Form **990-PF**

Return of Private Foundation

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

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

▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

Forc	aler	idar year 2019 or tax year deginning		, and ending		
Nam	ne of	foundation			A Employer identification	number
_E2	AS	TERN BANK CHARITABLE FO	OUNDATION		22-3317340	l
Num	ber a	nd street (or P O box number if mail is not delivered to stree	Room/suite	B Telephone number		
_19	95	MARKET STREET EP 5-01	781-598-78	88		
-		own, state or province, country, and ZIP or foreign N , MA 01901	postal code		C If exemption application is p	ending, check here
		all that apply: Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organization:	c check here
u (11668	Final return	Amended return	of the poolic charity	D 1. Foreign organizations	s, clicck liefe
		Address change	Name change		Foreign organizations me check here and attach co	eeting the 85% test,
H C	heck		exempt private foundation	AI	7	
Ţ	_	ection 4947(a)(1) nonexempt charitable trust	Other taxable private founda	ution ()	E If private foundation sta under section 507(b)(1	
I Fai		arket value of all assets at end of year J Accour		Accrual	1	
			Other (specify) MODIFI		F If the foundation is in a under section 507(b)(1)	· · · · · · · · · · · · · · · · · · ·
,		132,141,607. (Part I, col	umn (d), must be on cash basi	s.)	1 211201 00011011 007(0)(1)	/(D), 01100K 11010
Pa	_	Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)
$\neg \neg$	1	Contributions, gifts, grants, etc., received	11,100,000.		N/A	1
ł	2	Check I if the foundation is not required to attach Sch. B			1	1
	3	Interest on savings and temporary cash investments				
u I	4	Dividends and interest from securities	2,664,073.	2,664,073.		STATEMENT 1
(5a	Gross rents				
\	b	Net rental income or (loss)				
	6a	Net gain or (loss) from sale of assets not on line 10	5,769,681.			
5	b	Gross sales price for all sassets on line 6a 50 , 414 , 834 .			mat year parties	
Revenue	7	Capital gain net income (from Part IV, line 2)		5,769,681.	KEUK	AED "
æ	8	Net short-term capital gain			2	Towns Comment
	9	Income modifications			MAY 1	2020
	10a	Gross sales less returns and allowances		=		
	b	Less Cost of goods sold			OGDE	W, UT
	C	Gross profit or (loss)				
	11	Other income	128,842.	6,092.	ļ	STATEMENT 2
	12	Total Add lines 1 through 11	19,662,596.	8,439,846.		
1	13	Compensation of officers, directors, trustees, etc	0.	0.	<u> </u>	0
	14	Other employee salaries and wages			 	ļ
۱ ر	15	Pension plans, employee benefits			 	
Ses		Legal fees	44 700			44 500
penses	b	Accounting fees STMT 3	41,782.	0.		41,782
/ 🖺	C	Other professional fees STMT 4	1,251,123.	489,300.		761,823
∫ <u>.</u>	17	Interest CONTROL	CC 010	1 010	 	
ta S	18	Other professional fees STMT 4 Interest Taxes STMT 5 Depreciation and depletion Occupancy Travel, conferences, and meetings Printing and publications Other expenses STMT 6 Total operating and administrative expenses. Add lines 13 through 23 Contributions, gifts, grants paid	66,818.	1,818.	 	0
inis	19	Depreciation and depletion				
Ę	20	Travel conference and sections			+	
, ₹	21	Printing and publications			+	
, E	22	Other expenses STMT 6	531,639.	0.	-	531,639
Ë	24	Total operating and administrative	331,039.			331,039
perating and Adm	4	Total operating and administrative expenses. Add lines 13 through 23	1,891,362.	491,118.		1,335,244
Ö	25	Contributions, gifts, grants paid	7,243,045.		<u> </u>	7,243,045
1	28	Total expenses and disbursements.	1,233,033	···	 	,,213,013
	20	Add lines 24 and 25	9,134,407.	491,118.		8,578,289
	27	Subtract line 26 from line 12:	J,137,20/•		 	0,310,203
			10,528,189.			-
		Excess of revenue over expenses and disbursements Not investment income (if penaltyse enter =0.)	10,520,103.	7,948,728.	 	
ſ		Net investment income (if negative, enter -0-)	,	1,770,120.	N/A	
	Ç	Adjusted net income (if negative, enter -0-)			I IV/A	5000-PE (004

923501 12-17-19 LHA For Paperwork Reduction Act Notice, see instructions.

