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Form **990-PF**
Department of the Treasury
Internal Revenue Service

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.**

OMB No. 1545-0052

2019

Open to Public Inspection

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

Name of foundation
AMELIA PEABODY CHARITABLE FUND TRUST

A Employer identification number
23-7364949

Number and street (or P.O. box number if mail is not delivered to street address)
185 DEVONSHIRE STREET NO 600

Room/suite

B Telephone number (see instructions)
(617) 451-6178

City or town, state or province, country, and ZIP or foreign postal code
BOSTON, MA 02110

C If exemption application is pending, check here ▶ ☐

G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

D 1. Foreign organizations, check here..... ▶ ☐
2. Foreign organizations meeting the 85% test, check here and attach computation ... ▶ ☐

H Check type of organization: ☑ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ..... ▶ ☐

I Fair market value of all assets at end of year (from Part II, col. (c), *line 16)* ▶$ 187,007,414

J Accounting method: ☑ Cash ☐ Accrual ☐ Other (specify) _____
(Part I, column (d) must be on cash basis.)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ..... ▶ ☐

Part I **Analysis of Revenue and Expenses** *(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)*

			(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1	Contributions, gifts, grants, etc., received (attach schedule)	87,200			
	2	Check ▶ ☐ if the foundation is **not** required to attach Sch. B				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	3,926,103	3,926,103		
	5a	Gross rents				
	b	Net rental income or (loss) _____				
	6a	Net gain or (loss) from sale of assets not on line 10	2,489,785			
	b	Gross sales price for all assets on line 6a 26,592,640				
	7	Capital gain net income (from Part IV, line 2)		2,489,785		
	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b	Less: Cost of goods sold				
	c	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)	206,111	112,497		
	12	**Total.** Add lines 1 through 11	6,709,199	6,528,385		
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc.	400,000	80,000		320,000
	14	Other employee salaries and wages	244,300	24,430		219,870
	15	Pension plans, employee benefits	55,332	5,533		49,799
	16a	Legal fees (attach schedule)	1,110	0		1,110
	b	Accounting fees (attach schedule)	57,000	43,800		13,200
	c	Other professional fees (attach schedule)	357,119	341,316		15,803
	17	Interest				
	18	Taxes (attach schedule) (see instructions)	211,225	139,487		16,243
	19	Depreciation (attach schedule) and depletion	38,304	0		
	20	Occupancy	34,597	3,459		31,138
	21	Travel, conferences, and meetings				
	22	Printing and publications				
	23	Other expenses (attach schedule)	69,522	7,138		62,384
	24	**Total operating and administrative expenses.** Add lines 13 through 23	1,468,509	645,163		729,547
	25	Contributions, gifts, grants paid	6,264,500			6,264,500
	26	**Total expenses and disbursements.** Add lines 24 and 25	7,733,009	645,163		6,994,047
	27	Subtract line 26 from line 12:				
	a	**Excess of revenue over expenses and disbursements**	-1,023,810			
	b	**Net investment income** (if negative, enter -0-)		5,883,222		
	c	**Adjusted net income** (if negative, enter -0-)				

