Form **990-PF** 



#### **Return of Private Foundation**

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

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

		t of the Treasury		social security numbers on irs gov/Form990PF for insti			LO 10
		venue Service   Idar year 2019 or tax year		irs gov/rorm990PF for insti	, and ending	ormation	Open to Public Inspection
		foundation	203		, and chang	A Employer identification	number
			H SNIDER CH	ARITABLE TRU	ST		· name or
		MASS LUMBER				04-6126323	}
		ind street (or P O box number if		address)	Room/suite	8 Telephone number	
1	33	0 BOYLSTON S	TREET		609	617-232-60	50
		own, state or province, cou		ostal code		C If exemption application is p	
		STNUT HILL,					
		all that apply.	Initial return	Initial return of a fo	rmer public charity	D 1 Foreign organizations	s, check here
			Final return	Amended return			
			Address change	Name change		2 Foreign organizations me check here and attach co	eeting the 85% test, proputation
H (	Check	type of organization	X Section 501(c)(3) ex	xempt private foundation	$\Delta V$	E If private foundation sta	tus was terminated
	Se	ction 4947(a)(1) nonexem	pt charitable trust	Other taxable private founda	ition 09	under section 507(b)(1)	1
1 Fa	air ma	arket value of all assets at e	nd of year   J Accounti	ing method X Cash	Accrual	F If the foundation is in a	60-month termination
		Part II, col. (c), line 16)		ther (specify)		under section 507(b)(1)	)(B), check here
_	\$			nn (d), must be on cash bas	is)		
Pa	art I	Analysis of Revenue an (The total of amounts in colur necessarily equal the amount	I EXPENSES mns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
. <del></del>				expenses per books	income	income	(cash basis only)
	1	Contributions, gifts, grant		40,000.		N/A	-
	2	Check X If the foundation					
	3	Interest on savings and tempo cash investments		27 507	27 507		CERTAIN 1
	4	Dividends and interest fro	m securities	37,507.	37,507.		STATEMENT 1
	l .	Gross rents					
	-	Net rental income or (loss)		9,226.			
ne	b	Net gain or (loss) from sale of a Gross sales price for all assets on line 6a	14,250.	9,220.		RECEIVED	
Revenue	,"	Capital gain net income (from F			9,226.	MEGG	78
Re	8	Net short-term capital gair			7,2215	111 A G 2020	101
	9	Income modifications	•		2	MAY 0 6 2020	\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>
	10a	Gross sales less returns and allowances					-
	ł .	Less Cost of goods sold				OGDEN, U	
	c	Gross profit or (loss)					
	11	Other income		52.	52.		STATEMENT 2
	12	Total Add lines 1 through	h 11	86,785.	46,785.		
	13	Compensation of officers, dire		0.	0.		0.
	1	Other employee salaries a	<del>-</del>				
v	1	Pension plans, employee	benefits				
use	ł	Legal fees	2000	1 500			
ğ		Accounting tees	STMT 3	1,700.	1,700.		0.
Ω ω		Other professional fees					
ž	Į.	Interest	COMO A	239.			
stra	1	Taxes  Depreciation and depletion	STMT 4	239.	0.		0.
Ē	19 20	Occupancy	ı		·		
퉏	l	Travel, conferences, and r	naatinas				
and Administrative Expenses	I	Printing and publications	neenings				
	I	Other expenses	STMT 5	10,397.	10,373.		0.
Operating	24	Total operating and admi		20,33,0	10,513.		†
peri		expenses Add lines 13 th		12,336.	12,073.		0.
ō	25	Contributions, gifts, grants	= ,	57,084.			57,084.
•	i	Total expenses and disbu	•				27,002.
		Add lines 24 and 25		69,420.	12,073.		57,084.
	27	Subtract line 26 from line	12				
	a	Excess of revenue over expens	es and disbursements	17,365.			
_	h	Net investment income of	and their anima O t		34,712.		<del> </del>
)	, U		negative enter-0 )		<u>J4,/14</u>		

