SCANNED MAY 1 8 2021

'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/Form990PFfor instructions and the latest information.

Open to Public Inspection

F	or <u>ca</u>	lendar year 2019 or tax year beginning		, 2019, and end	ling	, 20
		f foundation			A Employerident	ification number
_	RIL	EY MABEL LOUISE TR U/WILL			04	-6278857
		r and street (or PO box number if mail is not delivered t	o street address)	Room/sui		ber (see instructions)
	P0'	BOX 185			6	17-722-7246
Cı	ty or t	own, state or province, country, and ZIP or foreign post	al code		6 "	. –
	ייזם	TSBURGH, PA 15230-0185	•		C If exemption appli pending, check he	cation is
_		eck all that apply: Initial return	Initial return	of a former public cha	Irity D 1 Foreign organiz	rations chack hara
		Final return	Amended ret	urn	2 Foreign organiz	ations meeting the
_		Address change	Name change			here and attach
H		eck type of organization: X Section 501		1 1	E If private foundate	on status was terminated
1		Section 4947(a)(1) nonexempt charitable trust market value of all assets at J Acco	Other taxable pri		under section 507	(b)(1)(A), check here . F
'			unting method <u> A</u> Ca ther (specify)	asn Accruai	j.	s in a 60-month termination (b)(1)(B), check here
			column (d), must be on ca	ash basis)		(b)(1)(b), check here .
P		Analysis of Revenue and Expenses (The				(d) Disbursements
		total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
٦	1	Contributions, gifts, grants, etc., received (attach schedule) .				-
	2	Check X if the foundation is not required to	1 , 1	n 1, 1		100
ı	3	Interest on savings and temporary cash investments-	L			
	4	Dividends and interest from securities	_1,597,243.	1,576,462.		STMT
	5a	Gross rents				
4			2,663,113.	<u> </u>		
Revenue	b	Not gain or (loss) from sale of assets not on line 10 Gross sales price for all 24, 140, 525	2,000,110.			
š	7	Capital gain net income (from Part IV, line 2).		2,663,113.		
۳,	8	Net short-term capital gain.				
	9	Income modifications				
	10a	Gross sales less returns	, , , , , , , , , , , , , , , , , , ,		lo .	* · · ·
I		Less Cost of goods sold	<u> </u>		,1	
		Gross profit or (loss) (attach schedule)	2 020	<u> </u>		OMM
	11 12	Other income (attach schedule)	-2,029. 4,258,327.	6,923. 4,246,498.		STMT
\dashv	13		306,306.	183,783.		122,52
န္တ	14	Compensation of officers, directors, trustees, etc Other employee salaries and wages	300,300.	NONE	NON	
ns(15	Pension plans, employee benefits		NONE		
ĝ		Legal fees (attach schedule) STMT 3	16,586.	NONE		
Û		Accounting fees (attach schedule) STMT 4	26,000.	NONE	NON	
Š	С	Other professional fees (attach schedule)				
and Administrative Expense	17	Interest \ \ 1 . 1 . 12.020				
	18	Taxes (attach schedule) (see instructions). 5.	83,710.	38,046.		<u> </u>
Ē	19	Depreciation (attach schedule) and depletion.				+
ğ	20	Occupancy		NONE	NON	<u> </u>
ב ב	21 22	Printing and publications		NONE		
ğ	23	Other expenses (attach schedule) STMT. 6.	289,057.	84,931.	11014	204,12
	23 24 25	Total operating and administrative expenses.		0 1/2 0 1 .		1
ē		Add lines 13 through 23	721,659.	306,760.	NONNON	E 369,23
밁	25	Contributions, gifts, grants paid	3,415,823.			3,415,823
		Total expenses and disbursements Add lines 24 and 25	4,137,482.	306,760.	NON	
	27	Subtract line 26 from line 12		1 1 1 1	1 2 1 H (1 1 H (1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		Excess of revenue over expenses and dichurgements	120,845.		1 1 1 1 1 1 1 1	· · · · · · · · · · · · · · · · · · ·
	b	Net investment income (if negative, enter -0-)		3,939,738.		
- 1	_	Adjusted+ income (if possesses onter 0)			ı	1

JSA For Paperwork Reduction Act Notice, see instructions.
9E1410 1 000 HMI 230 V17T 10/28/2020 16:16:26

Form **990-PF** (2019)

P	art II	Balance Sheets	Attached schedules and amounts in the	Beginning of year	End	of year
			description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
•	1	Cash - non-interest-bear	ing			
	2	Savings and temporary	cash investments	605,801.	923,237	. 923,237
	3	Accounts receivable			-	
		Less allowance for doub	btful accounts ▶			<u></u>
	4	Pledges receivable >		4 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		'
·		Less allowance for doub	btful accounts ▶			
	5	Grants receivable				
	6	Receivables due from	officers, directors, trustees, and other			
		disqualified persons (att	ach schedule) (see instructions)			
	7	Other notes and loans in	occivable (attach schedule) 🕨 🔃	1 11 0	a selection of the sele	
		Less: allowance for doul	btful accounts ►NONE			
ts	8	Inventories for sale or us	se			
Assets	9		leferred charges			
As	10a		government obligations (attach schedule)			
	ь		stock (attach schedule)			
	c		bonds (attach schedule)			
	11	Investments - land, building and equipment hasis Less accumulated deprecia (attach schedule)	gs, >	a litteration - work as the first	· , 10,1% w	r_ q que q
	12	·	loans			
	13	Investments - other (atta	ach schedule) STMT . 7 [50,418,584.	50,252,439	. 70,095,503
	14	Land, buildings, and equipment basis	>	1. (u.(.)	1 - 100	1
		Less accumulated deprecia (attach schedule)	ation >			
	15		>			
	16		completed by all filers - see the			
		instructions Also, see p	age 1, item l)	51,024,385.	51,175,676	. 71,018,740
	17	Accounts payable and a	accrued expenses			
	18	Grants payable				
es	19	Deferred revenue				
Liabilities	20	Loans from officers, directo	rs, trustees, and other disqualified persons			
abi	21	Mortgages and other no	otes payable (attach schedule)			
Ξ	22	Other liabilities (describe	e ▶)			
		T 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	47.1		27027	1
_	23		es 17 through 22)		NON!	
Fund Balances		and complete lines 24,	v FASB ASC 958, check here ► 25, 29, and 30.			
ā	24	Net assets without dono	or restrictions			
ã	25	Net assets with donor re	estrictions · · · · · · · · · · · · · · · · · · ·			<u>'</u>
פ		Foundations that do not fo	ollow FASB ASC 958, check here 🕨 🗓			1
F		and complete lines 26 thre				,
	26	Capital stock, trust princ	apal, or current funds	51,024,385.	51,175,676	
	27	Paid-in or capital surplus, or	r land, bldg , and equipment fund			1
Assets	28	Retained earnings, accumul	lated income, endowment, or other funds [
	29	Total net assets or fund	d balances (see instructions)	51,024,385.	51,175,676	
Set	30		net assets/fund balances (see			
2		instructions)	<u> </u>	51,024,385.	51,175,67 <u>6</u> .	
Р	art II	Analysis of Char	nges in Net Assets or Fund Balar			<u> </u>
1	Tota	al net assets or fund b	palances at beginning of year - Part I	I, column (a), line 29 (r	nust agree with	
			d on prior year's return)		-	51,024,385.
2			line 27a			120,845.
			ded in line 2 (itemize) ► SEE STAT		3	267,643.
					4	51,412,873.
		reases not included in			5	237,197.
			alances at end of year (line 4 minus li			51,175,676.