10200416 144591 20375_A

	2018	10,244,401.	108,459,335.		.094454
	2017	6,812,922.	97,941,189.		.069561
	2016	6,036,549.	85,503,877.		.070600
_	2015	4,884,724.	85,935,235.		.056842
	2014	4,646,698.	82,424,574.		.056375
	Total of line 1, column (d)			2	.347832
3	Average distribution ratio for the 5-year bas the foundation has been in existence if less	• • •	by the number of years	3_	.069566
4	Enter the net value of noncharitable-use ass	ets for 2019 from Part X, line 5		4	117,433,946.
5	Multiply line 4 by line 3			5	8,169,410.
6 Enter 1% of net investment income (1% of Part I, line 27b)					79,487.
7	Add lines 5 and 6			7	8,248,897.

8,578,289.

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.

8 Enter qualifying distributions from Part XII, line 4

Form 990-PF (2019) EASTERN BANK CHARITABLE FOUN		22-331		Page 4
Part VI Excise Tax Based on Investment Income (Section 4	l940(a), 4940(b), 4940(e), or 4	<u>948 - see i</u>	nstructio	ons)
1a Exempt operating foundations described in section 4940(d)(2), check here	and enter "N/A" on line 1.			
Date of ruling or determination letter: (attach copy of letter	j,	11		
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here		1	79,	487.
of Part I, line 27b			·	
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enti	er 4% of Part I line 12 col (h)	1 1		ł
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only		2		0.
3 Add lines 1 and 2	,,,,	3	79.	487.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations on	nly others enter -0-)	4		0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	• •	5	79.	487.
6 Credits/Payments:		1-	,	10.0
a 2019 estimated tax payments and 2018 overpayment credited to 2019	6a 156,456.			į
b Exempt foreign organizations - tax withheld at source	6b 0	⊣ ।		Ì
c Tax paid with application for extension of time to file (Form 8868)	6c 0	_	•	}
•	6d 0.	_		}
d Backup withholding erroneously withheld			156	456.
7 Total credits and payments. Add lines 6a through 6d	a attached	7	100,	0.
8 Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is	S dudened	8		<u> </u>
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	-14	9	76	969.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpa		10	70,	0.
11 Enter the amount of line 10 to be: Credited to 2020 estimated tax Part VII-A Statements Regarding Activities	76,969. Refunded ▶	11		<u> </u>
			Ye	es No
1a During the tax year, did the foundation attempt to influence any national, state, or local	legislation or did it participate or interven	iu	-	
any political campaign?			1a	X
b Did it spend more than \$100 during the year (either directly or indirectly) for political p		nition	1b	<u> </u>
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and cop	pies of any materials published or		1 1	1 .1
distributed by the foundation in connection with the activities.				_
c Did the foundation file Form 1120-POL for this year?			10	X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed durin				
(1) On the foundation. > \$ 0 . (2) On foundation man	agers. ► \$0.	_		1 1
e Enter the reimbursement (if any) paid by the foundation during the year for political exp	penditure tax imposed on foundation			·
managers. ► \$ 0 .				
2 Has the foundation engaged in any activities that have not previously been reported to	the IRS?		2	X
If "Yes," attach a detailed description of the activities.				- 1
3 Has the foundation made any changes, not previously reported to the IRS, in its govern	ning instrument, articles of incorporation,	or		_
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			_3	X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the	e year?		4a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the	year?		5	X
If "Yes," attach the statement required by General Instruction T	-			
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfi	ied either:			
By language in the governing instrument, or				
By state legislation that effectively amends the governing instrument so that no mandation in the state of the state	datory directions that conflict with the stat	e law		1
remain in the governing instrument?			6 X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," of	complete Part II, col. (c) and Part XV		7 3	
. 5.5 and confidence many at loads we good in addition at any time during the year. If 100, t			- 	
8a Enter the states to which the foundation reports or with which it is registered. See instr	ructions			
MA				1
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to 1	the Attorney General (or designate)			
	the Attenties delicial (or obsignate)		8b X	
of each state as required by General Instruction G? If "No," attach explanation	of continu 40.42(1)(2) or 40.49(1)(5) ()	andar	8b X	`
9 Is the foundation claiming status as a private operating foundation within the meaning		HOM	-	- ,
year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes,"	complete Part XIV		L9 L	(
			10	─ '
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a s			10 orm 990-P	X (

