Return of Private Foundation

DLN: 93491238006080 OMB No 1545-0052

2019

| Form 990-PF |
|----------------------------|
| Department of the Treasury |

Internal Revenue Service

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 <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

| or | caler | ndar year 2019, or tax year beginning 01-01-20 |)19 , a | nd ei | nding 12-31- | 2019 | |
|---------------------------------------|----------|---|------------------------------|-------|------------------------|---|----------------------------------|
| | | indation E COHEN STANZLER CHARITABLE TRUST | | | A Employer Id | entification numbe | er |
| | | | | | 04-6955868 | | |
| | | f street (or P O box number if mail is not delivered to street address) MONWEALTH AVENUE 1 | Room/suite | | B Telephone nu | mber (see instructio | ns) |
| ۷, | +3 COM | MONWEALTH AVENUE I | | | (857) 233-2577 | , | |
| | | n, state or province, country, and ZIP or foreign postal code | | | C If avamption | application is pendir | ng chock horo |
| BUS | TON, M. | A 02116 | | | C II exemption | аррисасіон із ренан | ▶ L |
| G Ch | eck al | l that apply \square Initial return \square Initial return of a | former public charity | | D 1. Foreign or | ganızatıons, check h | ere 🕨 |
| | | Final return Amended return | | | | ganizations meeting k here and attach co | |
| | | Address change Name change | | | · | undation status was | · - |
| _ | | pe of organization Section 501(c)(3) exempt private | | | | n 507(b)(1)(A), che | |
| | | n 4947(a)(1) nonexempt charitable trust U Other taxabl | | | 1 | | |
| | | ket value of all assets at end from Part II, col (c), | ✓ Cash ☐ Accru | ıal | | ation is in a 60-mont n 507(b)(1)(B), chec | |
| | | ◆\$ 7,180,425 | be on cash basis) | | | | |
| _ | | | 1 | 1 | | T | |
| Pa | rt I | Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily | (a) Revenue and expenses per | (b) | Net investment | (c) Adjusted net | (d) Disbursements for charitable |
| | | equal the amounts in column (a) (see instructions)) | books | | income | ıncome | purposes (cash basis only) |
| | 1 | Contributions, gifts, grants, etc , received (attach | | | | | |
| | | schedule) | | | | | |
| | 2 | Check ▶ ☑ If the foundation is not required to attach | | | | | |
| | 3 | Sch B Interest on savings and temporary cash investments | | | | | |
| | 4 | Dividends and interest from securities | 139,562 | 2 | 139,562 | | |
| | 5a | Gross rents | | | | | |
| | b | Net rental income or (loss) | | | | | |
| <u>e</u> | 6a | Net gain or (loss) from sale of assets not on line 10 | 711,110 |) | | | |
| Revenue | b | Gross sales price for all assets on line 6a | | | | | |
| Sev | 7 | Capital gain net income (from Part IV, line 2) | | | 711,110 | | |
| | 8 | Net short-term capital gain | | | , 11,110 | | |
| | 9 | Income modifications | | | | | |
| | 10a | Gross sales less returns and allowances | | | | | |
| | ь | Less Cost of goods sold | | | | | |
| | С | Gross profit or (loss) (attach schedule) | | | | | |
| | 11 | Other income (attach schedule) | | | | | |
| | 12 | Total. Add lines 1 through 11 | 850,672 | 2 | 850,672 | | |
| | 13 | Compensation of officers, directors, trustees, etc | (|) | 0 | | |
| | 14 | Other employee salaries and wages | | | | | |
| es | 15 | Pension plans, employee benefits | | | | | |
| ens | 16a | Legal fees (attach schedule) | | | | | |
| Operating and Administrative Expenses | b | Accounting fees (attach schedule) | 2,450 | | 1,225 | | 1,22 |
| ē. | С | Other professional fees (attach schedule) | | | | | |
| a‡ | 17 | Interest | | | | | |
| <u> </u> | 18 | Taxes (attach schedule) (see instructions) | 3,104 | 1 | 3,034 | | |
| Ē | 19 | Depreciation (attach schedule) and depletion | | | | | |
| 5 | 20 | Occupancy | | | | | |
| ב ב | 21 | Travel, conferences, and meetings | | | | | |
| ਰ ਹਾ | 22 23 | Printing and publications | 58,378 | 1 | 45,113 | | 1,45 |
| Ĕ, | 24 | Total operating and administrative expenses. | 30,376 | | 45,113 | | 1,43 |
| era | 24 | Add lines 13 through 23 | 63,932 | _ | 49,372 | | 2,67 |
| o O | 25 | Contributions, gifts, grants paid | 353,000 | 1 | 15,572 | | 353,00 |
| | 26 | Total expenses and disbursements. Add lines 24 and | | | | | |
| | | 25 | 416,932 | 2 | 49,372 | | 355,67 |
| | 27 | Subtract line 26 from line 12 | | | - | | |
| | а | Excess of revenue over expenses and disbursements | 433,740 | | | | |
| | ь | Net investment income (if negative, enter -0-) | 1.52,710 | | 801,300 | | |
| | С | Adjusted net income (If negative, enter -0-) | | | · | | |
| | | | š | | | | |