Pa	rt IV Capital Gains	and Losses for Tax on Inve	estment Income			
•	(a) List and des 2-story b	(b) How acquired P - Purchase	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)		
	PUBLICLY TRADED	siis WEC CO ;	D - Donation	(, 10,,,,,,		
_ <u>'</u>		BECORTTES				
	(e) Gross sales price		(h) Gain or (lo ((e) plus (f) min			
a	24,140,525.		21,477,412.		2	663,113.
<u>_</u>)					
	<u> </u>			ļ		
	<u> </u>					
e		<u> </u>				
	Complete only for assets sh	lowing gain in column (h) and owned b	 		Gains (Col (h) ga	
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	col	(k), but not less t Losses (from co	l (h))
a	·				2,	663,113.
t)					
c						
e	<u> </u>	, If a	Port Line 7	 	·	
2	Capital gain net income	or (net capital loss)	ain, also enter in Part I, line 7	2	2	662 112
3	Net short-term capital or	ain or (loss) as defined in sections	oss), enter -0- in Part I, line 7	-		663,113.
3		art I, line 8, column (c) See ins				
	-	· · · · · · · · · · · · · · · · · · ·		3		
Pa			uced Tax on Net Investment I			
			section 4940(a) tax on net investment		me)	
	,	,	• •		·	
If se	ection 4940(d)(2) applies,	leave this part blank.				
			utable amount of any year in the b	ase perio	d?	」Yes <u>X</u> No
_		't qualify under section 4940(e) De				
1	(a)		r; see the instructions before makir	ng any ent	tries. (d)	
	Base period years	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	ļ	Distribution ra	tio
Can	endar year (or tax year beginning in) 2018	3,529,055.	68,393,356.		(col (b) divided by	0.051599
	2017	2,701,858.	66,416,903.			0.031399
	2017	2,408,935.	59,862,942.			0.040080
	2015	3,631,476.	63,403,303.			0.057276
	2014	3,544,663.	65,122,276.			0.054431
		3/311/003.	03/122/2/0.			0.051151
2	Total of line 1, column (d)		2		0.244227
3		o for the 5-year base period - divid				<u> </u>
	_	foundation has been in existence in		3		0.048845
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
4	Enter the net value of no	oncharitable-use assets for 2019 fro	om Part X, line 5	4	66,	991,024.
						
5	Multiply line 4 by line 3.			5	3,	272,177.
6	Enter 1% of net investme	ent income (1% of Part I. line 27b)		6		39,397.
-						
7	Add lines 5 and 6			7	3,	311,574.
						
8				8		<u>785,057.</u>
	If line 8 is equal to or g Part VI instructions.	reater than line 7, check the box	in Part VI, line 1b, and complete	that part	using a 1% tax	rate. See the

Form	990-PF (2019)				ł	age 4
Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	4948 -	see ins	stru	ction	s)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1					
•	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)	-				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1			39,3	<u> 397.</u>
	here X and enter 1% of Part I, line 27b					
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of					-
	Part I, line 12, col (b)	1				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	2			1	ONE
3	Add lines 1 and 2	3			39,3	<u> 397.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	4			1	<u>IONE</u>
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0	5			39,3	<u> 397.</u>
6	Credits/Payments					
а	2019 estimated tax payments and 2018 overpayment credited to 2019 6a 38, 040.					
b	Exempt foreign organizations - tax withheld at source 6b NONE					
С	Tax paid with application for extension of time to file (Form 8868)					
d	Backup withholding erroneously withheld					
7	Total credits and payments Add lines 6a through 6d	7			42,5	514.
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			3,1	17.
11	Enter the amount of line 10 to be Credited to 2020 estimated tax ▶ 3,117. Refunded ▶	11				
Par	t VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation	n or di	d it 📙		Yes	No
	participate or intervene in any political campaign?		<u>L</u> '	1a		
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purpose	s? See	the	l		
	instructions for the definition		Li	1b		Σ
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of a	ny mate	rials			
	published or distributed by the foundation in connection with the activities		1	}		
C	Did the foundation file Form 1120-POL for this year?		<u>L</u> 1	1c	_	>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		ŀ	- 1	1	
	(1) On the foundation ▶ \$(2) On foundation managers ▶ \$					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax	ımpose	d			
	on foundation managers \$.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		· · _ '	2		X
	If "Yes," attach a detailed description of the activities)	- 1		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrum					
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
. b	If "Yes," has it filed a tax return on Form 990-T for this year?			1b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year 2			5		X
	If "Yes," attach the statement required by General Instruction T			- 1		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either		1	ì		
	By language in the governing instrument, or					
	• By state legislation that effectively amends the governing instrument so that no mandatory directively			· _ _ .	· <u></u>	
	conflict with the state law remain in the governing instrument?		l l	6	X_	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c),	and Part	xv \vdash	7	X	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions MA					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attor	ney Ger	ieral	_ .		
	(or designate) of each state as required by General Instruction G ² If "No," attach explanation			3Ь	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4					
	4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part X	IV If "Y	es,"			
	complete Part XIV		I	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule			T		
	names and addresses	_		10		Х

Par	t VII-A Statements Regarding Activities (continued)			
			Yes	No
ì1	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement See instructions	12) X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ▶ BNY MELLON, N.A. Telephone no ▶ (617) 722	-724	6	
	Located at ▶ P.O. BOX 185, PITTSBURGH, PA ZIP+4 ▶ 15230-	0185		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		•	
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of			
	the foreign country			
Par	VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly)		1	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			l
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? X Yes No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?	ł		1
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the]	•	
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in			4
	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b_		<u> X</u>
	Organizations relying on a current notice regarding disaster assistance, check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	_	_	نا نا
	were not corrected before the first day of the tax year beginning in 2019?	1c		<u> </u>
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			·
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			١,
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines	1		
	6d and 6e) for tax year(s) beginning before 2019?			١ :
	If "Yes," list the years			
þ	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			,
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	2 L		•
_	all years listed, answer "No" and attach statement - see instructions)	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			ı
20	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			1
Sa	at any time during the year?	Ì		1
	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or			1
D	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the	1		
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			1
				,
	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)	- 3b		لہ ا ا
Λo	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its		-	i
J	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		ı
	The state of the s		A DE	