	990-PF (2019) EASTERN BANK CHARITABLE FOUNDATION 22-331	7340		Page !
Pa	rt VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	-		
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement. See instructions	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► WWW.EASTERNBANK.COM/FOUNDATION			1
14	The books are in care of ▶ EASTERN BANK CHARITABLE FOUNDATION Telephone no ▶ 781-5	98 - 7	888	
	Located at ▶195 MARKET ST EP 5-01, LYNN, MA ZIP+4 ▶0			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		_	•
	and enter the amount of tax-exempt interest received or accrued during the year	N	[/A	
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
10		16	1.03	X
	securities, or other financial account in a foreign country?	16	├	_A
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	ļ.		
Do	toreign country ► Int VII-B Statements Regarding Activities for Which Form 4720 May Be Required		<u></u>	Í
1 0			Yes	l NI.
_	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		res	No
1a	During the year, did the foundation (either directly or indirectly):	1.	١.	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?		1 .] .
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)		} `	
	a disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		ŀ	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? X Yes No		ŀ	·
	(5) Transfer any income or assets to a disqualified person (or make any of either available			ļ
	for the benefit or use of a disqualified person)?	'	'	ł
	(6) Agree to pay money or property to a government official? (Exception. Check "No"		ļ, ,	
	If the foundation agreed to make a grant to or to employ the official for a period after			١,
	termination of government service, if terminating within 90 days.)			٠ ا
h	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		ŀ	ŧ.
Ū	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b	-	X
		7 10	 	-
	Organizations relying on a current notice regarding disaster assistance, check here		'	
G	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected		 -	X
	before the first day of the tax year beginning in 2019?	1c	 	 ^ -
Z	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			ļ
	defined in section 4942(j)(3) or 4942(j)(5)):		١,	
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines		۱.	
	6d and 6e) for tax year(s) beginning before 2019?			
	If "Yes," list the years	#		٠.
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect	•	Ì	
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach		.	
	statement - see instructions.) N/A	26	<u> </u>	ļ
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	>	' '		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?	-		
b	of "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 Form 4720,		I.	
				1

N/A

Schedule C, to determine if the foundation had excess business holdings in 2019)

had not been removed from jeopardy before the first day of the tax year beginning in 2019?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Part VII-b Statements Regarding Activities for Which P	orm 4/20 May be R	equired (contin	ue <u>d)</u>		
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))?	Y	es 🗓 No		[
(2) Influence the outcome of any specific public election (see section 4955); or	r to carry on, directly or indire				
any voter registration drive?		<u></u>	es X No		. 1
(3) Provide a grant to an individual for travel, study, or other similar purposes	7	Y	es X No		1
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section				1
4945(d)(4)(A)? See instructions		Y	es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f			•	
the prevention of cruelty to children or animals?		_	es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		n Regulations			
section 53.4945 or in a current notice regarding disaster assistance? See instru			N/A	<u>5</u> b	——,
Organizations relying on a current notice regarding disaster assistance, check h			▶∟」│		- 1
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr					. 1
expenditure responsibility for the grant?	1	ſ/A ∐ γ _ι	es L No		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				-
a personal benefit contract?		Y	es 🗶 No 📙		لبيب
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		`	6b	<u> </u>
If "Yes" to 6b, file Form 8870.		—	(TET		1
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Y	es X No	_	!
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b	
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$	1,000,000 in remuneration or		(TET		• 1
excess parachute payment(s) during the year? Part VIII Information About Officers, Directors, Truste	as Foundation Mar		es X No		!
Part VIII Information About Officers, Directors, Truster Paid Employees, and Contractors	es, Foundation Mar	iagers, migniy			
1 List all officers, directors, trustees, and foundation managers and the	eir compensation.		F 7 8"	r	
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deterred	(e) Expe	ense other
(a) Name and address	to position	(if not paid, enter -0-)	and deterred compensation	allowar	
		ĺ		ĺ	
SEE STATEMENT 9		0.	0.		<u>0.</u>
			}		
		ļ			
		1	ł		
		ļ	 		
2 Compensation of five highest-paid employees (other than those incl	uded on line 4) If next	enter INONE "	<u> </u>	<u> </u>	
2 Compensation of five nignest-paid employees (other than those incl	(b) Title, and average	EILEI NONE.	(d) Contributions to	(e) Exp	ense
(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred	account,	other
NONE	devoted to position	 	compensation	allowar	ices
NONE					
		 -	 		
		 	 	-	
			1	1	
		 	 	 	