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	60,744	85,788	85,788
	2 Savings and temporary cash investments	4,173,335	4,356,492	4,356,492
	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)	13,592,720	14,580,773	14,706,246
	b Investments—corporate stock (attach schedule)	75,295,106	72,996,202	143,461,721
	c Investments—corporate bonds (attach schedule)	6,637,848	6,636,417	6,806,624
	11 Investments—land, buildings, and equipment: basis ▶			
	Less: accumulated depreciation (attach schedule) ▶			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	14,136,832	14,240,081	16,587,249
	14 Land, buildings, and equipment: basis ▶ 1,460,843			
	Less: accumulated depreciation (attach schedule) ▶ 457,549	1,041,598	1,003,294	1,003,294
	15 Other assets (describe ▶)			
	16 **Total assets** (to be completed by all filers—see the instructions. Also, see page 1, item I)	114,938,183	113,899,047	187,007,414
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 ▶)			
	23 **Total liabilities**(add lines 17 through 22)	0	0	
Net Assets or Fund Balances	**Foundations that follow FASB ASC 958, check here ▶ ☐ and complete lines 24, 25, 29 and 30.**			
	24 Net assets without donor restrictions			
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ▶ ☑ and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds	124,524,483	124,524,483	
	27 Paid-in or capital surplus, or land, bldg., and equipment fund	0	0	
	28 Retained earnings, accumulated income, endowment, or other funds	-9,586,300	-10,625,436	
	29 **Total net assets or fund balances** (see instructions)	114,938,183	113,899,047	
	30 **Total liabilities and net assets/fund balances** (see instructions)	114,938,183	113,899,047	

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	114,938,183
2	Enter amount from Part I, line 27a	2	-1,023,810
3	Other increases not included in line 2 (itemize) ▶	3	79,508
4	Add lines 1, 2, and 3	4	113,993,881
5	Decreases not included in line 2 (itemize) ▶	5	94,834
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29	6	113,899,047

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.)
1 a	PUBLIC TRADED SECURITIES	P		
b	PUBLIC TRADED SECURITIES	P		
c	PUBLIC TRADED SECURITIES	P		
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	5,609,572		5,866,926	-257,354
b	20,983,068		18,235,929	2,747,139
c				0
d				
e				

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) 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				-257,354
b				2,747,139
c				0
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	2,489,785
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	

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? ☐ Yes ☑ No
If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

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	9,667,829	173,693,235	0.055660
2017	9,356,635	165,456,988	0.056550
2016	8,108,071	153,155,147	0.052940
2015	7,919,329	158,779,403	0.049876
2014	8,273,106	163,399,477	0.050631

2	**Total** of line 1, column (d)	2	0.265657
3	Average 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	3	0.053131
4	Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	172,949,623
5	Multiply line 4 by line 3	5	9,188,986
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	58,832
7	Add lines 5 and 6	7	9,247,818
8	Enter qualifying distributions from Part XII, line 4	8	6,994,047

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 ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter: _____ **(attach copy of letter if necessary–see instructions)**		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☐ and enter 1% of Part I, line 27b	1	117,664
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	117,664
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	**Tax based on investment income.** Subtract line 4 from line 3. If zero or less, enter -0-	5	117,664
6	Credits/Payments:		
a	2019 estimated tax payments and 2018 overpayment credited to 2019 — 6a: 79,967		
b	Exempt foreign organizations—tax withheld at source — 6b:		
c	Tax paid with application for extension of time to file (Form 8868) — 6c: 35,000		
d	Backup withholding erroneously withheld — 6d: 0		
7	Total credits and payments. Add lines 6a through 6d	7	114,967
8	Enter any **penalty** for underpayment of estimated tax. Check here ☐ if Form 2220 is attached.	8	0
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	2,697
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	
11	Enter the amount of line 10 to be: **Credited to 2020 estimated tax** ▶ **Refunded** ▶	11	

Part VII-A Statements Regarding Activities

			Yes	No
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		No
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition)	1b		No
	*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.*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: **(1)** On the foundation. ▶ $ 0 **(2)** 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? *If "Yes," attach a detailed description of the activities.*	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? *If "Yes," attach a conformed copy of the changes*	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 **Form 990-T** for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T.*	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • 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?	6	Yes	
7	Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col. (c), and Part XV.*	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? *If "No," attach explanation* .	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. If "Yes," complete Part XIV	9		No
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses.*	10		No

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?	13	Yes	

Website address ▶ WWW.APCFUND.ORG

14 The books are in care of ▶ CHERYL GIDEON Telephone no. ▶ (617) 451-6178

Located at ▶ 185 DEVONSHIRE STREET SUITE 600 BOSTON MA ZIP+4 ▶ 02110

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 ▶ 15

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?	16		No

See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ▶

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.