C/O MASS LUMBER COMPANY

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Part II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	<del>`</del>
rait II	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1 Cas	h - non-interest-bearing	46,124.	27,138.	27,138.
2 Sav	ings and temporary cash investments	49,332.	50,662.	50,662.
3 Acc	ounts receivable >			
Les	s allowance for doubtful accounts >			
4 Plea	dges receivable 🕨			
Les	s allowance for doubtful accounts			
5 Gra	nts receivable			
6 Rec	eivables due from officers, directors, trustees, and other			
disc	qualified persons			
7 Other	notes and loans receivable			
Les	s allowance for doubtful accounts			
ফ 8 Inve	entories for sale or use			
Assets 9 Prej	paid expenses and deferred charges			
10a Inve	estments - U.S. and state government obligations			
<b>b</b> Inve	estments - corporate stock STMT 6	466,747.	421,460.	892,899.
c Inve	estments - corporate bonds STMT 7	387,849.	467,849.	473,164.
11 Invest	tments - land, buildings and equipment basis			
Less	accumulated depreciation			
12 Inve	estments - mortgage loans			<del></del>
13 Inve	estments - other			
14 Lan	d, buildings, and equipment basis ►			
Less	accumulated depreciation			
15 Oth	er assets (describe 🟲)			
16 Tota	al assets (to be completed by all filers - see the			
ınst	ructions Also, see page 1, item I)	950,052.	967,109.	<u>1,443,863.</u>
17 Acc	ounts payable and accrued expenses			
18 Gra	nts payable			
ន្ល 19 Defe	erred revenue			
20 Loan	ns from officers, directors, trustees, and other disqualified persons			
.등 21 Mor	rtgages and other notes payable			
22 Oth	er habilities (describe  STATEMENT 8)	26,046.	25,738.	
	al liabilities (add lines 17 through 22)	26,046.	25,738.	·
<b>I</b>	ndations that follow FASB ASC 958, check here			
န္တ and	complete lines 24, 25, 29, and 30			
E 24 Net	assets without donor restrictions			
25 Net	assets with donor restrictions			
P Fou	ndations that do not follow FASB ASC 958, check here ▶ 【X】			
子 and	complete lines 26 through 30		_	
5 26 Cap	ital stock, trust principal, or current funds	0.	0.	
27 Paid	d-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
28 Reta	ained carnings, accumulated income, endowment, or other funds	924,006.	941,371.	
Net Assets or Four and Balance and 24 Net 25 Net Four and 26 Cap 27 Paic 28 Reta 29 Total	al net assets or fund balances	924,006.	941,371.	
		050 050	067 100	
30 Tota	al liabilities and net assets/fund balances	950,052.	967,109.	<del></del>
Part III	Analysis of Changes in Net Assets or Fund B	alances		
1 Total net	assets or fund balances at beginning of year - Part II, column (a), line	20		
	ee with end-of-year figure reported on prior year's return)	23		924,006.
, .	ount from Part I, line 27a			17,365.
	reases not included in line 2 (itemize)		3	0.
	1, 2, and 3		3	941,371.
	s not included in line 2 (itemize)		5	941,3/1.
	assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 29	6	941,371.
		7-77		Form <b>990-PF</b> (2019)

Part IV Capital Gains a	and Losses for Tax on I	nvestmen	t Income						
	the kind(s) of property sold (for extrehouse, or common stock, 200 st		ate,	( <b>b</b> )	How ac - Purc - Don	cquired hase ation	(c) Date acquire (mo., day, yr.)		i) Date sold no , day, yr.)
1a NORTHERN TRUST						P			
<u>b</u>							·		
<u>C</u>		<del></del>							
e e							<del></del>		
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				(h) Gain or ( ((e) plus (f) mi		
a 14,250.			5,02	4.					9,226.
b									
C									
d	<del> </del>	<u> </u>							
Complete only for assets showing	g gain in column (h) and owned by	the foundation	n on 12/31/69			/1	) Gains (Col. (h)	asio minus	
	(j) Adjusted basis		cess of col. (i)				(k), but not less	s than -0-) o	
(i) FMV as of 12/31/69	as of 12/31/69		col (j), if any				Losses (from	col (h))	
a									9,226.
b									
C									
d									
е									
2 Capital gain net income or (net cap	oital loss) $\left\{egin{array}{l}  ext{If gain, also enter-l} \  ext{If (loss), enter-l} \end{array} ight.$			}	2				9,226.
3 Net short-term capital gain or (los		ınd (6)		٦					
If gain, also enter in Part I, line 8, of (loss), enter -0- in Part I, line 8	column (c)			}	2		N	/A	
	nder Section 4940(e) fo	r Reduced	Tax on Net	Inv	estn	nent Inc		<u>/ A</u>	
If section 4940(d)(2) applies, leave the Was the foundation liable for the sect If "Yes," the foundation doesn't qualify.  1 Enter the appropriate amount in e	ion 4942 tax on the distributable ar r under section 4940(e) Do not co	mplete this par	t						Yes X No
(a)	(b)		TOTO MAKING ANY C	(c)				(d)	
Base periód years Calendar year (or tax year beginnin	A alicinate al accidità con alc	stributions	Net value of no			use assets	(col. (b	istribútión ra ) divided by	atio / col (c))
2018	(	58,393.		1	,18	4,368			.057746
2017		56,308.				3,452			.050121
2016		19,265.				1,932			.047741
2015		54,565.				7,833			.054141
2014		59,689.			, 00	1,571	+		.059595
2 Total of line 1, column (d)							2		.269344
3 Average distribution ratio for the 5	-year base period - divide the total	on line 2 by 5	0, or by the numb	er of y	/ears				. 20 5 5 4 4
the foundation has been in existen		ŕ	, ,		,		3		.053869
4 Enter the net value of noncharitable	e-use assets for 2019 from Part X,	, line 5					4	1,3	01,518.
5 Multiply line 4 by line 3							5		70,111.
	- (40) - 4 D- 4 L L - 2 O7L )								
6 Enter 1% of net investment incom	e (1% OFMILI, IIME 2/0)						6		347.
7 Add lines 5 and 6							7		70,458.
8 Enter qualifying distributions from	•						8	<u>.</u>	57,084.
If line 8 is equal to or greater than See the Part VI instructions	line 7, check the box in Part VI, line	e 1b, and comp	olete that part using	g a 19 	% tax r	ate ———			
923521 12-17-19		•	_					Form 99	<b>90-PF</b> (2019)