3,985

9,761

3,623,205

3.623.205

3,623,205

3,623,205

1,870,558

1,307,527

3,568

2,324,486

859,896

682,535

4.056.945

4.056.945

4,056,945 4,056,945

3,623,205

4,056,945

4,056,945 Form **990-PF** (2019)

0

433,740

1

2

3 4

5

6

4,039

5,373,782

867,301

748,843

7,180,425

| | 6 |
|--------|-----|
| | 7 |
| ts | 8 |
| Assets | 9 |
| As | 10a |

C

11

12

13 14

15

16

17

18

19 20

21

22

23

24

25

28

29

30

Part III

Liabilities

Fund Balances

ö 26

Assets 27

Net

2

3

Prepaid expenses and deferred charges

Investments—land, buildings, and equipment basis ▶

Less accumulated depreciation (attach schedule) ▶

Total assets (to be completed by all filers—see the

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

and complete lines 24, 25, 29 and 30. Net assets without donor restrictions . . .

Net assets with donor restrictions . .

and complete lines 26 through 30.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶.

Other increases not included in line 2 (itemize) -

Other assets (describe

Other liabilities (describe ▶_

Grants payable

Less accumulated depreciation (attach schedule) ▶ _____

Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Foundations that do not follow FASB ASC 958, check here 🕨 🗔

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year-Part II, column (a), line 29 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29

Analysis of Changes in Net Assets or Fund Balances

Paid-in or capital surplus, or land, bldg, and equipment fund

Foundations that follow FASB ASC 958, check here

Investments—U S and state government obligations (attach schedule)

Page **3**

| | e the kınd(s) of property sold (e g , rehouse, or common stock, 200 shs | | (b) How acquired P—Purchase D—Donation | (c) Date acquired (mo , day, yr) | (d) Date sold (mo , day, yr) |
|--|--|---------------------------------|--|--|---|
| 1 a PUBLICLY TRADED SECUI | RITIES | | Р | | |
| b PUBLICLY TRADED SECUI | RITIES | | Р | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| | (f) | | (g) | , | h) |
| (e) | Depreciation allowed | | other basis | | r (loss) |
| Gross sales price | (or allowable) | plus exp | ense of sale | (e) plus (f |) minus (g) |
| a 568 | 3,683 | | 391,896 | | 176,787 |
| ь 66 | 2,219 | | 127,896 | | 534,323 |
| С | | | | | |
| d | | | | | |
| | | | | | |
| | | | 13/31/60 | | |
| Complete only for assets | showing gain in column (h) and ow | i | | | (I) |
| (i) | (j) Adjusted basis | | (k) of col (ı) | | h) gain minus less than -0-) or |
| FMV as of 12/31/69 | as of 12/31/69 | I | (1), if any | | om col (h)) |
| a | 43 01 12,31,03 | 0701 001 | ()), ii aii, | | 176,787 |
| b | | | | | 534,323 |
| | | | | | 334,323 |
| С | | | | | |
| d | | | | | |
| e | | | | | |
| • • | ain or (loss) as defined in sections : t I, line 8, column (c) (see instructi | | | 3 | 711,110 |
| - | Inder Section 4940(e) for Re | | | | |
| f section 4940(d)(2) applies, le | • | | | · | _ |
| f "Yes," the foundation does no | e section 4942 tax on the distributa t qualify under section 4940(e) Do | not complete this part | · | | es 🔽 No |
| | ount in each column for each year, | see instructions before | making any entrie | | |
| (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitab | le-use assets | (d) Distribution rat (col (b) divided by c | |
| 2018 | 309,439 | | 6,137,675 | | 0 050416 |
| 2017 | 341,981 | | 5,967,000 | | 0 057312 |
| 2016 | 292,298 | | 5,678,868 | | 0 051471 |
| 2015 | 298,295 | | 5,886,060 | | 0 050678 |
| 2014 | 350,945 | | 5,733,300 | | 0 061212 |
| 2 Total of line 1, column (c | · · · · · · · · · · · · · · · · · · · | | 2 | | 0 271089 |
| , | for the 5-year base period—divide | the total on line 2 by 5 | | | 0 27 1003 |
| number of years the foun | dation has been in existence if less ncharitable-use assets for 2019 fron | than 5 years | 3 4 | | 0 054218 6,171,774 |
| 5 Multiply line 4 by line 3 | | · · | | | |
| . , , | | | | | 334,621 |
| | nt income (1% of Part I, line 27b) | | | | 8,013 |
| | | | 7 | | 342,634 |
| If line 8 is equal to or gre | ons from Part XII, line 4 , . . ater than line 7, check the box in Pa | | | g a 1% tax rate Se | 355,679 e the Part VI |
| instructions | | | | F | rm 000-PE (2010) |

