

**Form 990-PF**

## Return of Private Foundation

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

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

2019

## Open to Public Inspection

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

, and ending 12-31-2019

	Part II Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing		3		
	2 Savings and temporary cash investments		168,566	72,521	72,521
	3 Accounts receivable ►				
	Less: allowance for doubtful accounts ►				
	4 Pledges receivable ►				
	Less: allowance for doubtful accounts ►				
	5 Grants receivable				
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)				
	7 Other notes and loans receivable (attach schedule) ►				
	Less: allowance for doubtful accounts ►				
	8 Inventories for sale or use				
	9 Prepaid expenses and deferred charges				
	10a Investments—U.S. and state government obligations (attach schedule)				
	b Investments—corporate stock (attach schedule)		524,816	625,195	887,791
	c Investments—corporate bonds (attach schedule)				
	11 Investments—land, buildings, and equipment: basis ►				
	Less: accumulated depreciation (attach schedule) ►				
	12 Investments—mortgage loans				
	13 Investments—other (attach schedule)				
	14 Land, buildings, and equipment: basis ►				
	Less: accumulated depreciation (attach schedule) ►				
	15 Other assets (describe ► _____)				
	16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)		693,385	697,716	960,312
Liabilities	17 Accounts payable and accrued expenses				
	18 Grants payable				
	19 Deferred revenue				
	20 Loans from officers, directors, trustees, and other disqualified persons				
	21 Mortgages and other notes payable (attach schedule)				
	22 Other liabilities (describe ► _____)		0	0	
	23 Total liabilities (add lines 17 through 22)		0	0	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here ► <input checked="" type="checkbox"/> and complete lines 24, 25, 29 and 30.				
	24 Net assets without donor restrictions		693,385	697,716	
	25 Net assets with donor restrictions				
	Foundations that do not follow FASB ASC 958, check here ► <input type="checkbox"/> and complete lines 26 through 30.				
	26 Capital stock, trust principal, or current funds				
	27 Paid-in or capital surplus, or land, bldg., and equipment fund				
	28 Retained earnings, accumulated income, endowment, or other funds				
	29 Total net assets or fund balances (see instructions)		693,385	697,716	
	30 Total liabilities and net assets/fund balances (see instructions)		693,385	697,716	

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

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	693,385
2	Enter amount from Part I, line 27a	2	4,666
3	Other increases not included in line 2 (itemize) ►	3	0
4	Add lines 1, 2, and 3	4	698,051
5	Decreases not included in line 2 (itemize) ►	5	335
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29	6	697,716

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

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a See Additional Data Table				
b				
c				
d				
e				
(e) Gross sales price		(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a See Additional Data Table				
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
(i) F.M.V. as of 12/31/69		(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a See Additional Data Table				
b				
c				
d				
e				
2 Capital gain net income or (net capital loss)		If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7		2 28,569
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8				3 -141

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

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

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

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

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

 Yes  No

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2018	65,479	868,678	0.075378
2017	88,262	855,140	0.103214
2016	86,989	827,924	0.105069
2015	53,196	829,336	0.064143
2014	66,256	827,044	0.080112
<b>2 Total</b> of line 1, column (d)			0.427916
<b>3 Average</b> distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years			0.085583
<b>4 Enter</b> the net value of noncharitable-use assets for 2019 from Part X, line 5			907,533
<b>5 Multiply</b> line 4 by line 3			77,669
<b>6 Enter</b> 1% of net investment income (1% of Part I, line 27b)			18
<b>7 Add</b> lines 5 and 6			77,687
<b>8 Enter</b> qualifying distributions from Part XII, line 4			90,422

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

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

1a	Exempt operating foundations described in section 4940(d)(2), check here ► <input type="checkbox"/> and enter "N/A" on line 1.	1	18
	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 here ► <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	18
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2.	3	18
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-.	5	18
6	Credits/Payments:		
a	2019 estimated tax payments and 2018 overpayment credited to 2019	6a	840
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	0
d	Backup withholding erroneously withheld	6d	0
7	Total credits and payments. Add lines 6a through 6d.	7	840
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.	8	0
9	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>	9	
10	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>	10	822
11	Enter the amount of line 10 to be: <b>Credited to 2020 estimated tax</b> ►	11	822