ELIOT I AND RUTH SNIDER CHARITABLE TRUST

orm 990-PF	(2019) C/O MASS LUMBER COMPANY				04-	6126	323		Page 4
Part VI	Excise Tax Based on Investment Income (Section 49)			0(e), or 4	948	- see ii	nstru	ctio	าร)
1a Exempt	operating foundations described in section 4940(d)(2), check here 🕨 🔲 and	d enter "N/A	N" on line 1	}					
	ruling or determination letter (attach copy of letter if i								
<b>b</b> Domes	tic foundations that meet the section 4940(e) requirements in Part V, check here		and enter 1%	}	1	ļ		<u>6</u>	<u>94.</u>
of Part	I, line 27b								
c All othe	r domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter	4% of Par	t I, line 12, col (b	) ]					
2 Tax und	der section 511 (domestic section 4947(a)(1) trusts and taxable foundations only	, others, en	ter -0-)		2				<u>0.</u>
3 Add line	es 1 and 2				3			6	94.
4 Subtitle	A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only	,, others, er	nter -0-)		4				0.
5 Tax bas	sed on investment income Subtract line 4 from line 3. If zero or less, enter -0-				5			6	94 <u>.</u>
6 Credits	/Payments	,							
a 2019 es	stimated tax payments and 2018 overpayment credited to 2019	6a		240.					
<b>b</b> Exempt	foreign organizations - tax withheld at source	6b		0.					
c Tax par	d with application for extension of time to file (Form 8868)	6c		0.					
d Backup	withholding erroneously withheld	6d		0.					
7 Total cr	redits and payments. Add lines 6a through 6d				7			2	40.
8 Enter a	ny penalty for underpayment of estimated tax. Check here if Form 2220 is a	attached			8				0.
	e If the total of lines 5 and 8 is more than line 7, enter amount owed			<b>•</b>	9			4	54.
0 Overpa	yment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	i		<b>•</b>	10				
•	ne amount of line 10 to be Credited to 2020 estimated tax		Re	funded 📂	11				
	A Statements Regarding Activities		-	-					
1a During	the tax year, did the foundation attempt to influence any national, state, or local le	gislation or	did it participate	or intervene	ın			Yes	No
_	itical campaign?						1a		X
b Did it si	pend more than \$100 during the year (either directly or indirectly) for political pur	poses? Sec	e the instructions	for the defin	ution		1b		X
	nswer is "Yes" to 1a or 1b, attach a detailed description of the activities and copie								
	ited by the foundation in connection with the activities								ĺ
c Did the	foundation file Form 1120-POL for this year?						10		х
	ne amount (if any) of tax on political expenditures (section 4955) imposed during	the year							
	the foundation $\blacktriangleright$ \$ 0 . (2) On foundation manag			0.				i	ĺ
	ne reimbursement (if any) paid by the foundation during the year for political expe				•				
	ers > \$ 0.		•						ĺ
2 Has the	foundation engaged in any activities that have not previously been reported to th	e IRS?					2		Х
	attach a detailed description of the activities								
	foundation made any changes, not previously reported to the IRS, in its governing	na instrume	ent, articles of inc	orporation, o	or				ĺ
	or other similar instruments? If "Yes," attach a conformed copy of the changes	J	•				3		х
-	foundation have unrelated business gross income of \$1,000 or more during the	vear?					4a		Х
	has it filed a tax return on Form 990-T for this year?	•			N	/A	4b		
	ere a liquidation, termination, dissolution, or substantial contraction during the ye	ar?					5		Х
	attach the statement required by General Instruction T								
	requirements of section 508(e) (relating to sections 4941 through 4945) satisfied	d either							
	nguage in the governing instrument, or								ĺ
<del>-</del>	ate legislation that effectively amends the governing instrument so that no manda	itory directi	ons that conflict v	with the state	alaw				
•	in the governing instrument?	,					6		x
	foundation have at least \$5,000 in assets at any time during the year? If "Yes," co	molete Par	t II col (c) and F	Part XV			7	X	
. 510 (116		proto i di	, 557 (5), 41141	<del>-</del>					
8a Enter th	ne states to which the foundation reports or with which it is registered. See instruc	ctions -							
MA	- States to which the foundation reports of with without it is registered. See Institut								
	nswer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the	e Attorney i	General (or design	nate)					
	state as required by General Instruction G? If "No," attach explanation	C AUDITIES !	deneral (or desig	iiate j			8b	Х	l
	state as required by General Instruction G > 11. No, attach explanation bundation claiming status as a private operating foundation within the meaning of	section 40	12(1)(3) or 1012	N(5) for cala	ndar		00	- 21	
	19 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," c			IN STILL CALL	iiuai	l	,		Y
-	and the lax year beginning in 2019? See the histocholds for Part XIV II res, to	omplete Pa				ł	9		v