Part	VII-B Statements Regarding Activities	for Which Form 4	4720 May Be Rec	<u> uired (continued) </u>			_
5a	During the year, did the foundation pay or incur any am	ount to				Yes	No
•	(1) Carry on propaganda, or otherwise attempt to influ	ence legislation (section	on 4945(e))?	. Yes X No	, <u> </u>		
	(2) Influence the outcome of any specific public e	lection (see section	4955), or to carry o	n,			
	directly or indirectly, any voter registration drive?			. Yes X No	,		
	(3) Provide a grant to an individual for travel, study, or			77	,		
	(4) Provide a grant to an organization other than	a charitable, etc., org	ganization described	in	İ		
	section 4945(d)(4)(A)? See instructions		•		,		
	(5) Provide for any purpose other than religious,						
	purposes, or for the prevention of cruelty to childre				,		
b	If any answer is "Yes" to 5a(1)-(5), did any of th	e transactions fail to	qualify under the e	exceptions described in	n	_	
	Regulations section 53 4945 or in a current notice rega	irding disaster assistar	nce? See instructions.		. 5b		[
	Organizations relying on a current notice regarding disa	aster assistance, check	here				
С	If the answer is "Yes" to question 5a(4), does th	e foundation claim e	exemption from the t	tax			
	because it maintained expenditure responsibility for the	grant ⁷		. Yes No	,		}
	If "Yes," attach the statement required by Regulations s	ection 53 4945-5(d)					
6a	Did the foundation, during the year, receive any for	ands, directly or indir	rectly, to pay premiu	ms			
	on a personal benefit contract?			Yes X No)		
b	Did the foundation, during the year, pay premiums, dire	ctly or indirectly, on a	personal benefit contra	act ⁷	. <u>6b</u>		X
	If "Yes" to 6b, file Form 8870				İ		1
7a	At any time during the tax year, was the foundation a p	arty to a prohibited tax	shelter transaction?.	. Yes X No	,		,
b	If "Yes," did the foundation receive any proceeds or have	e any net income attri	butable to the transact	ion ⁷	. 7b		
8	Is the foundation subject to the section 4960 tax on pa	yment(s) of more than	1,000,000 in				
	remuneration or excess parachute payment(s) during th			. Yes X No			
Part	Information About Officers, Direct and Contractors	ors, Trustees, Fol	indation Managei	rs, Highly Paid Em	pioyees,		
1	List all officers, directors, trustees, and foundati	on managers and t	heir compensation.	See instructions.			
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens other all		
		hours per week	(c) Compensation (If not paid,	employee benefit plans			
BNY MI	(a) Name and address	hours per week devoted to position CO-TRUSTEE	(c) Compensation (If not paid,	employee benefit plans			
BNY MI P.O I GRACE	(a) Name and address ELLON, N.A. BOX 185, PITTSBURGH, PA 15230-0185 F FEY	hours per week devoted to position CO-TRUSTEE 1 CO-TRUSTEE	(c) Compensation (If not paid, enter -0-)	employee benefit plans and deferred compensation			es
BNY MI P.O I GRACE C/O BI	(a) Name and address BLLON, N.A. BOX 185, PITTSBURGH, PA 15230-0185 F FEY VY MELLON, N.A., P.O. BOX 185, PITTSBURGH, PA 1	hours per week devoted to position CO-TRUSTEE 1 CO-TRUSTEE 1	(c) Compensation (If not paid, enter -0-)	employee benefit plans and deferred compensation			es
BNY MI P.O I GRACE C/O BI ROBER	(a) Name and address BLLON, N.A. BOX 185, PITTSBURGH, PA 15230-0185 F FEY BY MELLON, N.A., P.O. BOX 185, PITTSBURGH, PA 1 W HOLMES	hours per week devoted to position CO-TRUSTEE 1 CO-TRUSTEE 1 CO-TRUSTEE	(c) Compensation (If not paid, enter -0-) 159,366.	employee benefit plans and deferred compensation - 0 -			es
BNY MI P.O I GRACE C/O BI ROBER	(a) Name and address ELLON, N.A. BOX 185, PITTSBURGH, PA 15230-0185 F FEY BY MELLON, N.A., P.O. BOX 185, PITTSBURGH, PA 1 F W HOLMES BY MELLON, N.A., P.O. BOX 185, PITTSBURGH, PA 1	hours per week devoted to position CO-TRUSTEE 1 CO-TRUSTEE 5 1 CO-TRUSTEE 5 1	(c) Compensation (If not paid, enter -0-)	employee benefit plans and deferred compensation - () -			es
BNY MI P.O I GRACE C/O BI ROBER' C/O BI JOANNI	(a) Name and address ELLON, N.A. BOX 185, PITTSBURGH, PA 15230-0185 F FEY NY MELLON, N.A., P.O. BOX 185, PITTSBURGH, PA 1 T W HOLMES NY MELLON, N.A., P.O. BOX 185, PITTSBURGH, PA 1 B Y JAXTIMER	hours per week devoted to position CO-TRUSTEE 1 CO-TRUSTEE 5 1 CO-TRUSTEE 5 1 CO-TRUSTEE 1 CO-TRUSTEE	(c) Compensation (lf not paid, enter -0-) 159,366. 48,980.	employee benefit plans and deferred compensation - 0 - - 0 -			es
BNY MI P.O I GRACE C/O BI ROBER' C/O BI JOANNI	(a) Name and address ELLON, N.A. BOX 185, PITTSBURGH, PA 15230-0185 F FEY MY MELLON, N.A., P.O. BOX 185, PITTSBURGH, PA 1 T W HOLMES MY MELLON, N.A., P.O. BOX 185, PITTSBURGH, PA 1 B Y JAXTIMER MY MELLON, N.A., P.O. BOX 185, PITTSBURGH, PA 1	CO-TRUSTEE 1 CO-TRUSTEE 1 CO-TRUSTEE 5 CO-TRUSTEE CO-TRUSTEE 5 CO-TRUSTEE (c) Compensation (If not paid, enter -0-) 159,366. 48,980. 48,980.	employee benefit plans and deferred compensation - () - - () - - () -	other all	owance	-0- -0- -0-	
BNY MI P.O I GRACE C/O BI ROBER C/O BI JOANNI C/O BI	(a) Name and address ELLON, N.A. BOX 185, PITTSBURGH, PA 15230-0185 F FEY NY MELLON, N.A., P.O. BOX 185, PITTSBURGH, PA 1 T W HOLMES NY MELLON, N.A., P.O. BOX 185, PITTSBURGH, PA 1 B Y JAXTIMER NY MELLON, N.A., P.O. BOX 185, PITTSBURGH, PA 1 Compensation of five highest-paid employees	CO-TRUSTEE 1 CO-TRUSTEE 1 CO-TRUSTEE 5 CO-TRUSTEE CO-TRUSTEE 5 CO-TRUSTEE (c) Compensation (If not paid, enter -0-) 159,366. 48,980. 48,980.	employee benefit plans and deferred compensation - () - - () - - () -	other all	owance	-0- -0- -0-	
BNY MI P.O I GRACE C/O BI ROBER C/O BI JOANNI C/O BI	(a) Name and address ELLON, N.A. BOX 185, PITTSBURGH, PA 15230-0185 F FEY MY MELLON, N.A., P.O. BOX 185, PITTSBURGH, PA 1 T W HOLMES MY MELLON, N.A., P.O. BOX 185, PITTSBURGH, PA 1 B Y JAXTIMER MY MELLON, N.A., P.O. BOX 185, PITTSBURGH, PA 1	CO-TRUSTEE 1 CO-TRUSTEE 1 CO-TRUSTEE 5 CO-TRUSTEE CO-TRUSTEE 5 CO-TRUSTEE (c) Compensation (If not paid, enter -0-) 159,366. 48,980. 48,980.	employee benefit plans and deferred compensation - () - - () - - () -	other all	one, (-0- -0- -0- enter	
BNY MI P.O I GRACE C/O BI ROBER C/O BI JOANNI C/O BI 2 (a) I	(a) Name and address BLLON, N.A. BOX 185, PITTSBURGH, PA 15230-0185 F FEY NY MELLON, N.A., P.O. BOX 185, PITTSBURGH, PA 1 W HOLMES NY MELLON, N.A., P.O. BOX 185, PITTSBURGH, PA 1 BY Y JAXTIMER NY MELLON, N.A., P.O. BOX 185, PITTSBURGH, PA 1 Compensation of five highest-paid employees NONE."	hours per week devoted to position CO-TRUSTEE 1 CO-TRUSTEE 5 1 CO-TRUSTEE 5 1 CO-TRUSTEE 5 1 (other than those hours per week hours per week	(c) Compensation (If not paid, enter -0-) 159,366. 48,980. 48,980. 48,980. e included on line	employee benefit plans and deferred compensation - () - - ()	other all	one, (-0- -0- -0- enter