1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	☐ Yes	☑ No	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	☐ Yes	☑ No	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	☐ Yes	☑ No	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	☑ Yes	☐ No	
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	☐ Yes	☑ No	
	(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	☐ Yes	☑ No	
b	If any answer is "Yes" to 1a(1)–(6), did **any** 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	1b		No
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that 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?	☐ Yes	☑ No	
	If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
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 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.)	2b		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here. ▶ 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?	☐ Yes	☑ 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		
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)*

			Yes	No
5a	During the year did the foundation pay or incur any amount to:			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	☐ Yes ☑ No		
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	☐ Yes ☑ No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	☐ Yes ☑ No		
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	☐ Yes ☑ 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?	☐ Yes ☑ No		
b	If any answer is "Yes" to 5a(1)–(5), did **any** 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	5b		
	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?	☐ Yes ☐ 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?	☐ Yes ☑ No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b		No
	If "Yes" to 6b, file Form 8870.			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	☐ Yes ☑ No		
b	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?	7b		
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?	☐ Yes ☑ 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

(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
CALEB LORING III 185 DEVONSHIRE STREET BOSTON, MA 02110	TRUSTEE 7.00	100,000	0	0
ROBERT G BANNISH 185 DEVONSHIRE STREET BOSTON, MA 02110	TRUSTEE 7.00	100,000	0	0
KATHERINE L BABSON 185 DEVONSHIRE STREET BOSTON, MA 02110	TRUSTEE 7.00	100,000	0	0
MARGARET H MORTON 185 DEVONSHIRE STREET BOSTON, MA 02110	TRUSTEE 7.00	100,000	0	0

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

(a) Name and address of each employee paid more than $50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
BETHANY B KENDALL 185 DEVONSHIRE STREET SUITE 600 BOSTON, MA 02110	EXECUTIVE DIRECTOR 40.00	150,000	23,668	0
CHERYL A GIDEON 185 DEVONSHIRE STREET SUITE 600 BOSTON, MA 02110	ADMINISTRATOR 40.00	94,300	31,591	0
Total number of other employees paid over $50,000 ▶				0

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

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than $50,000	(b) Type of service	(c) Compensation
NORTHERN TRUST 50 SOUTH LASALLE STREET CHICAGO, IL 60603	INVESTMENT ADVISORY	101,692
CB RICHARD ELLIS - NE PARNTER 111 HUNTINGTON AVE 12TH FLOOR BOSTON, MA 02199	CONSTRUCTOR	34,597

Total number of others receiving over $50,000 for professional services. . . . . ▶ 0

Part IX-A **Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
2	
3	
4	

Part IX-B **Summary of Program-Related Investments** (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	
2	
All other program-related investments. See instructions. 3	
Total. Add lines 1 through 3 . . . . . ▶	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	175,484,520
b	Average of monthly cash balances	1b	98,854
c	Fair market value of all other assets (see instructions)	1c	0
d	**Total** (add lines 1a, b, and c)	1d	175,583,374
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	175,583,374
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	2,633,751
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3. Enter here and on Part V, line 4	5	172,949,623
6	**Minimum investment return.** Enter 5% of line 5	6	8,647,481

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

1	Minimum investment return from Part X, line 6			1	8,647,481
2a	Tax on investment income for 2019 from Part VI, line 5	2a	117,664		
b	Income tax for 2019. (This does not include the tax from Part VI.)	2b			
c	Add lines 2a and 2b			2c	117,664
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	8,529,817
4	Recoveries of amounts treated as qualifying distributions			4	0
5	Add lines 3 and 4			5	8,529,817
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	8,529,817

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	6,994,047
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	6,994,047
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	0
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	6,994,047