**Part VII-A Statements Regarding Activities**

1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	Yes	No
1b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition).  <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>	1b		No
1c	Did the foundation file <b>Form 1120-POL</b> for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: <b>(1)</b> On the foundation. ► \$ _____ 0 <b>(2)</b> On foundation managers. ► \$ _____ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ _____ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?  <i>If "Yes," attach a detailed description of the activities.</i>	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?  <i>If "Yes," attach the statement required by General Instruction T.</i>	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: <ul style="list-style-type: none"><li>• By language in the governing instrument, or</li><li>• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?</li></ul>	6	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ►MA			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation.</i>	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the taxable year beginning in 2019? See the instructions for Part XIV.  <i>If "Yes," complete Part XIV</i>	9		No
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>	10	Yes	

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

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions.	11	No
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	No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ►N/A	13	Yes
14	The books are in care of ►DAVID J FELDMAN SYDNEY E FELDM	Telephone no. ►(781) 329-0319	
Located at ►47 VILLAGE AVENUE UNIT 207 DEDHAM MA			ZIP+4 ►02026
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here. . . . .	► 15	<input type="checkbox"/>
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? . . . . . See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ►	16	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required****File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

		Yes	No
1a	During the year did the foundation (either directly or indirectly):		
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(6)	Agree to pay money or property to a government official? (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.). . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions. . . . . Organizations relying on a current notice regarding disaster assistance check here. . . . . ►	1b	<input type="checkbox"/>
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019? . . . . .	1c	No
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)):		
a	At the end of tax year 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? . . . . . If "Yes," list the years ► 20____, 20____, 20____, 20____	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions.) . . . . .	2b	<input type="checkbox"/>
c	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. ► 20____, 20____, 20____, 20____		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2019.) . . . . .	3b	<input type="checkbox"/>
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b	No

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

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

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

**1. List all officers, directors, trustees, foundation managers and their compensation. See instructions.**

1 List all officers, directors, trustees, foundation managers and their 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) Expense account, other allowances
DAVID J FELDMAN SYDNEY E FELDMAN 47 VILLAGE AVENUE UNIT 207 DEDHAM, MA 02026	TRUSTEES 1.00	0	0	0

**2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."**

<b>(a)</b> Name and address of each employee paid more than \$50,000	<b>(b)</b> Title, and average hours per week devoted to position	<b>(c)</b> Compensation	<b>(d)</b> Contributions to employee benefit plans and deferred compensation	<b>(e)</b> Expense account, other allowances
NONE				
<b>Total number of other employees paid over \$50,000</b>				

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

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities. . . . .	1a	843,528
b	Average of monthly cash balances. . . . .	1b	77,825
c	Fair market value of all other assets (see instructions). . . . .	1c	0
d	<b>Total</b> (add lines 1a, b, and c). . . . .	1d	921,353
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	1e	0
2	Acquisition indebtedness applicable to line 1 assets. . . . .	2	0
3	Subtract line 2 from line 1d. . . . .	3	921,353
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	4	13,820
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	5	907,533
6	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	6	45,377

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

1	Minimum investment return from Part X, line 6. . . . .	1	45,377
2a	Tax on investment income for 2019 from Part VI, line 5. . . . .	2a	18
b	Income tax for 2019. (This does not include the tax from Part VI.). . . . .	2b	
c	Add lines 2a and 2b. . . . .	2c	18
3	Distributable amount before adjustments. Subtract line 2c from line 1. . . . .	3	45,359
4	Recoveries of amounts treated as qualifying distributions. . . . .	4	0
5	Add lines 3 and 4. . . . .	5	45,359
6	Deduction from distributable amount (see instructions). . . . .	6	0
7	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . . . .	7	45,359

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

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . .	1a	90,422
b	Program-related investments—total from Part IX-B. . . . .	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. . . . .	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required). . . . .	3a	
b	Cash distribution test (attach the required schedule). . . . .	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	90,422
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	18
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	6	90,404
<b>Note:</b> The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.			