Form **990-PF** (2019)

Pa	Part VII-A Statements Regarding Activities (continued)				
				Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning	ng of			
	section 512(b)(13)? If "Yes," attach schedule See instructions		11		Х
12	2 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified per	rson had advisory privileges?			
	If "Yes," attach statement. See instructions	, ,     -	12	1	X
13		cation?	13		Х
	Website address ► N/A				
14	The books are in care of ► NANCY BUDGE	Telephone no $\triangleright 617-23$	2-6	050	
	Located at ▶ 1330 BOYLSTON STREET #609, CHESTNUT HILL,	MA ZIP+4 ▶02			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			<b></b>	
	and enter the amount of tax-exempt interest received or accrued during the year	▶ 15	Ŋ	/A_	
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority	over a bank,		Yes	No
	securities, or other financial account in a foreign country?		16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	ne			
	foreign country				
Pa	Part VII-B Statements Regarding Activities for Which Form 4720 May Be R	equired			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	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?	Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes X No			
	(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)?	Yes X No			
	(6) Agree to pay money or property to a government official? (Exception Check "No"				
	if the foundation agreed to make a grant to or to employ the official for a period after				
	termination of government service, if terminating within 90 days )	Yes X No			
b	b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulat		١		
	section 53 4941(d) 3 or in a current notice regarding disaster assistance? See instructions	N/A	1b		
	Organizations relying on a current notice regarding disaster assistance, check here	<b>P</b> []			
С	c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that wer	e not corrected			Х
a	before the first day of the tax year beginning in 2019?  Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private op	aratina foundation	1c		
۲	defined in section 4942(j)(3) or 4942(j)(5))	erating loundation			
2	a At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines				
a	6d and 6e) for tax year(s) beginning before 2019?	Yes X No			
	If "Yes," list the years > , , , , , ,				
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 all years listed, ans	-			
	statement - see instructions )	N/A	2b		
C	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	·			
	<b>&gt;</b>				
3a	3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	···			
	during the year?	Yes X No			
b	b If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disc	qualified persons after			
	May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section	on 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period?	(Use Form 4720,			
	Schedule C, to determine if the foundation had excess business holdings in 2019 )	N/A	3b		
	4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purpose		4a		<u>X</u>
b	<b>b</b> Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	s charitable purpose that			
	had not been removed from jeopardy before the first day of the tax year beginning in 2019?		4b		<u> </u>
		Fo	rm <b>990</b>	)-PF	2019)