| | in section 4945(d)(4)(A)? See i | nstru | ctions | | · · Yes | ✓ | No | | | |
|------|--|----------|------------------------------|-----------------------------|------------------------------------|----------|----------|---------------|--------|----------|
| | (5) Provide for any purpose other t | | - · | | | | | | | |
| | educational purposes, or for the | | · | | I I Yes | ✓ | No | | | |
| Ь | If any answer is "Yes" to $5a(1)-(5)$ | | | | | | | | | |
| | Regulations section 53 4945 or in a | | | | uctions | • | | 5b | | |
| | Organizations relying on a current notice regarding disaster assistance check here | | | | | | | | | |
| С | If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the | | | | | | | | | |
| | tax because it maintained expenditure responsibility for the grant? Yes | | | | | | | | | |
| | If "Yes," attach the statement requ | red b | y Regulations section 53 | 4945-5(d) | | | | | | |
| 6a | Did the foundation, during the year | , rece | ive any funds, directly or | ındırectly, to pay premit | ıms on | | | | | |
| | a personal benefit contract? | • | | | · Tyes | ✓ | No | | | |
| b | Did the foundation, during the year | , pay | premiums, directly or inc | lirectly, on a personal be | nefit contract? | | | 6b | | No |
| | If "Yes" to 6b, file Form 8870 | | | | | | | | | |
| 7a | At any time during the tax year, wa | s the | foundation a party to a p | prohibited tax shelter trai | nsaction? Yes | ✓ | No | | | |
| b | If "Yes", did the foundation receive | any p | roceeds or have any net | income attributable to th | | | | 7b | | |
| 8 | Is the foundation subject to the sec | tion 4 | 960 tax on payment(s) o | of more than \$1,000,000 | in remuneration or | | | | | |
| | excess parachute payment during t | he ye | ar [?] | | 🗌 Yes | ~ | No | | | |
| | Information About | Offic | ers, Directors, Trust | tees, Foundation Ma | | | | yees, | | |
| Pai | and Contractors | | | • | | | • | • | | |
| 1 | List all officers, directors, truste | es, fo | oundation managers ar | nd their compensation | See instructions | | | | | |
| | • | | b) Title, and average | (c) Compensation (If | (d) Contributions | to | (0) | Expen | 50.200 | ount |
| | (a) Name and address | | hours per week | not paid, enter | employee benefit plan | | | ther al | | |
| | ODJE COLIEN CTANTI ED | TDUG | devoted to position | -0-) | deferred compensat | | <u> </u> | | | |
| | ORIE COHEN STANZLER | TRUS | olet | 0 | | 0 | | | | 0 |
| | OMMONWEALTH AVENUE UNIT 1 ON, MA 02116 | | | | | | | | | |
| PAUL | STANZLER | TRUS | TEE | 0 | | 0 | | | | 0 |
| | OMMONWEALTH AVENUE UNIT 1 | 1 00 | | | | | | | | |
| | ON, MA 02116 | <u> </u> | | | | | | | | |
| | Compensation of five highest-pa | id en | nployees (other than t | hose included on line 1 | | | ne, e | nter " | NONE. | <u> </u> |
| (2) | Name and address of each employee | poid | (b) Title, and average | | (d) Contributions employee benefit | | (0) | Expens | | nt |
| (a) | more than \$50,000 | paid | hours per week | (c) Compensation | plans and deferre | | | her all | | |
| | . , | | devoted to position | | compensation | | | | | |
| NON | = | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Tota | I number of other employees paid ov | or ¢5 | | 1 | | | | | | |
| 1014 | - Hamber of other employees paid of | رد ای | 0,0001 1 1 1 1 | | · · · · · · · | | Fa- | m 99 0 |)_DE / | (2010) |
| | | | | | | | ror | 1111 331 |)-LL (| (2019) |

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|--|---------------------------------------|---------------------------|
| Part VIII Information About Officers, Directors, Trustees, and Contractors (continued) | Foundation Managers, Highly Pa | id Employees, |
| 3 Five highest-paid independent contractors for professional service | es (see instructions). If none, enter | "NONE". |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services | | 0 |
| Part IX-A Summary of Direct Charitable Activities | | · |
| List the foundation's four largest direct charitable activities during the tax year. Include rele- organizations and other beneficiaries served, conferences convened, research papers produc | | of Expenses |
| 1 | | |
| 2 | | |
| | | |
| 3 | | |
| | | |
| 4 | | |
| Part IX-B Summary of Program-Related Investments (see II | nstructions) | |
| Describe the two largest program-related investments made by the foundation during th | <u> </u> | Amount |
| 1 | , | |
| | | |
| 2 | | |
| All other program-related investments See instructions | | |
| 3 | | |
| Total. Add lines 1 through 3 | | • 0 |
| | | Form 990-PF (2019) |

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

3a 3h

4

5

355.679

8.013

347.666

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Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

the section 4940(e) reduction of tax in those years

4

5

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300,576

300.576

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|----------------|------|
| Part XIII | Un |
| | |

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|--------------------|---|--|--|--|--|--|--|
| Part XIII | Undistributed Income (see instructions) | | | | | | |