BNY MI P.O I GRACE C/O BI ROBER C/O BI JOANNI C/O BI	(a) Name and address BLLON, N.A. BOX 185, PITTSBURGH, PA 15230-0185 F FEY NY MELLON, N.A., P.O. BOX 185, PITTSBURGH, PA 1 W HOLMES NY MELLON, N.A., P.O. BOX 185, PITTSBURGH, PA 1 BY Y JAXTIMER NY MELLON, N.A., P.O. BOX 185, PITTSBURGH, PA 1 Compensation of five highest-paid employees NONE."	hours per week devoted to position CO-TRUSTEE 1 CO-TRUSTEE 5 1 CO-TRUSTEE 5 1 CO-TRUSTEE 5 1 (other than those hours per week hours per week	(c) Compensation (If not paid, enter -0-) 159,366. 48,980. 48,980. 48,980. e included on line	employee benefit plans and deferred compensation - () - - ()	other all	one, (-0- -0- -0- enter
BNY MI P.O I GRACE C/O BI ROBER C/O BI JOANNI C/O BI 2 (a) I	(a) Name and address BLLON, N.A. BOX 185, PITTSBURGH, PA 15230-0185 F FEY NY MELLON, N.A., P.O. BOX 185, PITTSBURGH, PA 1 W HOLMES NY MELLON, N.A., P.O. BOX 185, PITTSBURGH, PA 1 BY Y JAXTIMER NY MELLON, N.A., P.O. BOX 185, PITTSBURGH, PA 1 Compensation of five highest-paid employees NONE."	hours per week devoted to position CO-TRUSTEE 1 CO-TRUSTEE 5 1 CO-TRUSTEE 5 1 CO-TRUSTEE 5 1 (other than those hours per week hours per week	(c) Compensation (If not paid, enter -0-) 159,366. 48,980. 48,980. 48,980. (c) Compensation	employee benefit plans and deferred compensation - () - - ()	other all	one, (-0- -0- -0- enter
BNY MI P.O I GRACE C/O BI ROBER C/O BI JOANNI C/O BI 2 (a) I	(a) Name and address BLLON, N.A. BOX 185, PITTSBURGH, PA 15230-0185 F FEY NY MELLON, N.A., P.O. BOX 185, PITTSBURGH, PA 1 W HOLMES NY MELLON, N.A., P.O. BOX 185, PITTSBURGH, PA 1 BY Y JAXTIMER NY MELLON, N.A., P.O. BOX 185, PITTSBURGH, PA 1 Compensation of five highest-paid employees NONE."	hours per week devoted to position CO-TRUSTEE 1 CO-TRUSTEE 5 1 CO-TRUSTEE 5 1 CO-TRUSTEE 5 1 (other than those hours per week hours per week	(c) Compensation (If not paid, enter -0-) 159,366. 48,980. 48,980. 48,980. (c) Compensation	employee benefit plans and deferred compensation - () - - ()	other all	one, (-0- -0- -0- enter
BNY MI P.O I GRACE C/O BI ROBER C/O BI JOANNI C/O BI 2 (a) I	(a) Name and address BLLON, N.A. BOX 185, PITTSBURGH, PA 15230-0185 F FEY NY MELLON, N.A., P.O. BOX 185, PITTSBURGH, PA 1 W HOLMES NY MELLON, N.A., P.O. BOX 185, PITTSBURGH, PA 1 BY Y JAXTIMER NY MELLON, N.A., P.O. BOX 185, PITTSBURGH, PA 1 Compensation of five highest-paid employees NONE."	hours per week devoted to position CO-TRUSTEE 1 CO-TRUSTEE 5 1 CO-TRUSTEE 5 1 CO-TRUSTEE 5 1 (other than those hours per week hours per week	(c) Compensation (If not paid, enter -0-) 159,366. 48,980. 48,980. 48,980. (c) Compensation	employee benefit plans and deferred compensation - () - - ()	other all	one, (-0- -0- -0- enter
BNY MI P.O I GRACE C/O BI ROBER C/O BI JOANNI C/O BI 2 (a) I	(a) Name and address BLLON, N.A. BOX 185, PITTSBURGH, PA 15230-0185 F FEY NY MELLON, N.A., P.O. BOX 185, PITTSBURGH, PA 1 W HOLMES NY MELLON, N.A., P.O. BOX 185, PITTSBURGH, PA 1 BY Y JAXTIMER NY MELLON, N.A., P.O. BOX 185, PITTSBURGH, PA 1 Compensation of five highest-paid employees NONE."	hours per week devoted to position CO-TRUSTEE 1 CO-TRUSTEE 5 1 CO-TRUSTEE 5 1 CO-TRUSTEE 5 1 (other than those hours per week hours per week	(c) Compensation (If not paid, enter -0-) 159,366. 48,980. 48,980. 48,980. (c) Compensation	employee benefit plans and deferred compensation - () - - ()	other all	one, (-0- -0- -0- enter
BNY MI P.O I GRACE C/O BI ROBER C/O BI JOANNI C/O BI 2 (a) I	(a) Name and address BLLON, N.A. BOX 185, PITTSBURGH, PA 15230-0185 F FEY NY MELLON, N.A., P.O. BOX 185, PITTSBURGH, PA 1 W HOLMES NY MELLON, N.A., P.O. BOX 185, PITTSBURGH, PA 1 BY Y JAXTIMER NY MELLON, N.A., P.O. BOX 185, PITTSBURGH, PA 1 Compensation of five highest-paid employees NONE."	hours per week devoted to position CO-TRUSTEE 1 CO-TRUSTEE 5 1 CO-TRUSTEE 5 1 CO-TRUSTEE 5 1 (other than those hours per week hours per week	(c) Compensation (If not paid, enter -0-) 159,366. 48,980. 48,980. 48,980. (c) Compensation	employee benefit plans and deferred compensation - () - - ()	other all	one, (-0- -0- -0- enter
BNY MI P.O I GRACE C/O BI ROBER C/O BI JOANNI C/O BI 2 (a) I	(a) Name and address BLLON, N.A. BOX 185, PITTSBURGH, PA 15230-0185 F FEY NY MELLON, N.A., P.O. BOX 185, PITTSBURGH, PA 1 W HOLMES NY MELLON, N.A., P.O. BOX 185, PITTSBURGH, PA 1 BY Y JAXTIMER NY MELLON, N.A., P.O. BOX 185, PITTSBURGH, PA 1 Compensation of five highest-paid employees NONE."	hours per week devoted to position CO-TRUSTEE 1 CO-TRUSTEE 5 1 CO-TRUSTEE 5 1 CO-TRUSTEE 5 1 (other than those hours per week hours per week	(c) Compensation (If not paid, enter -0-) 159,366. 48,980. 48,980. 48,980. (c) Compensation	employee benefit plans and deferred compensation - () - - ()	other all	one, (-0- -0- -0- enter
BNY MI P.O I GRACE C/O BI ROBER C/O BI JOANNI C/O BI 2 (a) I	(a) Name and address BLLON, N.A. BOX 185, PITTSBURGH, PA 15230-0185 F FEY NY MELLON, N.A., P.O. BOX 185, PITTSBURGH, PA 1 W HOLMES NY MELLON, N.A., P.O. BOX 185, PITTSBURGH, PA 1 BY Y JAXTIMER NY MELLON, N.A., P.O. BOX 185, PITTSBURGH, PA 1 Compensation of five highest-paid employees NONE."	hours per week devoted to position CO-TRUSTEE 1 CO-TRUSTEE 5 1 CO-TRUSTEE 5 1 CO-TRUSTEE 5 1 (other than those hours per week hours per week	(c) Compensation (If not paid, enter -0-) 159,366. 48,980. 48,980. 48,980. (c) Compensation	employee benefit plans and deferred compensation - () - - ()	other all	one, (-0- -0- -0- enter
BNY MI P.O I GRACE C/O BI ROBER C/O BI JOANNI C/O BI (a) I	(a) Name and address BLLON, N.A. BOX 185, PITTSBURGH, PA 15230-0185 F FEY NY MELLON, N.A., P.O. BOX 185, PITTSBURGH, PA 1 W HOLMES NY MELLON, N.A., P.O. BOX 185, PITTSBURGH, PA 1 BY Y JAXTIMER NY MELLON, N.A., P.O. BOX 185, PITTSBURGH, PA 1 Compensation of five highest-paid employees NONE."	hours per week devoted to position CO-TRUSTEE 1 CO-TRUSTEE 5 1 CO-TRUSTEE 5 1 CO-TRUSTEE 1 (other than thos (b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-) 159, 366. 48, 980. 48, 980. 48, 980. (c) Compensation NONE	employee benefit plans and deferred compensation - 0 - - 0 - - 0 - - 0 - - 0 - e 1 - see instruction (d) Contributions to employee benefit plans and deferred compensation NONE	other all (e) Expens other all	one, (-0- -0- -0- enter