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Tart VII-b Statements negarating Activities for William	Offit 4720 May be 1	required (contin	ueu)		
5a During the year, did the foundation pay or incur any amount to				Y	es No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Ye	s X No		l
(2) Influence the outcome of any specific public election (see section 4955), or	or to carry on, directly or indire		r		
any voter registration drive?			es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	es X No		Ì
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section				
4945(d)(4)(A)? See instructions		<del></del>	es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t		1787		
the prevention of cruelty to children or animals?			s X No		ļ
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unit		in Regulations	27 / 2		
section 53 4945 or in a current notice regarding disaster assistance? See instr			N/A	5b	
Organizations relying on a current notice regarding disaster assistance, check					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for		_			
expenditure responsibility for the grant?	Ŋ	I/A L Ye	es L No		
If "Yes," attach the statement required by Regulations section 53 4945-5(d)					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		es X No		
a personal benefit contract?	occount boosts and costs	Y6	S LALINO	CL	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		}	6b	X_
If "Yes" to 6b, life Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax s	halter transaction?	[] v,	es X No		
b If "Yes." did the foundation receive any proceeds or have any net income attribu		۱۲ لیبیا	N/A	7b	<del>-  </del>
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$		r	N/A	70	
excess parachule payment(s) during the year?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		es X No		
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma			<b>-</b>	<u> </u>
List all officers, directors, trustees, and foundation managers and t	heir compensation				
The tall of the state of the test of the t	Y	(c) Compensation	(d) Contributions to	(e)	Expense
(a) Name and address	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	acco	Expense ount, other owances
ELIOT I. SNIDER	TRUSTEE	enter-0-)	compensation	and	UWances
1330 BOYLSTON STREET #609	TROSTEL				
CHESTNUT HILL, MA 02467	0.00	0.	0.		0.
	TRUSTEE	-		<del>                                     </del>	
1330 BOYLSTON STREET #609					
CHESTNUT HILL, MA 02467	0.00	0.	0.		0.
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Contributions to	<del></del>	F
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	acco	Expense ount, other owances
NONE					
				<u></u>	
	- <del></del>				
					<del></del>
			· · · · · · · · · · · · · · · · · · ·		
Total number of other employees paid over \$50,000		<del></del>		000-	0

Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."	·	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	· · · · · · · · · · · · · · · · · · ·	
		<del></del>
<b>7</b>		
Total number of others receiving over \$50,000 for professional services  Part IX-A Summary of Direct Charitable Activities		<b>▶</b> 0
		······
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	ation such as the	Expenses
1 N/A		
2		
3		
		·····
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and	2	Amount
1 N/A	-	, modin
1		
2		
All other program-related investments. See instructions		
3		
	·—	
Total. Add lines 1 through 3	<b></b>	0.
		Form <b>990-PF</b> (2019)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndation	s, see instructions)
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	1,234,510.
b	Average of monthly cash balances	1b	1,234,510. 86,828.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	1,321,338.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,321,338.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	19,820.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	1,301,518.
6_	Minimum investment return Enter 5% of line 5	6	65,076 <b>.</b>
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an foreign organizations, check here ▶ ☐ and do not complete this part )	d certair	1
1	Minimum investment return from Part X, line 6	1	65,076.
2a	Tax on investment income for 2019 from Part VI, line 5		
b	Income tax for 2019 (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	694.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	64,382.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	64,382.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	64,382.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	57,084.
b	Program-related investments - total from Part IX-8	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	· · · · · · · · · · · · · · · · · · ·
3	Amounts set aside for specific charitable projects that satisfy the.		
а	Suitability lest (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	<u> </u>
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	57,084.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	57,084.
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	ualifies	for the section