Note: 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
1 Distributable amount for 2019 from Part XI, line 7				8,529,817
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only.			0	
b Total for prior years: 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2019:				
a From 2014.				
b From 2015.				
c From 2016.				
d From 2017. 887,055				
e From 2018. 1,144,223				
f Total of lines 3a through e.	2,031,278			
4 Qualifying distributions for 2019 from Part XII, line 4: ▶ $ 6,994,047				
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.				6,994,047
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2019.	1,535,770			1,535,770
(If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	495,508			
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 instructions			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 (see instructions) . . .	0			
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a	495,508			
10 Analysis of line 9:				
a Excess from 2015. . . .				
b Excess from 2016. . . .				
c Excess from 2017. . . .				
d Excess from 2018. . . . 495,508				
e Excess from 2019. . . .				

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 ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
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).)

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:

CHERYL GIDEON EXEC ASSISTANTBUSINES
185 DEVONSHIRE STREET SUITE 600
BOSTON, MA 02110
(617) 451-6178

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

PROPOSALS ARE SUBMITTED ONLINE

c Any submission deadlines:

DEADLINES ARE FEBRUARY 1ST AND JULY 1ST OF EVERY YEAR

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

WE WILL NOT ACCEPT PROPOSALS FROM: INDIVIDUALS PRIVATE FOUNDATIONS ORGANIZATIONS EXISTING OR OPERATING OUTSIDE MASSACHUSETTS ORGANIZATIONS FUNDED PRINCIPALLY WITH TAX DOLLARS START-UP ORGANIZATIONS SECTION 509(A)(3) SUPPORTING ORGANIZATIONS RELIGIOUS ORGANIZATIONS FOR RELIGIOUS PURPOSES EDUCATIONAL INSTITUTIONS FOR EDUCATIONAL PURPOSES WE WILL NOT FUND: OPERATING BUDGETS PROGRAMS ADMINISTRATIVE OVERHEAD ANNUAL FUND DRIVES EMERGENCIES OR IMMEDIATE FUNDING REQUESTS EVENTS, PERFORMANCES, MEDIA, THEATRICAL PRODUCTIONS, PUBLICATIONS, EXHIBITS, CONFERENCES MULTI-YEAR GRANT PROPOSALS ADVOCACY OR LOBBYING EFFORTS SCHOLARSHIPS / FELLOWSHIPS / ENDOWMENTS

Part XV Supplementary Information (continued)

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

Recipient Name and address (home or business)	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
a *Paid during the year* See Additional Data Table				
Total . . . . . ▶ **3a**				6,264,500
b *Approved for future payment*				
Total . . . . . ▶ **3b**				0

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	
1 Program service revenue:					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	3,926,103	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income			14	112,497	
8 Gain or (loss) from sales of assets other than inventory			18	2,489,785	
9 Net income or (loss) from special events:					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a RETURNED GRANT					80,000
b REMEDIATION INSURANCE					13,614
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0		6,528,385	93,614
13 **Total.** Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations.)				13	6,621,999

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

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions.)
11A	RETURNED GRANT
11B	REMEDIATION INSURANCE PROCCEDS

Part XVII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

		Yes	No
1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501 (c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a Transfers from the reporting foundation to a noncharitable exempt organization of:			
(1) Cash	1a(1)		No
(2) Other assets	1a(2)		No
b Other transactions:			
(1) Sales of assets to a noncharitable exempt organization	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization	1b(2)		No
(3) Rental of facilities, equipment, or other assets	1b(3)		No
(4) Reimbursement arrangements	1b(4)		No
(5) Loans or loan guarantees	1b(5)		No
(6) Performance of services or membership or fundraising solicitations	1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		No

d If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

(a) Line No.	**(b)** Amount involved	**(c)** Name of noncharitable exempt organization	**(d)** Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☑ No

b If "Yes," complete the following schedule.