1 Distributable amount for 2019 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2019 (a)

Corpus

139.970

55.103

195,073

67.590

127,483

0

67.590 9,565

10 958

46.721 5,136

9.565 10,958

46.721

5.136

55.103

(b)

Years prior to 2018

(c)

2018

- a Enter amount for 2018 only.
- **b** Total for prior years
- From 2014.
- Excess distributions carryover, if any, to 2019
- **b** From 2015. . . . c From 2016. . . **d** From 2017. . . .
- e From 2018.

d Applied to 2019 distributable amount. e Remaining amount distributed out of corpus

same amount must be shown in column (a))

5 Excess distributions carryover applied to 2019

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a

9 Excess distributions carryover to 2020.

10 Analysis of line 9 a Excess from 2015. .

b Excess from 2016. .

c Excess from 2017. . .

d Excess from 2018. .

e Excess from 2019. .

(If an amount appears in column (d), the

6 Enter the net total of each column as

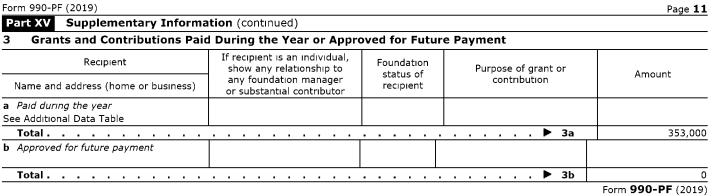
b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2018 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2019 Subtract lines 4d and 5 from line 1. This amount must be 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 may be required - see instructions) 8 Excess distributions carryover from 2014 not

indicated below:

f Total of lines 3a through e. 4 Qualifying distributions for 2019 from Part

XII, line 4 🕨 \$ a Applied to 2018, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions).

factors



| Enter gross amounts unless otherwise indicated | | Unrelated business income | | Excluded by section | (e) Related or exemp | |
|---|---|---|----------------------|-----------------------|---------------------------------------|--|
| - | m service revenue | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | function income (See instructions) |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | and contracts from government agencies | | | | | |
| | ership dues and assessments | | | | | |
| 3 Intere | st on savings and temporary cash ments | | | | | |
| | nds and interest from securities | | | 14 | 139,562 | |
| | ntal income or (loss) from real estate | | | | | |
| | -financed property | | | | | |
| | debt-financed property | | | | | |
| | ntal income or (loss) from personal property investment income. | | | | | |
| | r (loss) from sales of assets other than | | | | | |
| invent | • • | | | 18 | 711,110 | |
| | come or (loss) from special events | | | 10 | 711,110 | |
| | profit or (loss) from sales of inventory | | | | | |
| .1 Other | revenue a | | | | | |
| | | | | | | |
| с | _ | | | | | |
| | | | | | | |
| d | | | | | | |
| d e | | | | | | |
| d e . 2 Subto | tal Add columns (b), (d), and (e). | | 0 | | 850,672 | |
| d e .2 Subto 3 Total | tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) | | 0 | | 850,672 3 | |
| d e 2 Subto 3 Total (See v | tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) rorksheet in line 13 instructions to verify calcu | lations) | | 13 | · · · · · · · · · · · · · · · · · · · | |
| d e 2 Subto 3 Total (See v | tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu 1-B Relationship of Activities to the | lations) e Accomplish income is report | | pt Purposes | ted importantly to | 850,672 |
| d e 2 Subto 3 Total (See v Part XV | tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | lations) e Accomplish income is report | | pt Purposes | ted importantly to | 850,672 |
| d e 2 Subto 3 Total (See v Part XV | tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | lations) e Accomplish income is report | | pt Purposes | ted importantly to | 850,672 |
| d e 2 Subto 3 Total (See v Part XV | tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | lations) e Accomplish income is report | | pt Purposes | ted importantly to | 850,672 |
| d e 2 Subto 3 Total (See v Part XV | tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | lations) e Accomplish income is report | | pt Purposes | ted importantly to | 850,672 |
| d e 2 Subto 3 Total (See v Part XV | tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | lations) e Accomplish income is report | | pt Purposes | ted importantly to | 850,672 |
| d e 2 Subto 3 Total (See v Part XV | tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | lations) e Accomplish income is report | | pt Purposes | ted importantly to | 850,672 |
| d e 2 Subto 3 Total (See v Part XV | tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | lations) e Accomplish income is report | | pt Purposes | ted importantly to | 850,672 |
| d e 2 Subto 3 Total (See v Part XV | tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | lations) e Accomplish income is report | | pt Purposes | ted importantly to | 850,672 |
| d e 2 Subto 3 Total (See v Part XV | tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | lations) e Accomplish income is report | | pt Purposes | ted importantly to | 850,672 |
| d e 2 Subto 3 Total (See v Part XV | tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | lations) e Accomplish income is report | | pt Purposes | ted importantly to | 850,672 |
| d e 2 Subto 3 Total (See v Part XV | tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | lations) e Accomplish income is report | | pt Purposes | ted importantly to | 850,672 |
| d e 2 Subto 3 Total (See v Part XV | tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | lations) e Accomplish income is report | | pt Purposes | ted importantly to | 850,672 |
| d e 2 Subto 3 Total (See v Part XV | tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | lations) e Accomplish income is report | | pt Purposes | ted importantly to | 850,672 |
| d e 2 Subto 3 Total (See v Part XV | tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | lations) e Accomplish income is report | | pt Purposes | ted importantly to | 850,672 |
| d e 2 Subto 3 Total (See v Part XV | tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | lations) e Accomplish income is report | | pt Purposes | ted importantly to | 850,672 |
| d e 2 Subto 3 Total (See v Part XV | tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | lations) e Accomplish income is report | | pt Purposes | ted importantly to | 850,672 |
| d e 2 Subto 3 Total (See v Part XV | tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | lations) e Accomplish income is report | | pt Purposes | ted importantly to | 850,672 |
| d e 2 Subto 3 Total (See v Part XV | tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | lations) e Accomplish income is report | | pt Purposes | ted importantly to | 850,672 |
| d e 2 Subto 3 Total (See v Part XV | tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | lations) e Accomplish income is report | | pt Purposes | ted importantly to | 850,672 |
| d e 2 Subto 3 Total (See v Part XV | tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | lations) e Accomplish income is report | | pt Purposes | ted importantly to | 850,672 |
| d e 2 Subto 3 Total (See v Part XV | tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | lations) e Accomplish income is report | | pt Purposes | ted importantly to | 850,672 |
| d e 2 Subto 3 Total (See v Part XV Line No. | tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | lations) e Accomplish income is report | | pt Purposes | ted importantly to | 850,672 |