4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

C/O MASS LUMBER COMPANY 04-6126323 Page 9

(a) (b) (c) (d) Corpus Years prior to 2018 2018 2019 1 Distributable amount for 2019 from Part XI, 64,382. line 7 2 Undistributed income, if any, as of the end of 2019 0 a Enter amount for 2018 only **b** Total for prior years 0. 3 Excess distributions carryover, if any, to 2019 10,130. a From 2014 4,673. **b** From 2015 c From 2016 569. d From 2017 9,591 e From 2018 24,963 f Total of lines 3a through e 4 Qualifying distributions for 2019 from Part XII, line 4" > \$ 57,084 0 a Applied to 2018, but not more than line 2a b Applied to undistributed income of prior years (Election required - see instructions) 0 c Treated as distributions out of corpus 0 (Election required - see instructions) 57,084. d Applied to 2019 distributable amount 0. e Remaining amount distributed out of corpus Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount 7,298. 7,298. must be shown in column (a)) 6 Enter the net total of each column as indicated below 17,665 a Corpus Add lines 31 4c, and 4e Subtract line 5 b Prior years' undistributed income. Subtract 0. line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously 0 assessed d Subtract line 6c from line 6b Taxable 0 amount - see instructions e Undistributed income for 2018 Subtract line 0 4a from line 2a Taxable amount - see instr f Undistributed income for 2019 Subtract lines 4d and 5 from line 1. This amount must 0. be distributed in 2020 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election 0. may be required - see instructions) 8 Excess distributions carryover from 2014 2,832. not applied on line 5 or line 7 9 Excess distributions carryover to 2020 14,833 Subtract lines 7 and 8 from line 6a 10 Analysis of line 9 4,673. a Excess from 2015 b Excess from 2016 569. c Excess from 2017 9,591 d Excess from 2018 e Excess from 2019

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Form 990-PF (2019)

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C/O MASS LUMBER COMPANY

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Part XV Supplementary Information		· · · · · · · · · · · · · · · · · · ·		
3 Grants and Contributions Paid During the Ye	ear or Approved for Future	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	- Commodation	
a Paid during the year				
SEE ATTACHED SCHEDULE	NONE	501(C)3	EDUCATIONAL & MEDICAL	
			PURPOSES	57,084,
				•
		+		
		ļ		
Total			<b>▶</b> 3a	57.084.
<b>b</b> Approved for future payment				
NONE				
	-			
Total			<b>▶</b> 3b	0.

Form 990-PF (2019) C/O MASS LUMB	ER COMPAN	Υ		04-6	126323 Page 12
Part XVI-A Analysis of Income-Prod	ducing Activiti	es			
Enter gross amounts unless otherwise indicated		business income		y section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(C) Exclu- sion	(d)	Related or exempt
1 Program service revenue	code	Amount	code	Amount	function income
a	1 1				
b	1 1	· ·			
C	1 i				
0			<del>  </del>		
e					
g Fees and contracts from government agencies					······································
2 Membership dues and assessments		· · · · · · · · · · · · · · · · · · ·	<del>  </del>		
3 Interest on savings and temporary cash			<del>  </del>		
investments					
4 Dividends and interest from securities			14	37,507.	
5 Net rental income or (loss) from real estate			<del>  </del>	0.700.0	· · · · · · · · · · · · · · · · · · ·
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income			14	52.	
8 Gain or (loss) from sales of assets other					
than inventory			14	9,226.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a					
b	-	<del></del>			
C			<del></del>		
d		· · · · · · · · · · · · · · · · · · ·	-		
e	-	0 .	<del>  </del>	46,785.	0.
13 Total Add line 12, columns (b), (d), and (e)	<u> </u>		•1		46,785
(See worksheet in line 13 instructions to verify calculations	١			13	40,703
Part XVI-B Relationship of Activities	s to the Accor	npilsnment of E	xempt Pt	ırposes	
Line No Explain below how each activity for which ii	ncome is reported in	column (e) of Part XVI-	A contributed	importantly to the accomp	lishment of
the foundation's exempt purposes (other th					
				·····	
			·		
				.,	
	· · · · · · · · · · · · · · · · · · ·	<del>-</del>	<del></del>		
				<u> </u>	
		.,.,.,		· · · · · · · · · · · · · · · · · · ·	

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orm 990	-PF (20 :		' I AND RUTH SN: IASS LUMBER <u>COM</u> I			-6126323	Page <b>13</b>
Part >	(VII	Information Re	egarding Transfers to		d Relationships With N	oncharitable	
4 D.4		Exempt Organ		and the same that are a second to a	decembed in control EO1/a)		Yes No
	·	•	rectly engage in any of the follow nizations) or in section 527, relatii	• •	described in section 50 I(c)		Tes No
			ation to a noncharitable exempt o				
	Cash	m me reporting round	ation to a nonunariable exempt o	a gamzation of		1a(1)	x
. ,	Other as	sets				1a(2)	X
	er transa						
(1)	Sales of	assets to a noncharita	ble exempt organization			1b(1)	X
(2)	Purchas	es of assets from a no	ncharitable exempt organization			16(2)	X
(3)	Rental o	f facilities, equipment,	or other assets			1b(3)	<u> </u>
(4)	Reimbu	rsement arrangements				15(4)	X
(5)	Loans c	r loan guarantees				1b(5)	X
			embership or fundraising solicitati			1b(6)	X
	_		uling lists, other assets, or paid er			1c	X
		•		1 /	ays show the fair market value of th	•	ets,
					in any transaction or sharing arran	igement, show in	
(a) Line no		) Amount involved	other assets, or services received (c) Name of noncharitab	·····	(d) Description of transfers, transac	ctions, and sharing are	angomente
(a) Line no	10	7 Amount involved	N/A	te exempt organization	(u) Description of transfers, transac	ctions and sharing an	angements
	+	<del></del>	N/A	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>		<del></del>	
	<del> </del>			······································	.,		
		<del></del>					
	-						
			<u> </u>	······································		<del></del>	····
ın s	ection 50		I tly affihated with, or related to, on in 501(c)(3)) or in section 527? edule	e or more tax-exempt organiza	Itions described	Yes	X No
		(a) Name of org		(b) Type of organization	(c) Description of	f relationship	
		N/A					