(a) Name of organization	**(b)** Type of organization	**(c)** Description of relationship

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

******	2020-11-10	******
Signature of officer or trustee	Date	Title

May the IRS discuss this return with the preparer shown below (see instr.) ☑ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ▶ ☐	PTIN
STEPHEN D CANDELARIO		2020-11-10		P00739148

Firm's name ▶ WALTER & SHUFFAIN PC	Firm's EIN ▶04-3236498
Firm's address ▶ ONE INTERNATIONAL PLACE SUITE 1010 BOSTON, MA 02110	Phone no. (617) 447-2700

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
ALTERNATIVE HOUSE - WOMEN IN TRANSITION PO BOX 2100 LOWELL, MA 01851	NONE	PC	CAPITAL	75,000
AMERICAN ANTIQUARIAN SOCIETY 185 SALISBURY STREET WORCESTER, MA 01609	NONE	PC	CAPITAL	500,000
ANIMAL RESCUE LEAGUE OF BOSTON 10 CHANDLER STREET BOSTON, MA 02116	NONE	PC	CAPITAL	100,000
Total . . . . . ▶ **3a**				6,264,500

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
BEVERLY BOOTSTRAPS COMMUNITY SERVICES INC 35 PARK STREET BEVERLY, MA 01915	NONE	PC	CAPITAL	55,000
BINA FARM207 UNION STREET NATICK, MA 01760	NONE	PC	CAPITAL	80,000
BOSTON HEALTH CARE FOR THE HOMELESS PROGRAM 780 ALBANY STREET BOSTON, MA 02118	NONE	PC	CAPITAL	80,000
Total . . . . . ▶ **3a**				6,264,500

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
BOSTON MEDICAL CENTER ONE BOSTON MEDICAL CENTER PLACE BOSTON, MA 02118	NONE	PC	CAPITAL	250,000
BOYS & GIRLS CLUB OF ASSABET VALLEY INC 212 GREAT ROAD MAYNARD, MA 01754	NONE	PC	CAPITAL	28,000
BOYS & GIRLS CLUB OF FALL RIVER - THOMAS CHEW 803 BEDFORD STREET PO BOX 5155 FALL RIVER, MA 02723	NONE	PC	CAPITAL	75,000
Total . . . . . ▶ **3a**				6,264,500

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
BRIGHAM AND WOMEN'S HOSPITAL INC 116 HUNTINGTON AVE BOSTON, MA 02116	NONE	PC	CAPITAL	375,000
CATIE'S CLOSET INC 19 SCHOOL STREET DRACUT, MA 01826	NONE	PC	CAPITAL	50,000
CHILD CARE OF THE BERKSHIRES INC PO BOX 172 NORTH ADAMS, MA 01247	NONE	PC	CAPITAL	50,000
Total . . . . . ▶ **3a**				6,264,500

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
CHILDREN'S FRIEND INC81 HOPE AVE WORCESTER, MA 01603	NONE	PC	CAPITAL	50,000
CHURCH OF THE COVENANT 67 NEWBURY STREET BOSTON, MA 02116	NONE	PC	CAPITAL	63,000
CITYSPACE INC43 MAIN STREET EASTHAMPTON, MA 01027	NONE	PC	CAPITAL	50,000
Total . . . . . ▶ **3a**				6,264,500

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
COMMUNITY ACCESS TO THE ARTS 40 RAILROAD STREET STE 6 GREAT BARRINGTON, MA 01230	NONE	PC	CAPITAL	75,000
COMMUNITY SERVINGS INC 179 ARMORY STREET JAMAICA PLAIN, MA 02130	NONE	PC	CAPITAL	100,000
COTTING SCHOOL453 CONCORD AVE LEXINGTON, MA 02421	NONE	PC	CAPITAL	50,000
Total . . . . . ▶ **3a**				6,264,500