		J	J	j	
		 	 	 	
			!		
Total number of other employees paid over \$50,000	<u> </u>		<u> </u>	1	0
rotal number of other employees paid over \$00,000					

Total. Add lines 1 through 3

Į.P	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	dations	s, 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	115,234,769. 3,987,511.
b	Average of monthly cash balances	1b	3,987,511.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	119,222,280.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	119,222,280.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,788,334.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	117,433,946.
6	Minimum Investment return. Enter 5% of line 5	6	5,871,697.
Р	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an foreign organizations, check here ▶ ☐ and do not complete this part.)	d certain	ı
1	Minimum investment return from Part X, line 6	1	5,871,697.
2a	Tax on investment income for 2019 from Part VI, line 5		
b	Income tax for 2019. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	79,487.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	5,792,210.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	5,792,210.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	5,792,210.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	8,578,289.
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	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	8,578,289.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	79,487. 8,498,802.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	8,498,802.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation q	ualifies 1	for the section

Page 9

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI,				5,792,210.
line 7				3,132,210.
2 Undistributed income, if any, as of the end of 2019			0.	;
a Enter amount for 2018 only				
b Total for prior years:		0.		1
3 Excess distributions carryover, if any, to 2019:				
				,
a From 2014 625,873. b From 2015 699,376.				
				! !
c From 2016 1,800,185.				
d From 2017 2,103,475.				ļ
e From 2018 4,992,522.	10 001 401			
f Total of lines 3a through e	10,221,431.			
4 Qualifying distributions for 2019 from				1
Part XII, line 4: \triangleright \$ 8,578,289.			•	1
a Applied to 2018, but not more than line 2a			0.	
b Applied to undistributed income of prior		•		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	_			
(Election required - see instructions)	0.	·		
d Applied to 2019 distributable amount				5,792,210.
e Remaining amount distributed out of corpus	2,786,079.			
Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below;				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	13,007,510.			'
b Prior years' undistributed income Subtract				
line 4b from line 2b		0.		!
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		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2018. Subtract line				
4a from line 2a. Taxable amount - see instr.	Ì		0.	
f Undistributed income for 2019. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2020				0.
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)	0.			
8 Excess distributions carryover from 2014				
not applied on line 5 or line 7	625,873.			
9 Excess distributions carryover to 2020.	023,0.50			·
Subtract lines 7 and 8 from line 6a	12,381,637.			
O Analysis of line 9:				
a Excess from 2015 699,376.				
b Excess from 2016 1,800,185.				
c Excess from 2017 2, 103, 475.				
d Excess from 2018 4,992,522.]		li .	
e Excess from 2019 2,786,079.				'
23581 12-17-19				Form 990-PF (2019)