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

Preparer's signature

ours

\$TARR

Form **990-PF** (2019)

May the IRS discuss this return with the preparer shown below? See instr

X Yes

P00295442

PTIN

Firm's EIN  $\triangleright 04 - 2160648$ 

Phone no 617-783-2500

Sign Here

Paid

Preparer

**Use Only** 

Signature of officer or trustee

Print/Type preparer's name

LOUIS J. KATES

Firm's name ► STARR, FINER

Firm's address ► 1280 SOLDIERS FIELD ROAD

BOSTON, MA 02135-1096

TRUSTEE

Check [

self- employed

Title

04/17/20

Date

FORM 990-PF	DIVIDENDS	S AND INTER	EST FR	OM SECU	RITIES S	TATEMENT	1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	R	(A) EVENUE R BOOKS	(B) NET INVEST- MENT INCOME		
NORTHERN TRUST	37,507.		0.	37,507	. 37,507.		
TO PART I, LINE 4 =	37,507.		0.	37,507	37,507.		
FORM 990-PF		OTHER I	NCOME		S	TATEMENT	2
DESCRIPTION			(A) REVEN PER BC	UE :	(B) NET INVEST- MENT INCOME	(C) ADJUSTEI NET_INCOI	
MISCELLANEOUS INCOME				52.	52.		
TOTAL TO FORM 990-PF	, PART I,	LINE 11		52.	52.		
FORM 990-PF		ACCOUNTI	NG FEE	S	S	TATEMENT	3
		(A)	,				
DESCRIPTION		EXPENSES PER BOOKS	NET I	B) NVEST- INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAI PURPOSI	
		EXPENSES	NET I	NVEST-	ADJUSTED	CHARITAI	
	 , LN 16B ==	EXPENSES PER BOOKS	NET I	NVEST- INCOME	ADJUSTED	CHARITAI	ES_
PROFESSIONAL FEES	, LN 16B	PER BOOKS	MENT	NVEST- INCOME 1,700.	ADJUSTED NET INCOME	CHARITAI	0.
PROFESSIONAL FEES TO FORM 990-PF, PG 1 FORM 990-PF	, LN 16B	EXPENSES PER BOOKS 1,700.	NET I	NVEST- INCOME 1,700.	ADJUSTED NET INCOME	CHARITAI PURPOSI	0. 0. 4
	, LN 16B	TAX  (A)  EXPENSES	NET I	NVEST-INCOME  1,700.  1,700.  B)  NVEST-	ADJUSTED NET INCOME  S  (C) ADJUSTED	CHARITAI PURPOSI  TATEMENT  (D) CHARITAI	0. 0. 4

FORM 990-PF	OTHER E	XPENSES			STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC				
INVESTMENT EXPENSES BANK FEES	10,373.		373.			0.
TO FORM 990-PF, PG 1, LN 23	10,397.	10,	373.			0.
FORM 990-PF	CORPORAT	E STOCK			STATEMENT	6
DESCRIPTION			вос	OK VALUE	FAIR MARKE	T
CORPORATE STOCK		-		421,460.	892,8	99.
TOTAL TO FORM 990-PF, PART II	, LINE 10B	:		421,460.	892,8	99.
FORM 990-PF	CORPORAT	E BONDS			STATEMENT	7
DESCRIPTION			вос	OK VALUE	FAIR MARKE' VALUE	т
CORPORATE BONDS		-		467,849.	473,1	64.
TOTAL TO FORM 990-PF, PART II	, LINE 10C	=		467,849.	473,1	64.
FORM 990-PF	OTHER LIA	BILITIES			STATEMENT	8
DESCRIPTION			воу	AMOUNT	EOY AMOUNT	*-
CONVERSION TO COST BASIS		-	· · - · · · · · · · · · · · · · · · · ·	26,046.	25,7	38.
TOTAL TO FORM 990-PF, PART II	T.TNF 22	-		26,046.	25,7	20