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
CROSSROADS FOR KIDS INC 119 MYRTLE ST DUXBURY, MA 02332	NONE	PC	CAPITAL	75,000
DEVELOPMENTAL EVALUATION AND ADJUSTMENT FACILITIES INC 215 BRIGHTON AVE ALLSTON, MA 02134	NONE	PC	CAPITAL	25,000
DR FRANKLIN PERKINS SCHOOL 971 MAIN STREET LANCASTER, MA 01523	NONE	PC	CAPITAL	100,000
Total . . . . . ▶ **3a**				6,264,500

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
EDITH WHARTON RESTORATION INCTHE MOUNT PO BOX 974 2 PLUNKETT STREET LENOX, MA 01240	NONE	PC	CAPITAL	150,000
FAMILY NURTURING CENTER OF MASSACHUSETTS INC 185 COLUMBIA ROAD DORCHESTER, MA 02021	NONE	PC	CAPITAL	100,000
FENWAY COMMUNITY HEALTH CENTER 1340 BOYLSTON STREET BOSTON, MA 02215	NONE	PC	CAPITAL	106,000
Total . . . . . ▶ **3a**				6,264,500

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
FRANCISCAN HOSPITAL FOR CHILDREN (FC) 30 WARREN ST BRIGHTON, MA 02135	NONE	PC	CAPITAL	300,000
FRIENDS OF THE PUBLIC GARDEN 69 BEACON STREET BOSTON, MA 02108	NONE	PC	CAPITAL	75,000
GRUBSTREET INC 162 BOYLSTON ST 5TH FLOOR BOSTON, MA 02116	NONE	PC	CAPITAL	50,000
Total . . . . . ▶ **3a**				6,264,500

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
HABITAT FOR HUMANITY OF GREATER LOWELL INC 124 MAIN STREET WESTFORD, MA 01886	NONE	PC	CAPITAL	50,000
HORIZONS FOR HOMELESS CHILDREN INC 1705 COLUMBUS AVE ROXBURY, MA 02119	NONE	PC	CAPITAL	250,000
JOSLIN DIABETES CENTER 1 JOSLIN PLACE BOSTON, MA 02215	NONE	PC	CAPITAL	82,500
Total . . . . . ▶ **3a**				6,264,500

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
JOY OF MUSIC PROGRAM INC 1 GORHAM STREET WORCESTER, MA 01605	NONE	PC	CAPITAL	60,000
KENNEDY-DONOVAN CENTER INC 1 COMMERCIAL STREET FOXBORO, MA 02035	NONE	PC	CAPITAL	50,000
LAZARUS HOUSE INC 412 HAMPSHIRE ST LAWRENCE, MA 01841	NONE	PC	CAPITAL	45,000
Total . . . . . ▶ **3a**				6,264,500

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
LOVELANE SPECIAL NEEDS HORSEBACK RIDING PROGRAM 40 BAKER BRIDGE RD LINCOLN, MA 01773	NONE	PC	CAPITAL	55,000
MARTHA'S VINEYARD CEREBRAL PALSY CAMP INC AKA CAMP JABBERWOCKY PO BOX 1357 VINEYARD HAVEN, MA 02568	NONE	PC	CAPITAL	50,000
MASSACHUSETTS SYMPHONY ORCHESTRA INC 10 TUCKERMAN STREET PO BOX 20070 WORCESTER, MA 01602	NONE	PC	CAPITAL	75,000
Total . . . . . ▶ **3a**				6,264,500

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
MINUTE MAN ARC FOR HUMAN SERVICES INC 35 FOREST RIDGE ROAD CONCORD, MA 01742	NONE	PC	CAPITAL	75,000
MOUNT AUBURN HOSPITAL 330 MOUNT AUBURN STREET CAMBRIDGE, MA 02138	NONE	PC	CAPITAL	50,000
NORMAN ROCKWELL MUSEUM AT STOCKBRIDGE INC 9 GLENDALE ROAD PO BOX 308 STOCKBRIDGE, MA 01262	NONE	PC	CAPITAL	50,000
Total . . . . . ▶ **3a**				6,264,500