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

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
<b>1</b> Distributable amount for 2019 from Part XI, line 7				45,359
<b>2</b> Undistributed income, if any, as of the end of 2019:				
<b>a</b> Enter amount for 2018 only. . . . .			0	
<b>b</b> Total for prior years: 20____, 20____, 20____		0		
<b>3</b> Excess distributions carryover, if any, to 2019:				
<b>a</b> From 2014. . . . .	25,555			
<b>b</b> From 2015. . . . .	11,729			
<b>c</b> From 2016. . . . .	45,895			
<b>d</b> From 2017. . . . .	46,101			
<b>e</b> From 2018. . . . .	22,885			
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	152,165			
<b>4</b> Qualifying distributions for 2019 from Part XII, line 4: ► \$ 90,422			0	
<b>a</b> Applied to 2018, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2019 distributable amount. . . . .				45,359
<b>e</b> Remaining amount distributed out of corpus	45,063			
<b>5</b> Excess distributions carryover applied to 2019. (If an amount appears in column (d), the same amount must be shown in column (a).)		0		0
<b>6</b> <b>Enter the net total of each column as indicated below:</b>	197,228			
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b. . . . .		0		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .		0		
<b>d</b> Subtract line 6c from line 6b. Taxable amount—see instructions . . . . .		0		
<b>e</b> Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions . . . . .			0	
<b>f</b> Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 . . . . .				0
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . .	0			
<b>8</b> Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions) . . . . .	25,555			
<b>9</b> <b>Excess distributions carryover to 2020.</b> Subtract lines 7 and 8 from line 6a . . . . .	171,673			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2015. . . . .	11,729			
<b>b</b> Excess from 2016. . . . .	45,895			
<b>c</b> Excess from 2017. . . . .	46,101			
<b>d</b> Excess from 2018. . . . .	22,885			
<b>e</b> Excess from 2019. . . . .	45,063			

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

1a	If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling. ►			
b	Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)			
2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed.			
b	85% of line 2a.			
c	Qualifying distributions from Part XII, line 4 for each year listed.			
d	Amounts included in line 2c not used directly for active conduct of exempt activities.			
e	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c.			
3	Complete 3a, b, or c for the alternative test relied upon:			
a	"Assets" alternative test—enter:			
(1)	Value of all assets.			
(2)	Value of assets qualifying under section 4942(j)(3)(B)(i).			
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.			
c	"Support" alternative test—enter:			
(1)	Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties).			
(2)	Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).			
(3)	Largest amount of support from an exempt organization.			
(4)	Gross investment income.			

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)****1 Information Regarding Foundation Managers:**

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

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

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

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

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

DAVID J FELDMAN SYDNEY E FELDMAN  
47 VILLAGE AVENUE UNIT 207  
DEDHAM, MA 02026  
(781) 329-0319

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

NO SPECIFIC FORMS OR ENCLOSURES REQUIRED

c Any submission deadlines:

NONE

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

NONE

## **Part XV    Supplementary Information (continued)**

### **3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions.)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
<b>1</b> Program service revenue:					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
<b>2</b> Membership dues and assessments. . . . .					
<b>3</b> Interest on savings and temporary cash investments . . . . .			14	5	
<b>4</b> Dividends and interest from securities. . . . .			14	24,171	
<b>5</b> Net rental income or (loss) from real estate:					
a Debt-financed property. . . . .					
b Not debt-financed property. . . . .					
<b>6</b> Net rental income or (loss) from personal property					
<b>7</b> Other investment income. . . . .			14	150	
<b>8</b> Gain or (loss) from sales of assets other than inventory . . . . .			18	28,569	
<b>9</b> Net income or (loss) from special events:					
<b>10</b> Gross profit or (loss) from sales of inventory					
<b>11</b> Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
<b>12</b> Subtotal. Add columns (b), (d), and (e). . . . .		0		52,895	0
<b>13</b> <b>Total.</b> Add line 12, columns (b), (d), and (e). . . . . (See worksheet in line 13 instructions to verify calculations.)					52,895

**Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes**



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

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
IDEXX LABS INC	P	2013-09-24	2019-01-28
DANAHER CORP DEL DTD 09/15/2015 2.4% 09/	P	2015-09-10	2019-10-24
MICROSOFT CORP COM	P	2012-05-17	2019-10-24
OPPENHEIMER INTL GROWTH FD INTERNATIONAL	P	2015-12-09	2019-02-01
PIMCO ETF TR LOW DURTN AC ETF	P	2018-03-29	2019-02-14
PIMCO ETF TR LOW DURTN AC ETF	P	2018-11-20	2019-02-14
QUALCOMM INC	P	2015-12-28	2019-02-25
QUALCOMM INC	P	2016-11-08	2019-02-25
AMERICAN TOWER CORP CL A REIT	P	2013-05-13	2019-03-26
AMERICAN TOWER CORP CL A REIT	P	2015-03-13	2019-03-26

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

(e) Gross sales price	Depreciation allowed (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
7,184		1,726	5,458
10,057		10,003	54
15,380		3,306	12,074
17,546		17,232	314
14,870		15,002	-132
2,974		2,983	-9
11,193		10,403	790
2,665		3,421	-756
5,052		2,160	2,892
9,521		5,511	4,010

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

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col. (h) gain minus col. (k), but not less than -0-) or (l) Losses (from col.(h))
(i) F.M.V. as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col. (i) (k) over col. (j), if any	
			5,458
			54
			12,074
			314
			-132
			-9
			790
			-756
			2,892
			4,010

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

List and describe the kind(s) of property sold (e.g., real estate, <b>(a)</b> 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	<b>(b)</b> How acquired P—Purchase D—Donation	<b>(c)</b> Date acquired (mo., day, yr.)	<b>(d)</b> Date sold (mo., day, yr.)
VERIZON COMMUNICATIONS INC DTD 10/29/201	P	2014-10-24	2019-03-29
ALCON INC ORD SHS	P	2016-08-22	2019-04-12
NOVARTIS AG SPNSRD ADR	P	2016-08-22	2019-06-27
GOLDMAN SACHS GROUP INC DTD 08/31/2018 3	P	2018-08-29	2019-09-03
CAPITAL GAINS DIVIDENDS	P		

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

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis (g) plus expense of sale	(h) (e) plus (f) minus (g)
20,212		20,020	192
1,629		1,484	145
13,629		10,732	2,897
19,992		20,000	-8
648			648

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

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col. (h) gain minus col. (k), but not less than -0-) or <b>(l)</b> Losses (from col.(h))
(i) F.M.V. as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col. (i) (k) over col. (j), if any	
			192
			145
			2,897
			-8
			648

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
COMBINED JEWISH PHILANTHROPIES 126 HIGH ST BOSTON, MA 02110	NONE	PC	2019 GIFT	100
CHRISTO REY HIGH SCHOOL 100 SAVIN HILL BOSTON, MA 02125	NONE	PC	2019 GIFT	100
ST JUDES HOSPITAL 501 ST JUDES PLACE MEMPHIS, TN 38105	NONE	PC	2019 GIFT	100
<b>Total . . . . .</b>			► 3a	75,422

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
TEMPLE ISRAEL 600 NEW SCOLAND AVE ALBANY, NY 12208	NONE	PC	SARA AINSPAN MEMORIAL SCHOLARSHIP FUND	100
BEN GREENBERG CHILDRENS FUND 384 MANNING ST NEEDHAM, MA 02492	NONE	PC	2019 GIFT	500
MASS ASSOCIATION FOR THE BLIND 200 IVY ST BROOKLINE, MA 02446	NONE	PC	2019 GIFT	1,875
<b>Total . . . . .</b>			► 3a	75,422