| For | n 990-Pf | (2019) | | | Pa | ge 13 |
|-----|------------------|---------------------------------|---|-----------------|---------|--------------|
| Р | art XVI | Information Re Exempt Organi | egarding Transfers To and Transactions and Relationships With Nonc zations | haritable | | |
| 1 | | | directly engage in any of the following with any other organization described in section organizations) or in section 527, relating to political organizations? | 501 | Yes | No |
| а | Transfer | s from the reporting foun | dation to a noncharitable exempt organization of | | | |
| | (1) Cas | sh | | 1a(1) | | No |
| | (2) Oth | er assets | | . 1a(2) | | No |
| b | Other tra | ansactions | | | | |
| | (1) Sal | es of assets to a nonchar | itable exempt organization | . 1ь(1) | | No |
| | (2) Pur | chases of assets from a r | noncharitable exempt organization | . 1b(2) | | No |
| | (3) Rer | ntal of facilities, equipmer | nt, or other assets | . 1b(3) | | No |
| | | | ts | | | No |
| | (5) Loa | ns or loan guarantees. | | . 1b(5) | | No |
| | (6) Perf | ormance of services or m | embership or fundraising solicitations | 1b(6) | | No |
| С | | | nailing lists, other assets, or paid employees | | | No |
| | of the go | oods, other assets, or ser | is "Yes," complete the following schedule. Column (b) should always show the fair marking given by the reporting foundation. If the foundation received less than fair markingement, show in column (d) the value of the goods, other assets, or services receive | et value | • | • |
| (a) | Line No | (b) Amount involved | (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, a | nd sharing arra | ingemen | nts |
| | | | | | | |

| (6) Perf | ormance of services or m | embership or fund | raising solicitations | | | 1b(6) | No |
|--------------------|--|------------------------|-----------------------------|-------------------|---|----------------|-------|
| c Sharing | of facilities, equipment, r | nailing lists, other a | assets, or paid employe | es | | 1c | No |
| of the g | oods, other assets, or ser | vices given by the | reporting foundation I | the foundation | should always show the fair market n received less than fair market val ther assets, or services received | | |
| (a) Line No | (b) Amount involved | (c) Name of noncha | arıtable exempt organızatıo | n (d) Desc | cription of transfers, transactions, and sh | arıng arrangen | nents |
| | | | | | | | |
| | | | | | | | |
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| 2- I- th: 5- | | | | | | | |
| describe | oundation directly or indirectly or indirectly or indirectly of the control of th | r than section 501(| | | · | ✓ No | |
| b If "Yes," | complete the following s | | 1 | | | | |
| | (a) Name of organization | on | (b) Type of orga | nization | (c) Description of relat | ionship | |

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 May the IRS discuss this return 2020-08-05 with the preparer shown Signature of officer or trustee Title Date (see instr) 🗹 Yes 🗆 No

Sign Here

Paid

Print/Type preparer's name Preparer's Signature PTIN Date Check if self-P00188900 employed ▶ □ DAVID A MARCUS CPA **Preparer** Firm's name ▶ SAMET & COMPANY PC Firm's EIN ▶04-3027605 **Use Only** Firm's address ▶ 1330 BOYLSTON STREET Phone no (617) 731-1222 CHESTNUT HILL, MA 024672111