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ŀ	age.	•

Part VI	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emploand Contractors (continued)	yees,
3 Fiv	re highest-paid independent contractors for professional services. See instructions. If none, enter "NON	E."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE		NIONIE
NONE_		NONE
 -		
Total nui	mber of others receiving over \$50,000 for professional services	NONE
Part IX-	A Summary of Direct Charitable Activities	
	foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of attons and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 NONE		
2		
		
3		1
4		
		<u> </u>
Part IX-		Amount
1 NONE	e the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
110111	<u></u>	
2	,	
All other	r program-related investments. See instructions	
3 NONE		

Form **990-PF** (2019)

Par	see instructions.)	ign to	undations,
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	67,384,145.
	Average of monthly cash balances	1b	627,047.
C		1c	NONE
d	Total (add lines 1a, b, and c)	1d	68,011,192.
	Reduction claimed for blockage or other factors reported on lines 1a and		
_	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	68,011,192.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		1 000 160
	instructions)	4	1,020,168.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	66,991,024.
6	Minimum investment return. Enter 5% of line 5	6	3,349,551.
Par	TXI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four and certain foreign organizations, check here ▶ and do not complete this part)	idation	S
1	Minimum investment return from Part X, line 6	1	3,349,551.
2a	Tax on investment income for 2019 from Part VI, line 5 2a 39,397.		
b		1	
C		2c	39,397.
3	Distributable amount before adjustments. Subtract line 2c from line 1		3,310,154.
4	Recoveries of amounts treated as qualifying distributions	4	701.
5	Add lines 3 and 4	5	3,310,855.
6	Deduction from distributable amount (see instructions)	6	NONE
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	3,310,855.
Par	t XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	_1a	3,785,057.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	NONE_
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	3,785,057.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b. See instructions	5	39,397.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	3,745,660.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca qualifies for the section 4940(e) reduction of tax in those years.	lculatıı	

Form **990-PF** (2019)

Part XIII Undistributed Income (see instru	ictions)			Tage 5
	(a)	(b)	(c)	(d)
1 Distributable amount for 2019 from Part XI,	Corpus	Years prior to 2018	2018	2019
line 7				<u>3,310,855.</u>
2 Undistributed income, if any, as of the end of 2019				
a Enter amount for 2018 only			NONE	
b Total for prior years 20,20,20		NONE		
3 Excess distributions carryover, if any, to 2019				,
a From 2014 NONE b From 2015 394,473.	}	1	}	3
c From 2016 NONE				- ;
c From 2016 NONE d From 2017 NONE		•		ļ
e From 2018				!
f Total of lines 30 through e	565,118.			
4 Qualifying distributions for 2019 from Part XII,	300/1100			
line 4 ▶ \$3,785,057.				İ
a Applied to 2018, but not more than line 2a			NONE	
b Applied to undistributed income of prior years			1	
(Election required - see instructions)		NONE		
c Treated as distributions out of corpus (Election			•	
required - see instructions)	NONR			
d Applied to 2019 distributable amount				<u>3,310,855.</u>
e Remaining amount distributed out of corpus.	474,202			<u> </u>
(If an amount appears in column (d), the same amount must be shown in column (a))	NONE			NONE
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,039,320.			
b Prior years' undistributed income Subtract				1
line 4b from line 2b		NONE NONE		<u>_</u>
c Enter the amount of prior years' undistributed income for which a notice of deficiency has				1
been issued, or on which the section 4942(a)		27027	•	1
tax has been previously assessed		NONE		
d Subtract line 6c from line 6b Taxable		NONE		1
e Undistributed income for 2018 Subtract line		NONE		
4a from line 2a Taxable amount - see			NONE	
instructions			NONE	<u> </u>
f Undistributed income for 2019 Subtract lines				
4d and 5 from line 1 This amount must be distributed in 2020				NONE
7 Amounts treated as distributions out of corpus				. i
to satisfy requirements imposed by section				
170(b)(1)(F) or 4942(g)(3) (Election may be				
required - see instructions)	NONE			i
8 Excess distributions carryover from 2014 not				1
applied on line 5 or line 7 (see instructions)	NONE			i
9 Excess distributions carryover to 2020.	1 000 000			}
Subtract lines 7 and 8 from line 6a	1,039,320.			<u> </u>
10 Analysis of line 9.				j
a Excess from 2015 394, 473.				į
b Excess from 2016				1
170 (15				ŀ
d Excess from 2018				f
e LACESS HOTH 2013 4/4, 202.				Form 990-PF (2019)

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Form 990-PF (2019)				Page 1
Part XV Supplementary Information (continued)			
3 Grants and Contributions Paid Durin	ng the Year or App	roved 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	Contribution	<u> </u>
a Paid during the year				
CDD COMMONDATE 2.2				2 415 002
SEE STATEMENT 33				3,415,823
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		1		
]			
			1	
]	
		j		
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	<u> </u>		L	
Total		· · · · ·		3,415,823
b Approved for future payment				
			,	
				1
	,			1
				L
Total			▶ 3b	

Part XVI-A Analysis of Income-Produ	ucing Act	ivities			
Enter gross amounts unless otherwise indicated	(a)	ated business income (b)	(c)	y section 512, 513, or 514 (d)	(e) Related or exempt function income
1 Program service revenue	Business code	Amount	Exclusion code	Amount	(See instructions)
a					
b		 			
c	<u> </u>		 		
d			ļ <u> </u>		
e			 		
f					
g Fees and contracts from government agencies	<u> </u>		 		
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments 4 Dividends and interest from securities			14	1,597,243.	
5 Net rental income or (loss) from real estate				1/33//213.	
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	2,663,113.	
9 Net income or (loss) from special events - · ·					
10 Gross profit or (loss) from sales of inventory					_
11 Other revenue a					
b COMMONFUND VI OTHE			1	6,657.	
c COMMONFUND VII OTH			1	266.	
d COMMONFUND VI UBTI	525990		 		
e <u>COMMONFUND VII UBT</u>	525990			4 267 270	
12 Subtotal Add columns (b), (d), and (e)				4,267,279.	4 250 227
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculated as the color of the co			• • • • • •	13	4,258,327.
Part XVI-B Relationship of Activities		ccomplishment of Fy	empt Pur		
					
Explain below how each activit accomplishment of the foundation					
accomplishment of the foundation	on's exemp	t purposes (other than i	by providing	j iunus for such purposes	s) (See instructions.)
		NOT ADDITORDI			
		NOT APPLICABLE	<u>-</u>		
					
					
					