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
EASTERN UNIVERSITY 1300 EAGLE RD ST DAVIDS, PA 19087	NONE	PC	2019 GIFT	1,000
TUFTS MEDICAL CENTER 800 WASHINGTON ST BOSTON, MA 02111	NONE	PC	2019 GIFT	1,250
TEMPLE BETH SHALOM 670 HIGHLAND AVE NEEDHAM, MA 02404	NONE	PC	2019 GIFT	100
<b>Total . . . . .</b>			► 3a	75,422

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
THE JIMMY FUND 450 BROOKLINE AVE BOSTON, MA 02215	NONE	PC	2019 GIFT	100
CHRON'S & COLITIS FOUNDATION 733 3RD AVE NEW YORK, NY 10017	NONE	PC	2019 GIFT	100
JAMES F FARR ACADEMY 71 PEARL ST CAMBRIDGE, MA 02139	NONE	PC	2019 GIFT	1,000
<b>Total . . . . .</b>			► 3a	75,422

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
CAMBRIDGE SCHOOL OF WESTON 45 GEORGIAN RD WESTON, MA 02493	NONE	PC	2019 GIFT	500
WAYLAND PUBLIC SCHOOL FOUNDATION PO BOX 97 WAYLAND, MA 01778	NONE	PC	2019 GIFT	500
NE CENTER & HOME FOR VETERANS 17 COURT ST BOSTON, MA 02108	NONE	PC	2019 GIFT	500
<b>Total . . . . .</b>			► 3a	75,422

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
EASTERN UNIVERSITY 1300 EAGLE RD ST DAVIDS, PA 19087	NONE	PC	2019 GIFT	20,000
DANA FARBER CANCER INSTITUTE 450 BROOKLINE AVE BOSTON, MA 02215	NONE	PC	2019 GIFT	250
TEMPLE BETH SHALOM 670 HIGHLAND AVE NEEDHAM, MA 02404	NONE	PC	2019 GIFT	362
<b>Total . . . . .</b>			► 3a	75,422

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
TEMPLE BETH SHALOM 670 HIGHLAND AVE NEEDHAM, MA 02404	NONE	PC	2019 GIFT	100
US HOLOCAUST MEMORIAL MUSEUM 100 RAOUL WALLENBERG PLAZA WASHINGTON, DC 20024	NONE	PC	2019 GIFT	200
COMBINED JEWISH PHILANTHROPIES 126 HIGH ST BOSTON, MA 02110	NONE	PC	2019 GIFT	2,500
<b>Total . . . . .</b>			► 3a	75,422

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
KIJABA CHILDRENS FUND 6 MAPLE ST ESSEX, MA 01929	NONE	PC	2019 GIFT	200
PAN MASS CHALLENGE 74 4TH AVE NEEDHAM, MA 02494	NONE	PC	2019 GIFT	200
NEEDHAM EXCHANGE CLUB 175 GREENDALE AVE NEEDHAM, MA 02494	NONE	PC	2019 GIFT	300
<b>Total . . . . .</b>			► 3a	75,422

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
TUFTS MEDICAL CENTER 800 WASHINGTON ST BOSTON, MA 02111	NONE	PC	2019 GIFT	1,250
MASI CORP 32 MONUMENT AVE CHARLESTOWN, MA 02129	NONE	PC	2019 GIFT	200
MILLION DOLLAR ROUND TABLE FOUNDATION 325 W TOUHY AVE PARK RIDGE, IL 60068	NONE	PC	2019 GIFT	100
<b>Total . . . . .</b>			► 3a	75,422

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
REACH BEYOND DOMESTIC VIOLENCE 296 NEWTON ST WALTHAM, MA 02454	NONE	PC	2019 GIFT	75
AMOS HOUSE 460 PINE ST PROVIDENCE, RI 02907	NONE	PC	2019 GIFT	500
DAY ONE 100 MEDWAY ST PROVIDENCE, RI 02916	NONE	PC	2019 GIFT	500
<b>Total . . . . .</b>			► 3a	75,422

