jamaica Plain, MA 02130	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	250
Nature Conservancy 205 PORTLAND STREETSUITE 4000 BOSTON, MA 02114	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	250
NORTH SHORE UNITED WAY 248 CABOT STREET BEVERLY, MA 01915	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	250
<b>Total . . . . . ▶ 3a</b>				171,615

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Ohio Wesleyan University 61 S SANDUSKY STREET Delaware, OH 43015	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	250
PINGREE SCHOOL 537 HIGHLAND STREET SOUTH HAMILTON, MA 01982	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	500
PLAN USA155 PLAN WAY WARWICK, RI 02886	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	1,000
<b>Total . . . . . ▶ 3a</b>				171,615

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Salvation Army147 BERKELEY STREET BOSTON, MA 02116	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	1,000
Shore Country Day School 545 CABOT STREET BEVERLY, MA 01915	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	250
Smith College33 ELM STREET Northampton, MA 01063	NONE	PUBLIC	THE SMITH FUND	2,500
<b>Total . . . . . ▶ 3a</b>				171,615



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Spaulding Education Fund PO BOX 192 Manchester, MA 01944	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	100
St John's EPISCOPAL Church 705 HALE STREET Beverly, MA 01915	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	250
St Lawrence University 23 ROMODA DRIVE CANTON, NY 13617	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	3,000
<b>Total . . . . . ▶ 3a</b>				171,615

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
St Luke's Hospital SouthCoast Health System 101 PAGE STREET NEW BEDFORD, MA 02740	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	1,000
Trustees of Reservations 572 ESSEX STREET BEVERLY, MA 01915	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	2,500
United Way of Massachusetts Bay 51 SLEEPER STREET BOSTON, MA 02210	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	6,000
<b>Total . . . . . ▶ 3a</b>				171,615

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
US Fund for UNICEF125 MAIDEN LANE NEW YORK, NY 10038	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	1,000
Veterans of Foreign Wars of the US 200 MARYLAND AVENUE NE WASHINGTON, DC 20002	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	1,000
WBGH Educational Foundation 125 WESTERN AVENUE BOSTON, MA 02134	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	12,000
<b>Total . . . . . ▶ 3a</b>				171,615

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
WBUR Radio Station BOSTON UNIVERSITY 890 COMMONWEALTH AVENUE BOSTON, MA 02215	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	365
Wellspring House302 ESSEX AVENUE Gloucester, MA 01930	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	2,750
Wenham Museum132 MAIN STREET WENHAM, MA 01984	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	250
<b>Total . . . . . ▶ 3a</b>				171,615

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Westminster School PO BOX 337 SIMSBURY, CT 06070	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	250
Winsor School PO BOX 414068 BOSTON, MA 02241	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	2,500
FUND TO PREVENT HOMELESSNESS PO BOX 17 MANCHESTER, MA 01944	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	150
<b>Total . . . . . ▶ 3a</b>				171,615

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
YMCA OF THE NORTH SHORE 245 CABOT STREET BEVERLY, MA 01915	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	500
CHRISTOPHER AND DANA REEVE FOUNDATION 636 MORRIS TPKE STE 3A SHORT HILLS, NJ 07078	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	1,000
ESSEX COUNTY COMMUNITY FOUNDATION 175 ANDOVER ST Danvers, MA 01923	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	1,250
<b>Total . . . . . ▶ 3a</b>				171,615

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
PROCTOR ACADEMY204 MAIN ST ANDOVER, NH 03216	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	5,000
POLICE ASSISTED ADDICTION AND RECOVERY INITIATIVE ONE BRIDGE STREET NEWTON, MA 02458	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	1,000
International Medical Corps 12400 WILSHIRE BLVD Los Angeles, CA 90025	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	500
<b>Total . . . . . ▶ 3a</b>				171,615

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Women's Fund of Essex County 175 ANDOVER STREET SUITE 101 Danvers, MA 01923	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	250
CHANGE IS SIMPLE INC8 ENON STREET BEVERLY, MA 01915	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	52,000
EVERYTOWN FOR GUN SAFETY ACTION FUND PO BOX 3886 NEW YORK, NY 10163	NONE	PUBLIC	UNRESTRICTED FOR THE	250
<b>Total . . . . . ▶ 3a</b>				171,615