	BANK CHARI				317340 Page 10
Part XIV Private Operating F			I-A, question 9)	N/A	
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective fo		-	▶ ∟		
b Check box to indicate whether the foun		ng foundation described		4942(₁)(3) or4	942(1)(5)
2 a Enter the lesser of the adjusted net	Tax year	(1) 0010	Prior 3 years	(4) 2016	(-) 7-4-1
income from Part I or the minimum	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) Total
investment return from Part X for		J	ļ		
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4, for each year listed			<u> </u>	 	
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	ļ			 	
(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		ľ			
investment income (interest,					
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)		ľ	ł		
(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 Info	rmation (Comple	te this part only	f the foundation	had \$5,000 or mo	re in assets
at any time during t				,.,	
1 Information Regarding Foundation	·				
a List any managers of the foundation wh	-	than 2% of the total cont	ributions received by the	foundation before the clos	se of any tax
year (but only if they have contributed i			ribblions received by the	, roundation boloro the olo	ou or any tax
NONE					
b List any managers of the foundation wi	no own 10% or more of th	e stock of a cornoration	for an equally large port	ion of the ownership of a na	artnership or
other entity) of which the foundation ha			(or an equally large port	от то оттоготр от с р	artifor Strip St
NONE					
2 Information Regarding Contribut	on Grant Gift Loan	Scholarship etc. Pr	ograms:		
Check here ▶ ☐ If the foundation	only makes contributions	to preselected charitable	organizations and does	not accept unsolicited requ	ests for funds. If
the foundation makes gifts, grants, etc.	, to individuals or organiza	itions under other condit	ions, complete items 2a	, b, c, and d.	
a The name, address, and telephone num		•	ations should be addres	sed:	
NANCY STAGER PRESIDE					
195 MARKET ST EP 5-0	1, LYNN, MA	01901			
b The form in which applications should	oe submitted and informat	tion and materials they s	hould include:		
COMPLETE ON-LINE APP	LICATION ON				
c Any submission deadlines;			227011 55151	T.V.D.G	
d Any restrictions or limitations on award					
GENERALLY LIMITED TO					
MASSACHUSETTS AREA A					
923601 12-17-19	DOOTHILIM	attit titit Dit.			Form 990-PF (2019)

Supplementary Information (continued) Part XV Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation status of recipient Purpose of grant or contribution show any relationship to **Amount** any foundation manager Name and address (home or business) or substantial contributor a Paid during the year NOT RELATED SEE ATTACHED SCHEDULE ÞС EXEMPT PURPOSE ON FILE - DETAILS UPON REQUEST 7,243,045. 7,243,045. ▶ 3a Total **b** Approved for future payment NONE Total Form 990-PF (2019)

ter gross amounts unless otherwise indicated.	Unrelated t	usiness income		d by section 512, 513, or 514	(e)
Program service revenue:	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
-			+		
a b			+		
C					·
d					
e	I · · I	-			
f					
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash					
investments					
Dividends and interest from securities			14	2,664,073.	
Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal					
property					
Other investment income			18	6,092.	
Gain or (loss) from sales of assets other					
than inventory			18	5,769,681.	
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue					
a CITC REFUND					122,75
b					
c					
d	_				
e					·
Subtotal. Add columns (b), (d), and (e)		0	•	8,439,846.	122,75
				13	8,562,59
Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculations	s.)				
Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities	s to the Accom				olishment of
Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculations	s to the Accom	olumn (e) of Part XV			olishment of
Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities sine No. Explain below how each activity for which is	s to the Accom	olumn (e) of Part XV for such purposes).			olishment of
Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities sine No. Explain below how each activity for which is the foundation's exempt purposes (other the	s to the Accom	olumn (e) of Part XV for such purposes).			olishment of
Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities sine No. Explain below how each activity for which is the foundation's exempt purposes (other the	s to the Accom	olumn (e) of Part XV for such purposes).			olishment of
Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities sine No. Explain below how each activity for which is the foundation's exempt purposes (other the	s to the Accom	olumn (e) of Part XV for such purposes).			olishment of
Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities sine No. Explain below how each activity for which is the foundation's exempt purposes (other the	s to the Accom	olumn (e) of Part XV for such purposes).			olishment of
Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities sine No. Explain below how each activity for which is the foundation's exempt purposes (other the	s to the Accom	olumn (e) of Part XV for such purposes).			olishment of
Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities sine No. Explain below how each activity for which is the foundation's exempt purposes (other the	s to the Accom	olumn (e) of Part XV for such purposes).			olishment of
Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities sine No. Explain below how each activity for which is the foundation's exempt purposes (other the	s to the Accom	olumn (e) of Part XV for such purposes).			plishment of
Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities sine No. Explain below how each activity for which is the foundation's exempt purposes (other the	s to the Accom	olumn (e) of Part XV for such purposes).			olishment of
Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities sine No. Explain below how each activity for which is the foundation's exempt purposes (other the	s to the Accom	olumn (e) of Part XV for such purposes).			plishment of
Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities sine No. Explain below how each activity for which is the foundation's exempt purposes (other the	s to the Accom	olumn (e) of Part XV for such purposes).			Dishment of
Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities sine No. Explain below how each activity for which is the foundation's exempt purposes (other the	s to the Accom	olumn (e) of Part XV for such purposes).			plishment of
Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities sine No. Explain below how each activity for which is the foundation's exempt purposes (other the	s to the Accom	olumn (e) of Part XV for such purposes).		ed importantly to the accomp	plishment of
Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities sine No. Explain below how each activity for which is the foundation's exempt purposes (other the	s to the Accom	olumn (e) of Part XV for such purposes).		ed importantly to the accomp	plishment of
Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities sine No. Explain below how each activity for which is the foundation's exempt purposes (other the	s to the Accom	olumn (e) of Part XV for such purposes).		ed importantly to the accomp	plishment of
Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities sine No. Explain below how each activity for which is the foundation's exempt purposes (other the	s to the Accom	olumn (e) of Part XV for such purposes).		ed importantly to the accomp	plishment of