9

FORM 990-PF

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT

NAME OF MANAGER

ELIOT I. SNIDER NANCY BUDGE

20

## ELIOT I. RUTH F. SNIDER CHARITABLE TRUST EIN: 04-6126323, FORM 990-PF, December 31, 2019

Description	Purpose'	Relationship	Amount Date	
American Red Cross	Medical	None	\$35 00	May-19
Beth Israel Deaconess Medical Center	Medical	None	\$5,000 00	Apr-19
Beth Israel Deaconess Medical Center	Medical	None	\$15,000 00	Nov-19
Boston Public Library Foundation	Educational	None	\$1,000 00	Nov-19
CATO Institute	Civic	None	\$1,000 00	Nov-19
Christian Appalachian	Charitable	None	\$24 00	Apr-19
Citizens Against Government Waste	Civic	None	\$700.00	Nov-19
Combined Jewish Philanthropies	Charitable	None	\$10,000 00	Nov-19
Community Foundation of Palm Beach 8	Civic	None	\$10,000 00	Nov-19
Council For Economic Education	Education	None	\$500.00	Nov-19
Dana Faber Institute	Medical	None	\$100 00	Feb-19
Easter Seals	Charitable	None	\$25 00	May-19
Facing History and Ourselves	Civic	None	\$1,000 00	Nov-19
Franciscan Missionary	Charitable	None	\$50 00	Apr-19
Jewish Federation Of Palm Beach Coun	Charitable	None	\$2,000 00	Nov-19
Mercy Home For Boys & Girls	Charitable	None	\$20 00	Feb-19
Mercy Home For Boys & Girls	Charitable	None	\$30 00	May-19
Morgan Memorial Goodwill Industries	Charitable	None	\$100 00	_May_19
More Than Words	Charitable	None	\$1,000 00	Nov-19
Palm Beach Civic Association	Civic	None	\$3,500 00	Apr-19
Pine Street Inn	Civic	None	\$1,000 00	Nov-19
United Way of Massachusetts Bay	Charitable	None	\$2,000 00	Nov-19
United Way of of Palm Beach	Charitable	None	\$2,000 00	Nov-19
Women's Luncheon Place	Charitable	None	\$1,000 00	Nov-19
TOTAL COLLEGE COLLEGE			\$57,084.00	

### Schedule B

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

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

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

OMB No 1545 0047

2019

Name of the organization

Organization type (check one)

ELIOT I AND RUTH SNIDER CHARITABLE TRUST C/O MASS LUMBER COMPANY

Employer identification number

04-6126323

Filers of	:	Section:
Form 99	0 or 990-EZ	501(c)( ) (enter number) organization
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
		527 political organization
Farm 00	ם חב	
Form 99	J-PF	
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
Charles		covered by the General Rule or a Special Rule.
	, ,	7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions
General	Rule	
	•	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special	Rules	
	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 r, 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, line 1 Complete Parts I and II
	year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the ty to children or animals. Complete Parts I, II, and III
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively, etc., contributions totaling \$5,000 or more during the year.
	-	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its 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

Employer identification number

# ELIOT I AND RUTH SNIDER CHARITABLE TRUST C/O MASS LUMBER COMPANY

04-6126323

Part I	Contributors (see instructions) Use duplicate copies of Part I if add	ditional space is needed	
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ELIOT SNIDER  109 EL MIRASOL  PALM BEACH, FL 33480	<b>\$</b>	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
		<u>\$</u>	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
		<b>\$</b>	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

Employer identification number

## ELIOT I AND RUTH SNIDER CHARITABLE TRUST

art II	Noncash Property (see instructions) Use duplicate copies of P	art II if additional space is needed	
(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
, , , ,		s	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No rom 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

Employer identification number

					contributions to organi	rations describe	-
C/OM	ASS	ת ז, ד	MRER (	COMPANY			
ELIOT	I	AND	RUTH	SNIDER	CHARITABLE	TRUST	

04 6126222

com Us	m any one contributor Complete columns (a pleting Part III, enter the total of exclusively religious, e duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or I	ess for the year (Enter this info once) \$
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a		Relationship of transferor to transferee
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
art I			
art I		(e) Transfer of gift	