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
ANTI DEFAMATION LEAGUE 40 COURT ST BOSTON, MA 02108	NONE	PC	2019 GIFT	100
PAN MASS CHALLENGE77 4TH AVE NEEDHAM, MA 02494	NONE	PC	2019 GIFT	500
DANA FARBER CANCER INSTITUTE 450 BROOKLINE AVE BOSTON, MA 02215	NONE	PC	2019 GIFT	1,000
<b>Total . . . . .</b>			► 3a	75,422

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
MASS ASSOCIATION FOR THE BLIND 200 IVY ST BROOKLINE, MA 02446	NONE	PC	2019 GIFT	500
TEMPLE BETH SHALOM 670 HIGHLAND AVE NEEDHAM, MA 02404	NONE	PC	2019 GIFT	2,975
EASTERN UNIVERSITY 1300 EAGLE RD ST DAVIDS, PA 19087	NONE	PC	2019 GIFT	2,695
<b>Total . . . . .</b>			► 3a	75,422

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
EASTERN UNIVERSITY 1300 EAGLE RD ST DAVIDS, PA 19087	NONE	PC	2019 GIFT	5,212
PAN MASS CHALLENGE 77 4TH AVE NEEDHAM, MA 02494	NONE	PC	2019 GIFT	250
TEMPLE SHIR TIKVA 140 BOSTON POST RD WAYLAND, MA 01778	NONE	PC	2019 GIFT	3,155
<b>Total . . . . .</b>			► 3a	75,422

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
FRANCES OUIMET SCHOLARSHIP FUND 300 ARNOLD PALMER BLVD NORTON, MA 02766	NONE	PC	2019 GIFT	100
WOUNDED WARRIERS PROJECT 230 W MONROE ST STE 200 CHICAGO, IL 02766	NONE	PC	2019 GIFT	100
B'NAI BRITH INTERNATIONAL 1120 20TH SW WASHINGTON, DC 20036	NONE	PC	2019 GIFT	85
<b>Total . . . . .</b>			► 3a	75,422

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
PAN MASS CHALLENGE77 4TH AVE NEEDHAM, MA 02494	NONE	PC	2019 GIFT	250
PAN MASS CHALLENGE77 4TH AVE NEEDHAM, MA 02494	NONE	PC	2019 GIFT	250
PAN MASS CHALLENGE77 4TH AVE NEEDHAM, MA 02494	NONE	PC	2019 GIFT	150
<b>Total . . . . .</b>			► 3a	75,422

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
MELANOMA EDUCATION FOUNDATION PO BOX 2023 PEABODY, MA 01960	NONE	PC	2019 GIFT	100
LEUKEMIA LYMPHOMA SOCIETY OF MA 3 INTERNATIONAL DRIVE RYE BROOK, NY 10573	NONE	PC	2019 GIFT	100
PAN MASS CHALLENGE77 4TH AVE NEEDHAM, MA 02494	NONE	PC	2019 GIFT	100
<b>Total . . . . .</b>			► 3a	75,422

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
CHILDREN'S CANCER ASSOC 1200 NW NAITO PKWY PORTLAND, OR 97209	NONE	PC	2019 GIFT	150
NEEDHAM GOLF CLUB CHARITIES 49 GREEN ST NEEDHAM, MA 02492	NONE	PC	2019 GIFT	200
REACH BEYOND DOMESTIC VIOLENCE PO BOX 540024 WALTHAM, MA 02454	NONE	PC	2019 GIFT	1,000
<b>Total . . . . .</b>			► 3a	75,422

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
PRESENTATION SCHOOL FOUNDATION 640 WASHINGTON ST BRIGHTON, MA 02135	NONE	PC	2019 GIFT	600
AMOS HOUSE 460 PINE ST PROVIDENCE, RI 02907	NONE	PC	2019 GIFT	200
MASS GENERAL HOSPITAL 125 NASHUA ST BOSTON, MA 02114	NONE	PC	2019 GIFT	100
<b>Total . . . . .</b>			► 3a	75,422