		 _		_	
				···	
			_		

Part .	χVII	Information Re Organizations	egarding Tra	nsfers to and Tra	nsactions a	nd Relationship	s With No	ncharitab	le Ex	∍mpt
ì	Old the	organization direct	ly or indirectly	engage in any of the	following wi	th any other organ	nization descr	ribed	Yes	No
		-		501(c)(3) organizat	_	•		I .	1.00	
		ations?		00 /(0)(0) 0.ga20		555000000000000000000000000000000000000	ating to po			
	_		a foundation to	a noncharitable exer	nnt organizatio	on of		}		
								مدما	.	v
										X
	•		· · · · · · · ·			· · · · · · · · · · · · · · · ·		· · · 1a(2	4	Х
-	-	ransactions:								
				npt organization						<u> X</u>
(:	2) Pur	chases of assets from	m a noncharital	ole exempt organizati	on			1b(2)	X
(:	3) Rer	ntal of facilities, equip	oment, or other	assets				1b(3)(Х
(-	4) Rei	mbursement arrange	ements					1b(4	<u>) </u>	Х
(5) Loa	ns or loan guarantee	s					1b(5)	Х
(6) Per	formance of services	or membershi	p or fundraising solic	itations			1b(6)	Х
				ts, other assets, or pa						Х
				es," complete the fol						
		•		ices given by the rep	•		•			
				gement, show in coli						
(a) Line	-	(b) Amount involved		noncharitable exempt organ		d) Description of transfe				_
(a) Line	- 10	(b) Amount moored	(c) Name or	ionenantable exempt organ	iization (e	u) Description of transfe	rs, transactions, a	and sharing an	angenie	1115
	+									
										
	_									
								 		
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				<u> </u>		 .				
				filiated with, or relate		•	-			a
				ction 501(c)(3)) or in	section 5277.	• • • • • • • • • •		۱ 🗀	es 📝	引 No
<u>_ b lf</u>	"Yes,	<u>"complete the follov</u>								
		(a) Name of organization	n	(b) Type of org	anization) Description of	relationship		
				_ 						
										_
									_	_
					- -		-		_	
		_ 								
				ned this return, including acc			the best of my	knowledge and	belief, it	ıs true,
۵.	correct	t, and complete Declaration of	preparer (other than t	axpayer) is based on all informa	tion of which prepare	er has any knowledge				
Sign		dented to		11/12/202	n ·	VICE PRESIDE		the IRS discu		
Here	Sign	ature of officer or trustee		Date	Title	· rob r rabibb		the preparer	Yes	pelow? No
	July	attire of officer of trustee		Date	Title		368 11	istructions 2	7	
	<u> </u>	Print/Tunn present :		Brono de autori		Dete		IZ DTIN		
Paid		Print/Type preparer's nar		Preparer's sygnature	211 J	Date	Check	Y If PTIN		
		SHAWN P. HAN				CPA0/28/2	U Z () self-emplo		96592	<u>, 3</u>
Prepa				USECOOPERS LL	P /		Firm's EIN	<u> 13-4008</u>	3324	
Use C	Only	Firm's address ▶ 60	O GRANT ST	REET						
		PΤ	TTSBURGH.	PΔ	15219		Phone no 4	12-355-6	5000	

RILEY MABEL LOUISE TR U/WILL

STATEMENT

- DIVIDENDS AND INTEREST FROM SECURITIES PART I FORM 990PF,

NET INVESTMENT INCOME	81,208.	359, 599.	672,916.	62.	75,748.	334,889.	33,407.	11,993.		6,640.	1 1 1 1 1 1 1 1 1 1 1	1,576,462.	
REVENUE AND EXPENSES PER BOOKS	81,208.	359, 599.	672,916.	. 62	75,748.	334,889.	33,407.	11,993.	20,781.	6,640.	1 1 1 1 1 1 1 1 1	1,597,243.	
DESCRIPTION	USGI REPORTED AS NONQUALIFIED DIVIDENDS	FOREIGN DIVIDENDS	DOMESTIC DIVIDENDS	US GOVERNMENT INTEREST REPORTED AS QUALI	NONQUALIFIED FOREIGN DIVIDENDS	NONQUALIFIED DOMESTIC DIVIDENDS	SECTION 199A DIVIDENDS	OTHER INTEREST	MUTUAL FUND TIMING ADJUSTMENT	FROM PARTNERSHIP/S-CORP		TOTAL	

04-6278857

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NET INVESTMENT INCOME	6,657.	6,923.
REVENUE AND EXPENSES PER BOOKS	6,657. 266. -9,030. 78.	-2,029.
		TOTALS
DESCRIPTION	COMMONFUND VI OTHER INCOME COMMONFUND VII OTHER INCOME COMMONFUND VI UBTI	

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CHARITABLE PURPOSES	16,586. 16,586. ====================================
ADJUSTED NET INCOME	NONE
NET INVESTMENT INCOME	NONE
REVENUE AND EXPENSES PER BOOKS	16,586. 16,586. ===========
DESCRIPTION	NON-ALLOCABLE LEGAL FEES TOTALS

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CHARITABLE PURPOSES	26,000. 26,000.
ADJUSTED NET INCOME	NONE
NET INVESTMENT INCOME	NONE
REVENUE AND EXPENSES PER BOOKS	26,000. 26,000. ==================================
DESCRIPTION	AUDIT & ACCOUNTING FEES (ALLOC

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04-6278857

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PART I	
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FORM	

NET INVESTMENT INCOME	32,800.	38,046.
REVENUE AND EXPENSES PER BOOKS	32,800. 7,624. 38,040. 5,246.	83,710.
DESCRIPTION	FOREIGN TAXES FEDERAL TAX PAYMENT - PRIOR YE FEDERAL ESTIMATES - INCOME FOREIGN TAXES ON NONQUALIFIED	TOTALS

FORM 990PF, PART I - OTHER EXPENSES

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CHARITABLE PURPOSES	500. 190,008. 10,118. 3,500.	204,126.
NET INVESTMENT INCOME	84,931.	84,931.
REVENUE AND EXPENSES PER BOOKS	500. 190,008. 10,118. 3,500. 84,931.	289,057.
		TOTALS
DESCRIPTION	STATE FILING FEE MONTHLY OFFICE EXPENSES OTHER ADMIN EXPENSES COURT COSTS PARTNERSHIP EXPENSES	

RILEY MABEL LOUISE TR U/WILL

04-6278857

OTHER INVESTMENTS PART II FORM 990PF,

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	OST/ FMV	()	ENDING
H	O.R.	OOK VALU	Σ
	1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(1 1
992868	บ	24,04	24,04
21075297 VAN ECK CM COMMODIT	บ	00,00	68,42
99Z86567 MELLON	ט	1,134,258.	975,019.
2828W361 VIRTUS EMERGING MKT	D	08,71	21,96
5569M475 BNY MELLON FOCUS	บ		
MELLON BOND FD	บ		
61980759 DRE	U		
3872T885	บ	1,572,498.	1,708,900.
XX000003 ALPHAKEY	ט	2,12	2,12
61986277	D		
AA01694	O		
07565146	ט		
33203421 DFA EMERG MKTS COR	_O	2,973,929.	3,180,448.
64287465 ISHARES MSCI E	U		
6271F529 DRE	บ		
5569M814 BNY MELL	D	1,349,428.	1,366,548.
61967780 DREYFUS	ט		
6203E695 DREYFUS/NEWTON INTE	ט		
AA016954 COMMONFUND	บ	633,47	818,04
64287507 ISHARES	D	42,00	23,80
64287226 ISHARES BAF	บ	,633,22	,876,18
5569M301 BNY	U	87,803.	90,547.
5569M368 BNY MELLON	ט	2,65	0,54
6201F777 DREYFUS INT	U		
64287200 ISHARES S&P 5	U	31,61	98,19
64287564 ISHARES TR COHE	บ	193,079.	530,433.
3872T729 ASG MANAGED FU	บ	79,36	69,34
6271F560 DREYFUS SELE	บ		
66000MM	บ	31,566.	31,566.