923621 12-17-19

1 Did the	e organization directly or indir	rectly engage in any of t	he followin	g with any other organization	on described in secti	on 501(c)	Ye	S NO
(other	than section 501(c)(3) organ	izations) or in section 5	27, relating	to political organizations?				
a Transfe	ers from the reporting founda	ation to a noncharitable	exempt org	janization of:				
(1) Ca	ısh						1a(1)	X
	her assets	•	•	• •	•		1a(2)	X
	ransactions:	• • •	•	•		•		
_	iles of assets to a noncharitat	ble exempt organization					1b(1)	X
	rchases of assets from a nor				•	• • •	1b(2)	X
	ental of facilities, equipment,			• •		• • • • • • • • • • • • • • • • • • • •	1b(3)	X
	embursement arrangements			•	• •		1b(4)	X
	ans or loan guarantees	•			•	•		X
	erformance of services or me		 . colinitatio	00	•	•	1b(5)	$\frac{1}{x}$
		,	•	•			1b(6)	$\frac{\hat{\mathbf{x}}}{\mathbf{x}}$
	g of facilities, equipment, mai	• .	•				1c	
	inswer to any of the above is							
	ices given by the reporting fo			o less than fair market valu	e in any transaction	or snaring arrangement,	show in	
	(b) Amount revolund			Avamet Arma	1 (2) - :			
(8) Line no	(b) Amount involved	(c) Name of no		exempt organization	(d) Description	of transfers, transactions, and	1 sharing arrangen	nents
<u></u>			N/A		 			
						<u> </u>		
		_						
								,
			-					
				<u> </u>				
 +				_ -	+			
	····							
		<u> </u>						
	oundation directly or indirect	•	•	or more tax-exempt organi	zations described		г	ਚ ਦ ੀ .
	ion 501(c) (other than section		n 527?				Yes L	X No
b If 'Yes,	"complete the following sche		·					
	(a) Name of org	anization		(b) Type of organization		(c) Description of relation	iship	
	<u> N/A</u>							
				<u> </u>				
								
		1						
Un	der penalties of persury, I declare to	hat have examined this retu	rn, including	accompanying schedules and sti	stements, and to the bea	at of my knowledge	Aay the IRS discus	s this
Sign sn	d belief, it is trife, confect and com	plete Declaration of prepare	r (other than	taxpayer) is based on all informat	tron of which preparer ha	s any knowledge	eturn with the po-	
Here		1921		14,17,202	PRESID		X Yes	
5	Signature of officer or trustee			Date	Title	L		
	Print/Type pre-parer's na		reparer's si		Date	Check if PTIN		
	HARRY A. K	4				self- employed		
Paid	3	· 1	יים מו	7. 17 7 7 7 7 7 3 7	04/15/20		1045420	6
_	JR., CPA				04/16/20		0046429	0
Prepare	Training france P 11022.	r & COMPANY	(, P.	J.		Firm's EIN ► 04-2	FRREGOS	
Use Onl	·					<u> </u>		
	Firm's address ▶ 99			IST FLOOR				_
	BO	STON, MA 02	2110			Phone no. 617-4		
							Form 990-P	F (2019)

Schedule B

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

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No 1545 0047

Employer identification number

Name of the organization

► Go to www.irs.gov/Form990 for the latest information.