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
TUFTS MEDICAL CENTER 800 WASHINGTON ST BOSTON, MA 02111	NONE	PC	2019 GIFT	1,250
NATIONAL BRAILLE PRESS 88 ST STEPHENS ST BOSTON, MA 02115	NONE	PC	2019 GIFT	5,000
CHARLES RIVER ARC989 CENTRAL AVE NEEDHAM, MA 02492	NONE	PC	2019 GIFT	100
<b>Total . . . . .</b>			► 3a	75,422

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
WOMENS LUNCH PLACE 67 NEWBURY ST BOSTON, MA 02116	NONE	PC	2019 GIFT	100
TEMPLE BETH SHALOM 670 HIGHLAND AVE NEEDHAM, MA 02404	NONE	PC	2019 GIFT	100
TEMPLE BETH SHALOM 670 HIGHLAND AVE NEEDHAM, MA 02404	NONE	PC	2019 GIFT	100
<b>Total . . . . .</b>			► 3a	75,422

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
TEMPLE BETH SHALOM 670 HIGHLAND AVE NEEDHAM, MA 02404	NONE	PC	2019 GIFT	1,975
TEMPLE BETH SHALOM 670 HIGHLAND AVE NEEDHAM, MA 02404	NONE	PC	2019 GIFT	200
TEMPLE BETH SHALOM 670 HIGHLAND AVE NEEDHAM, MA 02404	NONE	PC	2019 GIFT	400
<b>Total . . . . .</b>			► 3a	75,422

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
GATEWAYS (ACCESS TO JEWISH ECUCATION 333 NAHANTON ST NEWTON, MA 02459	NONE	PC	2019 GIFT	100
DISABLED VETERANS OF AMERICA PO BOX 14801 CINCINNATI, OH 45250	NONE	PC	2019 GIFT	100
ST JUDES HOSPITAL 501 ST JUDES PLACE MEMPHIS, TN 38105	NONE	PC	2019 GIFT	100
<b>Total . . . . .</b>			► 3a	75,422

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
TEMPLE BETH SHALOM 670 HIGHLAND AVE NEEDHAM, MA 02404	NONE	PC	2019 GIFT	500
ANTI DEFAMATION LEAGUE 605 THIRD AVE NEW YORK, NY 10158	NONE	PC	2019 GIFT	100
US HOLOCAUST MEMORIAL MUSEUM PO BOX 1567 MERRIFIELD, VA 22016	NONE	PC	2019 GIFT	100
<b>Total . . . . .</b>			► 3a	75,422

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
REACH BEYOND DOMESTIC VIOLENCE PO BOX 540024 WALTHAM, MA 02454	NONE	PC	2019 GIFT	100
BOSTON UNIVERSITY 595 COMMONWEALTH AVE BOSTON, MA 02215	NONE	PC	2019 GIFT	200
TEMPLE BETH SHALOM 670 HIGHLAND AVE NEEDHAM, MA 02404	NONE	PC	2019 GIFT	2,913
<b>Total . . . . .</b>			► 3a	75,422

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
AMERICAN HEART ASSOCIATION 300 5TH AVE WALTHAM, MA 02451	NONE	PC	2019 GIFT	100
MASS PROSTATE CANCER COALITION 745 ATLANTIC AVE 8TH FL BOSTON, MA 02111	NONE	PC	2019 GIFT	200
DRESS FOR SUCCESS BOSTON 989 COMMONWEALTH AVE BOSTON, MA 02215	NONE	PC	2019 GIFT	250
<b>Total . . . . .</b>			► 3a	75,422

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
THE RIVERS SCHOOL 333 WINTER ST WESTON, MA 02493	NONE	PC	2019 GIFT	200
FRANCES OUIMET SCHOLARSHIP FUND 300 ARNOLD PALMER BLVD NORTON, MA 02766	NONE	PC	2019 GIFT	150
TUFTS MEDICAL CENTER 800 WASHINGTON ST BOSTON, MA 02111	NONE	PC	2019 GIFT	1,250
<b>Total . . . . .</b>			► 3a	75,422