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

or substantial contributor

| a Paid during the year | | | | |
|---|------|---------|---------------------------|--------|
| AMERICAN JEWISH COMMITTEES 126 HIGH STREET BOSTON, MA 02110 | NONE | CHARITY | TO AID GENERAL OPERATIONS | 80,000 |

| 3031011,1111 02110 | | | | |
|--|------|---------|---------------------------|--|
| ANTI-DEFAMATION LEAGUE 505 THIRD AVENUE NEW YORK, NY 10158 | NONE | CHARITY | TO AID GENERAL OPERATIONS | |
| | | | | |

| ANTI-DEFAMATION LEAGUE 605 THIRD AVENUE NEW YORK, NY 10158 | NONE | CHARITY | TO AID GENERAL OPERATIONS | 10,000 |
|--|------|---------|---------------------------|--------|
| BOTTOM LINE FOUNDATION 500 AMORY STREET BOSTON, MA 02110 | NONE | CHARITY | TO AID GENERAL OPERATIONS | 25,000 |

| 605 THIRD AVENUE NEW YORK, NY 10158 | | | | , |
|--|------|---------|---------------------------|--------|
| BOTTOM LINE FOUNDATION 500 AMORY STREET BOSTON, MA 02110 | NONE | CHARITY | TO AID GENERAL OPERATIONS | 25,000 |
| | | | | |

| NEW YORK, NY 10158 | | | | |
|--|------|---------|---------------------------|---------|
| BOTTOM LINE FOUNDATION 500 AMORY STREET BOSTON, MA 02110 | NONE | CHARITY | TO AID GENERAL OPERATIONS | 25,000 |
| Total | | | ▶ 3a | 353,000 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

| CITY YEAR287 COLUMBUS AVE BOSTON, MA 02116 | NONE | CHARITY | TO AID OPERATIONS | 1,000 |
|---|------|---------|---------------------------|--------|
| DAV CHARITABLE SERVICES TRUST | NONE | CHARITY | TO AID GENERAL OPERATIONS | 10,000 |

| DAV CHARITABLE SERVICES TRUST 3725 ALEXANDRIA PIKE COLD SPRING, KY 41076 | NONE | CHARITY | TO AID GENERAL OPERATIONS | 10 |
|--|------|---------|---------------------------|----|
| FRIENDS FOREVERONE MORGAN WAY | NONE | CHARITY | TO AID GENERAL OPERATIONS | 1 |

| COLD SPRING, KY 41076 | | | | |
|-------------------------------|------|---------|---------------------------|-------|
| FRIENDS FOREVERONE MORGAN WAY | NONE | CHARITY | TO AID GENERAL OPERATIONS | 1,000 |

| COLD SPRING, KY 41076 | | | | |
|---|------|---------|---------------------------|-------|
| FRIENDS FOREVERONE MORGAN WAY DURHAM, NH 03824 | NONE | CHARITY | TO AID GENERAL OPERATIONS | 1,000 |

| FRIENDS FOREVERONE MORGAN WAY NONE DURHAM, NH 03824 | CHARITY | TO AID GENERAL OPERATIONS | 1,000 |
|---|---------|---------------------------|-------|
|---|---------|---------------------------|-------|

Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year HORIZONS FOR HOMELESS CHILDREN NONE CHARITY TO AID GENERAL OPERATIONS 1,000 1705 COLUMBUS AVENUE

| ROXBURY, MA 02119 | | | | |
|--|------|---------|---------------------------|--------|
| JUSTICE AT WORK90 CANAL STREET BOSTON, MA 02114 | NONE | CHARITY | TO AID GENERAL OPERATIONS | 2,000 |
| PINE STREET INN 444 HARRISON AVENUE BOSTON, MA 02118 | NONE | CHARITY | TO AID GENERAL OPERATIONS | 10,000 |

Total . .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

| a Paid during the year | | | | |
|--|------|---------|---------------------------|--------|
| PLANNED PARENTHOOD 345 WHITNEY AVENUE NEW HAVEN.CT 06511 | NONE | CHARITY | TO AID GENERAL OPERATIONS | 10,000 |

| NEW HAVEN, CT 06511 | | | | |
|--|------|---------|---------------------------|--|
| PROJECT BREAD145 BORDER STREET BOSTON, MA 02128 | NONE | CHARITY | TO AID GENERAL OPERATIONS | |

Total . .

| PROJECT BREAD145 BORDER STREET BOSTON, MA 02128 | NONE | CHARITY | TO AID GENERAL OPERATIONS | 500 |
|--|------|---------|---------------------------|-------|
| POSTE'S DI ACERRO HARRISON AVE | NONE | CHARITY | TO AID GENERAL OPERATIONS | 1 000 |

| BOSTON, MA 02128 | | | | |
|---|------|---------|---------------------------|-------|
| ROSIE'S PLACE889 HARRISON AVE BOSTON, MA 02118 | NONE | CHARITY | TO AID GENERAL OPERATIONS | 1,000 |

| 200.0.0, | | | | |
|---|------|---------|---------------------------|-------|
| ROSIE'S PLACE889 HARRISON AVE BOSTON, MA 02118 | NONE | CHARITY | TO AID GENERAL OPERATIONS | 1,000 |