E	ASTERN BANK CHARITABLE FOUNDATION	22-3317340				
Organization type (check	one)·					
Filers of:	Section:					
Form 990 or 990-EZ						
4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization					
Form 990-PF	X 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
Note: Only a section 501(c	is covered by the General Rule or a Special Rule . (3)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule, or (10) organization can check boxes for both the General Rule and a Special Rule, or (10) organization can check boxes for both the General Rule and a Special Rule, or (10) organization can check boxes for both the General Rule and a Special Rule.					
	y one contributor Complete Parts I and II See instructions for determining a contribu	-				
Special Rules						
sections 509(a)(1) any one contribut	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% supply and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 1 tor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the a Z, line 1 Complete Parts I and II	6a, or 16b, and that received from				
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.						
but it must answer "No" or	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule in Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)					

Name of organization

Employer identification number

EV CLEDM	DAMK	CHARITABLE	ECTINIDATION
LASTERN	DAMY	CHARITABLE	LOUNDATION

EASTE	RN BANK CHARITABLE FOUNDATION	22	-3317340
Part I	Contributors (see instructions) Use duplicate copies of Part I if addition	nal space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	EASTERN BANK 265 FRANKLIN STREET BOSTON, MA 02110	s <u>11,100,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - - -	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - - -	Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)
923452 11-06	5-19	Schedule B (Form	990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

	ANK CHARITABLE FOUNDATION		-3317340
rt II Non	cash Property (see instructions) Use duplicate copies of Pa	rt II if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
			
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_			<u></u>
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 \$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		s	
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_		 	-

varrie or or	rga inzactori		comployer identification number					
EASTE	RN BANK CHARITABLE FOUND	ATION	22-3317340					
Rarkilli		ns to organizations described in section !	501(c)(7), (8), or (10) that total more than \$1,000 for the year					
	completing Part III, enter the total of exclusively religious, ch	eritable, etc., contributions of \$1,000 or less for	r the year (Enter this info once) > \$					
(a) No.	Use duplicate copies of Part III if additional sp	pace is needed						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I			<u> </u>					
-		(e) Transfer of gift						
ļ	Tunnafarrada nama addusas and	170.4	Pointiametrin of tunneforce to tunneforce					
ŀ	Transferee's name, address, and	1 ZIP + 4	Relationship of transferor to transferee					
	·····							
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I			 					
ľ								
]			<u> </u>					
	(e) Transfer of gift							
	Tronsferencia neme addressa and	17ID . 4	Relationship of transferor to transferee					
ł	Transferee's name, address, and	IZIF+4	netationship of transferor to transferee					
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
7 0,10								
ŀ		1.7						
	(e) Transfer of gift							
}	Transferee's name, address, and	Relationship of transferor to transferee						
								
(a) No.			T					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	(e) Transfer of gift							
	(e) transfer of gift							
Ĺ	Transferee's name, address, and	I ZIP + 4	Relationship of transferor to transferee					
1								

16,800.

24,982.

41,782.

FORM 990-PF	DIVIDENDS	AND INTER	REST FROM SE	CURITIES S	STATEMENT 1
SOURCE	GROSS AMOUNT	CAPITAI GAINS DIVIDENI	REVENU		
INTEREST & DIVIDENDS	2,664,073.		0. 2,664,0	73. 2,664,073.	
TO PART I, LINE 4	2,664,073.		2,664,0	2,664,073.	
FORM 990-PF		OTHER 1	NCOME	S	STATEMENT 2
DESCRIPTION			(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
MISC INCOME CITC REFUND		_	6,092 122,750		
TOTAL TO FORM 990-1	PF, PART I,	LINE 11	128,842	6,092.	
FORM 990-PF		ACCOUNT	ING FEES		STATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST MENT INCOM		(D) CHARITABLE PURPOSES

16,800.

24,982.

41,782.