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
HEIFER INTERNATIONAL 1 WORLD AVE LITTLE ROCK, AK 72202	NONE	PC	2019 GIFT	100
USOPO BOX 96860 WASHINGTON, DC 20077	NONE	PC	2019 GIFT	100
GATEWAYS (ACCESS TO JEWISH ECUCATION 333 NAHANTON ST NEWTON, MA 02459	NONE	PC	2019 GIFT	100
<b>Total . . . . .</b>			► 3a	75,422

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
WGBH ONE GUEST ST BOSTON, MA 02135	NONE	PC	2019 GIFT	100
TEMPLE BETH SHALOM 670 HIGHLAND AVE NEEDHAM, MA 02404	NONE	PC	2019 GIFT	5,000
<b>Total . . . . .</b>			► 3a	75,422

## TY 2019 Accounting Fees Schedule

**Name:** DAVID J FELDMAN AND SYDNEY E FELDMAN  
CHARITABLE TRUST

**EIN:** 22-2378773

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TAX PREPARATION	2,325	2,325	0	0

## TY 2019 Investments Corporate Stock Schedule

**Name:** DAVID J FELDMAN AND SYDNEY E FELDMAN  
CHARITABLE TRUST

**EIN:** 22-2378773

### Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
NATCO ACCOUNT	625,195	887,791

## TY 2019 Other Decreases Schedule

**Name:** DAVID J FELDMAN AND SYDNEY E FELDMAN

CHARITABLE TRUST

**EIN:** 22-2378773

Description	Amount
PRIOR PERIOD ADJUSTMENT	335

## TY 2019 Other Income Schedule

**Name:** DAVID J FELDMAN AND SYDNEY E FELDMAN

CHARITABLE TRUST

**EIN:** 22-2378773

### Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
OTHER	150	150	0

## TY 2019 Other Professional Fees Schedule

**Name:** DAVID J FELDMAN AND SYDNEY E FELDMAN  
CHARITABLE TRUST

**EIN:** 22-2378773

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MANAGEMENT FEES	9,062	9,062	0	0
FUNDRAISING CONSULTING	15,000	15,000	0	15,000

# TY 2019 Substantial Contributors

## Schedule

**Name:** DAVID J FELDMAN AND SYDNEY E FELDMAN  
CHARITABLE TRUST

**EIN:** 22-2378773

Name	Address
DAVID SYDNEY FELDMAN	47 VILLAGE AVENUE 207 DEDHAM, MA 02026

## TY 2019 Taxes Schedule

**Name:** DAVID J FELDMAN AND SYDNEY E FELDMAN  
CHARITABLE TRUST

**EIN:** 22-2378773

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES	580	580	0	0
PY FEDERAL BALANCE DUE	840	0	0	0

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

OMB No. 1545-0047

► Attach to Form 990, 990-EZ, or 990-PF.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2019**Name of the organization  
DAVID J FELDMAN AND SYDNEY E FELDMAN  
CHARITABLE TRUST**Employer identification number**  
22-2378773**Organization type** (check one):**Filers of:****Section:**

Form 990 or 990-EZ

501(c)( ) (enter number) organization  
 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation  
 527 political organization

Form 990-PF

501(c)(3) exempt private foundation  
 4947(a)(1) nonexempt charitable trust treated as a private foundation  
 501(c)(3) taxable private foundation

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

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1/3</sup>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . . ► \$ \_\_\_\_\_

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

Name of organization

DAVID J FELDMAN AND SYDNEY E FELDMAN  
CHARITABLE TRUST

Employer identification number

22-2378773

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DAVID & SYDNEY FELDMAN 47 VILLAGE AVENUE 207 DEDHAM, MA 02026	\$ 55,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash

(Complete Part II for noncash contributions.)

Name of organization  
 DAVID J FELDMAN AND SYDNEY E FELDMAN  
 CHARITABLE TRUST

Employer identification number

22-2378773

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

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Name of organization

DAVID J FELDMAN AND SYDNEY E FELDMAN

## CHARITABLE TRUST

**Employer identification number**

22-2378773

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