If recipient is an individual, Purpose of grant or Recipient Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year SOUTHERN POVERTY LAW CENTER NONE CHARITY **RELIGIOUS** 10,000 1989 COLLEGE AVE NE

| ATLANTA, GA 30317 | | | | |
|--|------|---------|---------------------------|--------|
| THE SCHWARTZ CENTER 205 PORTLAND ST 6 BOSTON, MA 02114 | NONE | CHARITY | TO AID GENERAL OPERATIONS | 51,000 |
| THE SECOND STEPPO BOX 600213 | NONE | CHARITY | TO AID OPERATIONS | 2.000 |

| BOSTON, MA 02114 | | | | |
|---|------|---------|-------------------|-------|
| THE SECOND STEPPO BOX 600213 NEWTONVILLE, MA 02460 | NONE | CHARITY | TO AID OPERATIONS | 2,000 |

Total .

Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

| a Paid during the year | | | | |
|--|------|------------|-------------|---------|
| TUFTS UNIVERSITYPO BOX 3306 MEDFORD, MA 02155 | NONE | UNIVERSITY | EDUCATIONAL | 100,000 |

| MEDFORD, MA 02155 | | | | |
|--|------|---------|-------------------|-------|
| PARTNERS FOR HEALTH 800 BOYLSTON ST SUITE 300 BOSTON, MA 02199 | NONE | CHARITY | TO AID OPERATIONS | 1,500 |

| PARTNERS FOR HEALTH 800 BOYLSTON ST SUITE 300 BOSTON, MA 02199 | NONE | CHARITY | TO AID OPERATIONS | 1,500 |
|--|------|---------|-------------------|-------|
| GLOBAL CAMP AFRICA700 12TH ST 88 | NONE | CHARITY | TO AID OPERATIONS | 1.000 |

| BOSTON, MA 02199 | | | | |
|---|------|---------|-------------------|-------|
| GLOBAL CAMP AFRICA700 12TH ST 88 LYNCHBURG, VA 24504 | NONE | CHARITY | TO AID OPERATIONS | 1,000 |

| BUSTON, MA 02199 | | | | |
|---|------|---------|-------------------|-------|
| GLOBAL CAMP AFRICA700 12TH ST 88 LYNCHBURG, VA 24504 | NONE | CHARITY | TO AID OPERATIONS | 1,000 |

| LYNCHBURG, VA 24504 | NONE | CHARITI | TO ALD OF ENATIONS | 1,000 |
|---------------------|------|---------|--------------------|---------|
| Total | | | ▶ 3a | 353,000 |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

| a Paid during the year | | | | |
|--|------|------------|-------------|-------|
| TISCH COLLEGE 10 UPPER CAMPUS ROAD MEDFORD, MA 02155 | NONE | UNIVERSITY | EDUCATIONAL | 7,500 |
| | | | | |

| MEDFORD, MA 02155 | | | | |
|---|------|---------|---------------|--------|
| SUMMER SEARCH 3840 WASHINGTON STREET BOSTON, MA 02130 | NONE | CHARITY | UNRESTRICTED | 25,000 |
| EDACTLE V CVNDDOME DECEADOU | NONE | CHADITY | LINDESTRICTED | 250 |

| TON, MA 02130 | | | | |
|---|------|---------|--------------|-----|
| GILE X SYNDROME RESEARCH XA) RINCE PL 203 | NONE | CHARITY | UNRESTRICTED | 250 |

| BOSTON, MA 02130 | | | | |
|---|------|---------|--------------|-----|
| FRAGILE X SYNDROME RESEARCH (FRAXA) 10 PRINCE PL 203 NEWBURYPORT, MA 01950 | NONE | CHARITY | UNRESTRICTED | 250 |

353,000

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager

or substantial contributor

Name and address (home or business)

Total .

recipient

| a Paid during the year | | | | |
|--|------|---------|--------------|-------|
| KEHILITH ISRAEL384 HARVARD STREET BROOKLINE, MA 02446 | NONE | CHARITY | UNRESTRICTED | 2,250 |
| JEWISH FAMILY & CHILDREN'S SERVICES | NONE | CHARITY | UNRESTRICTED | 500 |

| SERVICES 1430 MAIN STREET WALTHAM, MA 02451 | | | | |
|---|------|---------|--------------|----|
| NATIONAL PARK FOUNDATION 1110 VERMONT AVENUE STE 200 | NONE | CHARITY | UNRESTRICTED | 50 |

| 1 | SERVICES 1430 MAIN STREET WALTHAM, MA 02451 | | | | |
|---|---|------|---------|--------------|--|
| 1 | NATIONAL PARK FOUNDATION 1110 VERMONT AVENUE STE 200 | NONE | CHARITY | UNRESTRICTED | |

| 1430 MAIN STREET WALTHAM, MA 02451 | | | | |
|--|------|---------|--------------|-----|
| NATIONAL PARK FOUNDATION 1110 VERMONT AVENUE STE 200 WASHINGTON DC 20005 | NONE | CHARITY | UNRESTRICTED | 500 |