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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
PARTNERS IN HEALTHPO BOX 996 FREDERICK, MD 21705	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	500
PARTNERSHIP WITH NATIVE AMERICANS PO BOX 637 CULPEPER, VA 22701	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	1,000
Planned Parenthood LEAGUE OF MA 1055 COMMONWEALTH AVENUE BOSTON, MA 02215	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	500
<b>Total . . . . . ▶ 3a</b>				171,615

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
RIVERKEEPER20 SECOR ROAD OSSINING, NY 10562	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	500
WINDHAM COMMUNITY FOOD PANTRY PO BOX 788 WINDHAM, NY 12496	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	1,000
HUDSONIA LTD30 CAMPUS RD ANNANDALEONHUDSON, NY 12504	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	500
<b>Total . . . . . ▶ 3a</b>				171,615

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SEA OF CHANGE209 HUDSON TRCE AUGUSTA, GA 30907	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	500
<b>Total</b> . . . . . ► <b>3a</b>				171,615

**TY 2019 Accounting Fees Schedule****Name:** KENWOOD FOUNDATION 7521-XXXXXX21240**EIN:** 04-6012784

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TAX PREPARATION FEE	3,460	3,460		

**TY 2019 Distribution from Corpus Election**

**Name:** KENWOOD FOUNDATION 7521-XXXXXX21240

**EIN:** 04-6012784

**Election:** IN ACCORDANCE WITH SECTIONS 4942(h)(2) AND REG 53-4942 (a)-3(d)(2), OF THE INTERNAL REVENUE CODE, THE KENWOOD FOUNDATION HEREBY ELECTS TO TREAT CERTAIN CURRENT-YEAR QUALIFYING DISTRIBUTIONS IN EXCESS OF THE IMMEDIATELY PRECEDING TAX YEAR'S UNDISTRIBUTED INCOME AS BEING MADE FROM CORPUS. IN 2019 THE FOUNDATION RECEIVED \$151,836 CONTRIBUTIONS OF SECURITIES AND CASH FROM VARIOUS INDIVIDUALS. THE FOUNDATION'S DISTRIBUTABLE AMOUNT FOR 2019 WAS \$19,219 THE FOUNDATION MADE QUALIFYING DISTRIBUTIONS IN 2019 IN THE AMOUNT OF \$171,615. WITH RESPECT TO 2019 CONTRIBUTIONS RECEIVED, \$152,396 WAS DISTRIBUTED OUT OF CORPUS, TO WHICH THIS ELECTION APPLIES. THE EXCESS DISTRIBUTION CARRYOVER TO 2020 TOTALS \$848,069.

**TY 2019 Investments Corporate Stock Schedule**

**Name:** KENWOOD FOUNDATION 7521-XXXXXX21240  
**EIN:** 04-6012784

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
100 ABBOTT LAB	24	8,686
220 CARMAX INC	2,195	19,287
135 DANAHER CORP	2,775	20,720
100 JOHNSON & JOHNSON	141	14,587
165 MICROSOFT CORP	419	26,020
75 PEPSICO INC	2,646	10,250
90 STRYKER CORP	3,931	18,895
110 ANSYS INC	2,786	25,741
80 IDEXX LABORATORIES INC	2,037	20,890
100 PROCTER & GAMBLE CO	1,032	12,490
200 AFLAC	4,320	10,580
85 ECHOLAB INC	3,850	16,404
100 LANCASTER COLONY CORP	5,351	16,010
150 TORONTO DOMINION BANK	4,925	8,420
150 WELLS FARGO & CO		
25 FACEBOOK INC CLASS A	2,199	5,131
10 METTLER TOLEDO INTERNATIONALA	3,433	7,933
25 MIDLEBY CORP		
25 ROPER TECHNOLOGIES INC	4,394	8,856
50 VISA CLASS A SHARES	3,437	9,395
100 CHURCH & DWIGHT CO INC	4,143	7,034
5 ALPHABET INC CAP STK C	3,695	6,685
70 FISERV INC	3,498	8,094
30 HOME DEPOT INC	3,917	6,551
15 OREILLY AUTOMOTIVE INC	4,133	6,574
110 TJX COS INC	4,284	6,717
30 CHUBB LIMITED	3,589	4,670
55 SHS LINDE PLC	8,990	11,710