0.

0.

0.

JULIE A AHLQUIST CPA

TO FORM 990-PF, PG 1, LN 16B

WOLF & COMPANY

FORM 990-PF C	OTHER PROFESSIONAL FEES		STATEMENT 4		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
EASTERN WEALTH MANAGEMENT EASTERN BANK ADMIN FEES BLACKBAUD INC. TURAHN DORSEY CONSULTING	489,300. 550,000. 3,675.	489,300. 0. 0.		0. 550,000. 3,675.	
FEES FOUNDANDT TECHNOLOGIES	184,000. 24,148.	0. 0.		184,000. 24,148.	
TO FORM 990-PF, PG 1, LN 16C	1,251,123.	489,300.	761,82		
FORM 990-PF	TAXES		STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
2019 ESTIMATED PAYMENTS FOREIGN TAX WITHHELD	65,000. 1,818.	0.		0.	
TO FORM 990-PF, PG 1, LN 18 =	66,818.	1,818.		0.	
FORM 990-PF	OTHER E	XPENSES	S	TATEMENT 6	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
SPECIAL EVENT MEMBERSHIPS/SUBSCRIPTION MASSACHUSETTS FILING FEE SOFTWARE USER FEES MISC. ESPENSES	505,437. 2,750. 1,000. 10,188. 12,264.	0. 0. 0.		505,437. 2,750. 1,000. 10,188. 12,264.	
TO FORM 990-PF, PG 1, LN 23	531,639.	0.		531,639.	

FORM 990-PF	CORPORATE STOCK		STATEMENT 7
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
COMMON STOCK EXCHANGE TRADED FUNDS MUTUAL FUNDS		76,963,379. 8,057,964. 21,791,760.	76,963,379. 8,057,964. 21,791,760.
TOTAL TO FORM 990-PF, PART I	I, LINE 10B	106,813,103.	106,813,103.
FORM 990-PF	CORPORATE BONDS		STATEMENT 8
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
CORPORATE BONDS		18,729,879.	18,729,879.
TOTAL TO FORM 990-PF, PART I	I, LINE 10C	18,729,879.	18,729,879.

FORM 990-PF		LIST OF OFFICERS AND FOUNDATION M		STAT	EMENT 9
NAME AND ADDRESS		TITLE AND AVRG HRS/W		EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
RICHARD C BANE 265 FRANKLIN STREE BOSTON, MA 02110	S T	TRUSTEE 1.00	0.	0.	0.
LUIS BORGEN 265 FRANKLIN STREE BOSTON, MA 02110	CT	TRUSTEE 1.00	0.	0.	0.
JOSEPH T CHUNG 265 FRANKLIN STREE BOSTON, MA 02110	ST.	TRUSTEE 1.00	0.	0.	0.
PAUL M CONNOLLY 265 FRANKLIN STREE BOSTON, MA 02110	ET .	TRUSTEE 1.00	0.	0.	0.
BARI A HARLAM 265 FRANKLIN STREE BOSTON, MA 02110	СТ	TRUSTEE 1.00	0.	0.	0.
DIANE HESSAN 265 FRANKLIN STREE BOSTON, MA 02110	ET	TRUSTEE 1.00	0.	0.	0.
RICHARD E HOLBROOK 265 FRANKLIN STREE BOSTON, MA 02110		TRUSTEE 1.00	0.	0.	0.
DEBORAH C JACKSON 265 FRANKLIN STREE BOSTON, MA 02110	ET	TRUSTEE 1.00	0.	0.	0.
PETER K MARKELL 265 FRANKLIN STREE BOSTON, MA 02110	∵ T	TRUSTEE 1.00	0.	0.	0.
ROBERT F RIVERS 265 FRANKLIN STREE BOSTON, MA 02110	ST.	TRUSTEE 1.00	0.	0.	0.

EASTERN BANK CHARITABLE FOUNDATION			22	-3317340
PAUL D SPIESS 265 FRANKLIN STREET BOSTON, MA 02110	TRUSTEE 1.00	0.	0.	0.
GREG A SHELL 265 FRANKLIN STREET BOSTON, MA 02110	TRUSTEE 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6,	PART VIII	0.	0.	0.