| WALTHAM, MA 02451 | | | | |
|---|------|---------|--------------|-----|
| NATIONAL PARK FOUNDATION 1110 VERMONT AVENUE STE 200 | NONE | CHARITY | UNRESTRICTED | 500 |
| WASHINGTON DC 2000E | | | | i |

| NATIONAL PARK FOUNDATION 1110 VERMONT AVENUE STE 200 | NONE | CHARITY | UNRESTRICTED | 500 |
|---|------|---------|--------------|-----|
| WASHINGTON, DC 20005 | | | | |

| efile GRAPHIC print - DO NOT P | ROCESS As Filed | Data - | D | LN: 93491238006080 | |
|----------------------------------|--------------------|--------------------------|------------------------|---|--|
| TY 2019 Accounting Fees Schedule | | | | | |
| | | | | | |
| | Name: MARIO | RIE COHEN STANZLE | R CHARITABLE TR | UST | |
| | EIN: 04-6955868 | | | | |
| | LIN. 0+ 093 | | i | | |
| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | |
| SAMET & COMPANY | 2,45 | 0 1,225 | | 1,225 | |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491238006080 | | | |
|--|-----------------|---------------------------|--|--|--|
| TY 2019 Investments Corporate Bonds Schedule | | | | | |
| | | | | | |
| Name: N | MARJORIE COHEN | STANZLER CHARITABLE TRUST | | | |

867,301

859,896

EIN: 04-6955868 **Investments Corporate Bonds Schedule** Name of Bond End of Year Book **End of Year Fair** Value Market Value

CORPORATE BONDS

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491238006080 | | | |
|--|-----------------|-----------------------------|--|--|--|
| TY 2019 Investments Corporate Stock Schedule | | | | | |
| Name: 1 | MARIORIE COHEN | STANZI FR CHARITABI F TRUST | | | |

EIN: 04-6955868 Investments Corneration Stock Schedule

| Investments Corporation Stock Schedule | | |
|--|---------------------------|----------------------------------|
| Name of Stock | End of Year Book Value | End of Year Fair Market Value |
| MARKETABLE SECURITIES | 2,324,486 | 5,373,782 |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491238006080 | | |
|--|---|--------------------------------|--|--|
| TY 2019 Investments Governr | TY 2019 Investments Government Obligations Schedule | | | |
| | | l | | |
| Name: | MARJORIE CO | OHEN STANZLER CHARITABLE TRUST | | |
| EIN: | 04-6955868 | ı | | |
| US Government Securities - End of Year Book Value: | | 3,568 | | |
| US Government Securities - End of Year Fair Market Value: | | 4,039 | | |
| State & Local Government Securities - End of Year Book Value: | | 0 | | |
| State & Local Government Securities - End of Year Fair Market Value: | | 0 | | |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491238006080 | | |
|--------------------------------------|-----------------|---------------------|--|--|
| | | _ | | |
| TY 2019 Investments - Other Schedule | | | | |
| | | | | |
| | | | | |

Name: MARJORIE COHEN STANZLER CHARITABLE TRUST

681,259

679,313

| EIN: | 04-6955868 |
|------|------------|

CERTIFICATES OF DEPOSIT

| Investments Other Schedule 2 | | | | |
|------------------------------|-----------------------|------------|----------------------------------|--|
| Category/ Item | Listed at Cost or FMV | Book Value | End of Year Fair Market Value | |
| PUBLICLY TRADED PARTNERSHIP | FMV | 3,222 | 67,584 | |

FMV

| efile GRAPHIC print - DO NOT PROCES | S As Filed Data - | | DLN | : 93491238006080 | |
|--|--------------------------------------|--------------------------|------------------------|---|--|
| TY 2019 Other Expenses Schedule | | | | | |
| | | | | | |
| Name: MARJORIE COHEN STANZLER CHARITABLE TRUST | | | | | |
| EIN: 04-6955868 | | | | | |
| Other Expenses Schedule | | | | | |
| Description | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | |
| INVESTMENT MANAGEMENT FEES | 54,595 | 42,784 | | 0 | |
| ORDINARY LOSS FROM K-1 | 2,329 | 2,329 | | 0 | |

1,454

1,454

OFFICE EXPENSE

| efile GRAPHIC print - DO NOT PRO | OCESS As Filed Data | - | DLI | N: 93491238006080 |
|--|---------------------|----------------|--------------|----------------------------|
| TY 2019 Taxes Schedule | | | | |
| | | | | |
| Name: MARJORIE COHEN STANZLER CHARITABLE TRUST | | | | |
| • | | | CITALLIA COL | 01 |
| EIN: 04-6955868 | | | | |
| Category | Amount | Net Investment | Adjusted Net | Disbursements |
| | | Income | Income | for Charitable Purposes |
| MA PC FILING FEE | 70 | 0 | | 0 |
| FOREIGN TAXES | 1,534 | 1,534 | | 0 |
| FEDERAL TAXES | 1,500 | 1,500 | | 0 |