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RILEY MABEL LOUISE TR U/WILL

04-6278857

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990PF,	
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ENDING FMV	1,938,649. 643,076. 5,450,150. 589,064. 1,930,995. 2,027,786. 279,832. 1,289,577. 3,020,537. 1,034,027. 687,153.
ENDING BOOK VALUE	1,929,514. 466,404. 5,400,477. 584,102. 423,188. 1,900,000. 1,957,959. 250,000. 1,347,070. 2,939,548. 980,821. 673,588.
COST/ FMV C OR F	C C C C C C C C C C
DESCRIPTION	9TH000828 LIAB-COMMONFUND CAPI 05587K857 BNYM INTL STCK-Y 05587N505 BNYM DYN TTL RTRN-Y 46432F842 ISHARES CORE MSCI EA 00203H859 AQR MANAGED FUTURES 05588F709 BNYM GLBL RL EST SEC 413838723 OAKMARK INTERNATIONA 09661F701 BNYM INTL SMALL CAP- 9TH000810 COMMONFUND CAPITAL P 05588E850 BNY MELLON HIGH YIEL 05587K824 BNYM SELECT MGR S/C 05600G206 BNYM INFLTN ADJ SEC-

FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION	AMOUNT
REIMBURSEMENT OF GRANT REVERSAL OF PRIOR YEAR GRANT PAID IN CY PARTNERSHIP DISTRIBUTIONS CASH RECEIVED FROM UBS ALPHAKEYS PE FUND INCOME ADJ. COMMONFUND VI INCOME ADJ. COMMONFUND VII INCOME ADJ.	701. 50,000. 17,439. 150,000. 39,540. 4,357. 5,606.
TOTAL	267,643.

FORM 990PF,	PART III	- OTHER	DECREASES	IN NET	WORTH	OR FUN	D BALANCES
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DESCRIPTION	AMOUNT
×	
ALPHAKEYS PE FUND BASIS ADJUSTMENT ALPHAKEYS QUAD FUND BASIS ADJUSTMENT ALPHAKEYS QUAD FUND INCOME ADJ.	233,161. 1,461. 2,575.
TOTAL	237,197.
	=======================================

RILEY MABEL LOUISE TR U/WILL FORM 990PF, PART XV - LINES 2a - 2d

RECIPIENT NAME:

SEE ATTACHED

ADDRESS:

SEE ATTACHED

SEE ATTACHED, PA 15230

RECIPIENT'S PHONE NUMBER: SEE ATTACHED

FORM, INFORMATION AND MATERIALS: SEE ATTACHED

SUBMISSION DEADLINES:

SEE ATTACHED

RESTRICTIONS OR LIMITATIONS ON AWARDS:

SEE ATTACHED

EXCEL ACADEMY CHARTER SCHOOLS FISCAL

ADDRESS:

58 MOORE STREET EAST

BOSTON, MA 02128

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

РC

AMOUNT OF GRANT PAID 75,000.

FUTURE CHEFS FISCAL

ADDRESS:

PO BOX 190478

BOSTON, MA 02119

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

GMA FUNDER COMMUNITY

ADDRESS:

2 LIBERTY SQUARE

BOSTON, MA 0219

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

IMMIGRANT FAMILY SERVICES INSTITUTE

ADDRESS:

575 AMERICAN LEGION HIGHWAY

ROSLINDALE, MA 02131-3209

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

ADDRESS: OUINCY, MA 02169 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 100,000.

RECIPIENT NAME: SOUTH END COMMUNITY HEALTH CENTER, INC

ADDRESS: 1601 WASHINGTON STREET BOSTON, MA 02118-1951 RELATIONSHIP:

NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT:

PC AMOUNT OF GRANT PAID

75,000.

STATEMENT

RECIPIENT NAME:

URBAN FARMING INSTITUTE OF BOSTON, INC.

ADDRESS:

487R NORFOLK STREET

MATTAPAN, MA 02126-2344

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 75,000.

RECIPIENT NAME:

WILDFLOWER CAMP FOUNDATION, INC.

ADDRESS:

225 S SWOOPE AVENUE SUITE 110

MAITLAND, FL 32751-5786

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID 50,000.

RECIPIENT NAME:

ZOO NEW ENGLAND FISCAL

ADDRESS:

ONE FRANKLIN PARK ROAD

BOSTON, MA 02121

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 100,000.

NONE

PURPOSE OF GRANT:

2,500.

RECIPIENT NAME:
BOSTON ARTS ACADEMY FOUNDATION, INC.
ADDRESS:
45 TEMPLE PLACE
BOSTON, MA 02111
RELATIONSHIP:

50,000.

RECIPIENT NAME:
ASIAN AMERICAN CIVIC ASSOCIATION
ADDRESS:
87 TYLER STREET
BOSTON, MA 02111-1833
RELATIONSHIP:
NONE
PURPOSE OF GRANT:

GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: PC

50,000.

AMOUNT OF GRANT PAID

RECIPIENT NAME: BOSTON BALLET, INC. ADDRESS: 19 CLARENDON STREET BOSTON, MA 02116 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 50,000. RECIPIENT NAME: BOYS & GIRLS CLUB OF BOSTON, INC. ADDRESS: 200 HIGH STREET BOSTON, MA 02110 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 60,000. RECIPIENT NAME: COMMUNITY SERVINGS, INC. ADDRESS: 179 AMORY STREET JAMAICA PLAIN, MA 02130 **RELATIONSHIP:** NONE PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

50,000.

INNERCITY WEIGHTLIFTING

ADDRESS:

PO BOX 171313

BOSTON, MA 02117

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 150,000.

RECIPIENT NAME:

COTTING SCHOOL

ADDRESS:

453 CONCORD AVENUE

LEXINGTON, MA 02421-8007

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

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AMOUNT OF GRANT PAID 50,000.

RECIPIENT NAME:

EAST BOSTON SOCIAL CENTERS, INC.

ADDRESS:

68 CENTRAL SQUARE

EAST BOSTON, MA 02128-190

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 100,000.

PURPOSE OF GRANT:
GENERAL OPERATING
FOUNDATION STATUS OF RECIPIENT:
PC

RECIPIENT NAME:
INVERSANT, INC.
ADDRESS:
561 BOYLSTON STREET SUITE 4
BOSTON, MA 02116-3631
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
GENERAL OPERATING
FOUNDATION STATUS OF RECIPIENT:

RECIPIENT NAME:
PROJECT HOPE
ADDRESS:
550 DUDLEY STREET
ROXBURY, MA 02119
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
GENERAL OPERATING
FOUNDATION STATUS OF RECIPIENT:
PC

AMOUNT OF GRANT PAID 50,000.

RECIPIENT NAME:
SILVER LINING MENTORING, INC.
ADDRESS:
727 ATLANTIC AVE 3RD FLOOR
BOSTON, MA 02111-2810
RELATIONSHIP:
NONE
PURPOSE OF GRANT:

GENERAL OPERATING
FOUNDATION STATUS OF RECIPIENT:
PC

RECIPIENT NAME:
THE BASE
ADDRESS:
150 SHIRLEY STREET
ROXBURY, MA 02119
RELATIONSHIP:
NONE
PURPOSE OF GRANT:

GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: PC

RECIPIENT NAME: SQUASHBUSTERS, INC. ADDRESS: 795 COLUMBUS AVENUE ROXBURY CROSSING, MA 02010 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID RECIPIENT NAME: BEYOND WALLS, INC ADDRESS: 181 UNION STREET LYNN, MA 01901-131 RELATIONSHIP: NONE

RECIPIENT NAME:
BOSTON CHILDREN'S MUSEUM
ADDRESS:
308 CONGRESS STREET
BOSTON, MA 02210
RELATIONSHIP:

NONE
PURPOSE OF GRANT:
GENERAL OPERATING PURPOSES
FOUNDATION STATUS OF RECIPIENT:
PC

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53,333.