## TY 2019 Investments - Other Schedule

**Name:** KENWOOD FOUNDATION 7521-XXXXXX21240

**EIN:** 04-6012784

### Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
SAVINGS BANK LIFE INS POLICY			

**TY 2019 Other Decreases Schedule**

**Name:** KENWOOD FOUNDATION 7521-XXXXXX21240

**EIN:** 04-6012784

Description	Amount
ADJUST 2019 CONTRIBUTIONS TO TAX COST	67,681



**TY 2019 Other Expenses Schedule****Name:** KENWOOD FOUNDATION 7521-XXXXXX21240**EIN:** 04-6012784**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LIFE INSURANCE EXPENSE	11,859	0		0
FORM PC FILING FEE	70	70		0

**TY 2019 Other Professional Fees Schedule****Name:** KENWOOD FOUNDATION 7521-XXXXXX21240**EIN:** 04-6012784

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
INVESTMENT MANAGEMENT FEES	1,539	1,539		

# TY 2019 Substantial Contributors Schedule

**Name:** KENWOOD FOUNDATION 7521-XXXXXX21240

**EIN:** 04-6012784

Name	Address
EDITH L DABNEY	C/O WELCH FORBES LLC 45 SCHOOL STREET BOSTON, MA 02108
JAMES T KNOWLES	C/O WELCH FORBES LLC 45 SCHOOL STREET BOSTON, MA 02108
JEAN KNOWLES HEDLUND	C/O WELCH FORBES LLC 45 SCHOOL STREET BOSTON, MA 02108
JOHN H KNOWLES	C/O WELCH FORBES LLC 45 SCHOOL STREET BOSTON, MA 02108
ROBERT M KNOWLES	C/O WELCH FORBES LLC 45 SCHOOL STREET BOSTON, MA 02108

**TY 2019 Taxes Schedule****Name:** KENWOOD FOUNDATION 7521-XXXXXX21240**EIN:** 04-6012784

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES	49	49		0
FEDERAL ESTIMATED TAX	1,691	0		0

<b>Schedule B</b> (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>	<b>Schedule of Contributors</b>  ▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.	OMB No. 1545-0047
		<b>2019</b>
Name of the organization KENWOOD FOUNDATION 7521-XXXXXX21240		Employer identification number 04-6012784

Organization type (check one):

<b>Filers of:</b>	<b>Section:</b>
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)( ) (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

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

Name of organization  
KENWOOD FOUNDATION 7521-XXXXXX21240

Employer identification number  
04-6012784

**Part I**

**Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	EDITH L DABNEY C/O WELCH FORBES LLC 45 SCHOOL STREET BOSTON, MA 02108	\$ 68,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
2	JAMES T KNOWLES C/O WELCH FORBES LLC 45 SCHOOL STREET BOSTON, MA 02108	\$ 21,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
3	JEAN KNOWLES HEDLUND C/O WELCH FORBES LLC 45 SCHOOL STREET BOSTON, MA 02108	\$ 5,500	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
4	JOHN H KNOWLES C/O WELCH FORBES LLC 45 SCHOOL STREET BOSTON, MA 02108	\$ 11,865	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
5	ROBERT M KNOWLES C/O WELCH FORBES LLC 45 SCHOOL STREET BOSTON, MA 02108	\$ 45,471	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
.		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization KENWOOD FOUNDATION 7521-XXXXXX21240	<b>Employer identification number</b> 04-6012784
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<b>Part II Noncash Property</b>			
(see instructions). Use duplicate copies of Part II if additional space is needed.			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u>2</u>	239 shs Abbvie Inc Sr Nt Com	\$ 20,944	2019-11-20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u>3</u>	20 shs Idexx Laboratories, Inc.	\$ 5,240	2019-11-20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u>4</u>	45 shs Idexx Laboratories Inc.	\$ 11,790	2019-11-20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u>5</u>	166 shs Ansys Inc on 5-31-2019 value 29,971.00 156 shs Carmax Inc on 6-4-2019 value 15,459.00	\$ 45,430	2019-05-31
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	

Name of organization KENWOOD FOUNDATION 7521-XXXXXX21240	Employer identification number 04-6012784
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Part III

**Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_**

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	