50,000.

RECIPIENT NAME: BPE ADDRESS: PO BOX 190904 ROXBURY, MA 02119-0019 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING PURPOSES FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 50,000. RECIPIENT NAME: BRIDGE OVER TROUBLED WATERS, INC. ADDRESS: PO BOX 3488 PASADENA, TX 77501-3488 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL OPERATING PURPOSES FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 50,000. RECIPIENT NAME: DUET, INC ADDRESS: 50 MILK STREET 6TH FLOOR BOSTON, MA 02109-5003 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING PURPOSES

AMOUNT OF GRANT PAID

FOUNDATION STATUS OF RECIPIENT:

50,000.

GIRLS INCORPORATED OF GREATER LOWELL

ADDRESS:

220 WORTHEN STREET LOWELL, MA 01852-1823

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING PURPOSES

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 50,000.

RECIPIENT NAME:

GREATER BOSTON FOOD BANK

ADDRESS:

70 SOUTH BAY AVENUE

BOSTON, MA 02118

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING PURPOSES

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 100,000.

RECIPIENT NAME:

HUNTINGTON THEATRE COMPANY

ADDRESS:

264 HUNTINGTON AVENUE

BOSTON, MA 02115

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING PURPOSES

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 50,000.

KIPP MASSACHUSETTS, INC

ADDRESS:

90 HIGH ROCK STREET LYNN, MA 01902-3851

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING PURPOSES

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 50,000.

RECIPIENT NAME:

SAINT COLUMBKILLE PARTNERSHIP SCHOOL

ADDRESS:

25 ARLINGTON STREET

BRIGHTON, MA 02135

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING PURPOSES

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 50,000.

RECIPIENT NAME:

TECH GOES HOME

ADDRESS:

867 BOYLSTON STREET 5TH FLOOR

BOSTON, MA 02116-277

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING PURPOSES

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 100,000.

CAMPAIGN FOR CATHOLIC SCHOOLS

ADDRESS:

66 BROOKS DRIVE

BRAINTREE, MA 02184

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING PURPOSES

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 50,000.

RECIPIENT NAME:

ARTS & BUSINESS COUNCIL

ADDRESS:

15 CHANNEL CENTER STREET SUITE 103

BOSTON, MA 02210-3427

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING PURPOSES

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 50,000.

RECIPIENT NAME:

BIG SISTER ASSOCIATION

ADDRESS:

20 PARK PLAZA SUITE 1420

BOSTON, MA 02116-4311

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING PURPOSES

FOUNDATION STATUS OF RECIPIENT:

PC

CATIE'S CLOSET

ADDRESS:

19 SCHOOL STREET

DRACUT, MA 01826-4684

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING PURPOSES

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 75,000.

RECIPIENT NAME:

FAMILIES FIRST PARENTING PROGRAMS, INC.

ADDRESS:

9 GALEN STREET SUITE 400

WATERTOWN, MA 02472-4522

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING PURPOSES

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 50,000.

RECIPIENT NAME:

FRENCH CULTURE CENTER, INC.

ADDRESS:

53 MARLBOROUGH STREET

BOSTON, MA 02116-2043

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING PURPOSES

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 50,000.

HYDE SQUARE TASK FORCE, INC

ADDRESS:

PO BOX 1871

JAMAICA PLAIN, MA 02130-0016

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING PURPOSES

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 75,000.

RECIPIENT NAME:

LEAP FOR EDUCATION, INC.

ADDRESS:

35 CONGRESS STREET SUITE 102

SALEM, MA 01970-5567

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING PURPOSES

FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID 50,000.

RECIPIENT NAME:

MUSEUM OF FINE ARTS, BOSTON

ADDRESS:

465 HUNTINGTON AVENUE

BOSTON, MA 02115

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING PURPOSES

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 50,000.

NEW ENGLAND AQUARIUM

ADDRESS:

CENTRAL WHARF

BOSTON, MA 02110-0000

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING PURPOSES

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 50,000.

RECIPIENT NAME:

NORTH BENNET STREET SCHOOL

ADDRESS:

150 NORTH STREET

BOSTON, MA 02109-1405

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING PURPOSES

FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID 100,000.

RECIPIENT NAME:

ROSE KENNEDY GREENWAY CONSERVANCY

ADDRESS:

185 KNEELAND STREET

BOSTON, MA 02111-2712

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING PURPOSES

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 50,000.

RECIPIENT NAME: SAMARITANS, INC. ADDRESS: 41 WEST STREET BOSTON, MA 02111 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING PURPOSES FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID 50,000. RECIPIENT NAME: THE OPEN DOOR ADDRESS: 12 STRATMORE AVENUE PITTSBURGH, PA 15205 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL OPERATING PURPOSES FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 50,000. RECIPIENT NAME: YEAR UP, INC ADDRESS: 45 MILK STREET 9TH FLOOR BOSTON, MA 02109 **RELATIONSHIP:** NONE PURPOSE OF GRANT:

AMOUNT OF GRANT PAID

STATEMENT

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

50,000.

RECIPIENT NAME: RON BURTON TRAINING VILLAGE ADDRESS: PO BOX 2 HUBBARDSTON, MA 01452-0002 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID 50,000. RECIPIENT NAME: VINE STREET COMMUNITY CENTER ADDRESS: 339 DUDLEY STREET ROXBURY, MA 02119 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 10,000. RECIPIENT NAME: BCYF FOUNDATION FOR BOSTON CENTER YOUTH ADDRESS: 1483 TREMONT STREET BOSTON, MA 02120-290 RELATIONSHIP: NONE PURPOSE OF GRANT:

AMOUNT OF GRANT PAID

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

5,000.

BERKLEE INSTITUTE FOR ARTS EDUCATION

AND SPECIAL NEEDS

ADDRESS:

1140 BOYLSTON STREET

BOSTON, MA 02215

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 50,000.

RECIPIENT NAME:

BOSTON FOOD FOREST COALITION

ADDRESS:

BOSTON FOOD FOREST COALITION

JAMAICA PLAIN, MA 02130

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 5,000.

RECIPIENT NAME:

CREATIVE CULTURAL ARTS, INC.

ADDRESS:

CREATIVE CULTURAL ARTS, INC.

DORCHESTER, MA 02125

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID 5,000.

RECIPIENT NAME: GARRISON TROTTER NEIGHBORHOOD ADDRESS: P.O. BOX 191938 ROXBURY, MA 02119 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID 3,100. RECIPIENT NAME: PARENTS MANAGMENT, INC. ADDRESS: PARENTS MANAGMENT, INC. ROXBURY, MA 02119 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 4,940. RECIPIENT NAME: RESTORATION COMMUNITY SERVICES CORP ADDRESS: RESTORATION COMMUNITY SERVICES CORP

AVON, MA 02322

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 5,000. RILEY MABEL LOUISE TR U/WILL 04-6278857 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: VISIONS, INC. ADDRESS: C/O FIELDS CORNER BUSINESS LABS DORCHESTER, MA 02122 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID 4,950.

TOTAL GRANTS PAID:

3,415,823.

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