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
NORTHEAST HOSPITAL CORP - ADDISON GILBERT HOSPITAL 298 WASHINGTON STREET GLOUCESTER, MA 01930	NONE	PC	CAPITAL	100,000
NORWELL VISITING NURSE ASSOCIATION INC 120 LONGWATER DRIVE NORWELL, MA 02061	NONE	PC	CAPITAL	50,000
OLD DARTMOUTH HISTORICAL SOCIETY 18 JOHNNY CAKE HILL NEW BEDFORD, MA 02740	NONE	PC	CAPITAL	50,000
Total . . . . . ▶ **3a**				6,264,500

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
OLD STURBRIDGE INC 1 OLD STURBRIDGE VILLAGE RD STURBRIDGE, MA 01566	NONE	PC	CAPITAL	95,000
OUR NEIGHBORS' TABLEPO BOX 592 AMESBURY, MA 01913	NONE	PC	CAPITAL	56,000
PRESENTATION SCHOOL FOUNDATION INC 640 WASHINGTON STREET BRIGHTON, MA 02135	NONE	PC	CAPITAL	100,000
Total . . . . . ▶ **3a**				6,264,500

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
REVITALIZE COMMUNITY DEVELOPMENT CORPORATION 1145 MAIN STREET STE 107 SPRINGFIELD, MA 01103	NONE	PC	CAPITAL	25,000
RIVERSIDE COMMUNITY CARE INC 270 BRIDGE STREET SUITE 301 DEDHAM, MA 02026	NONE	PC	CAPITAL	100,000
ROCA101 PARK STREET CHELSEA, MA 02150	NONE	PC	CAPITAL	60,000
Total . . . . . ▶ **3a**				6,264,500

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
SOUTHEASTERN MASSACHUSETTS VETERAN'S HOUSING PROGRAM 1297 PURCHASE STREET NEW BEDFORD, MA 02740	NONE	PC	CAPITAL	50,000
STEPPINGSTONE522 N MAIN ST FALL RIVER, MA 02720	NONE	PC	CAPITAL	16,500
STRONGWATER FARM THERAPEUTIC EQUESTRIAN CENTER 500 LIVINGTON STREET TEWKSBURY, MA 01876	NONE	PC	CAPITAL	100,000
Total . . . . . ▶ **3a**				6,264,500

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
THE BIRCH HOUSE INC37 BROADWAY ARLINGTON, MA 02474	NONE	PC	CAPITAL	80,000
THE BOSTON HOME 2049 DORCHESTER AVE BOSTON, MA 02124	NONE	PC	CAPITAL	112,000
THE LITERACY PROJECT INC 15 BANK ROW SUITE C GREENFIELD, MA 01301	NONE	PC	CAPITAL	30,000
Total . . . . . ▶ **3a**				6,264,500

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
TUFTS UNIVERSITY (CUMMINGS SCHOOL FOR VETERINARY MEDICINE) 169 HOLLAND STREET SOMERVILLE, MA 02144	NONE	PC	CAPITAL	602,500
VICTORY PROGRAMS INC 965 MASSACHUSETTS AVE BOSTON, MA 02118	NONE	PC	CAPITAL	40,000
WELLSPRING HOUSE INC 302 ESSEX AVE GLOUCESTER, MA 01930	NONE	PC	CAPITAL	75,000
Total . . . . . ▶ **3a**				6,264,500

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
WINDRUSH FARM THERAPEUTIC EQUITATION INC 479 LACY STREET NORTH ANDOVER, MA 02379	NONE	PC	CAPITAL	51,000
YMCA - ATHOL545 MAIN STREET ATHOL, MA 01331	NONE	PC	CAPITAL	40,000
YMCA - GREATER LOWELL 35 YMCA DRIVE LOWELL, MA 01852	NONE	PC	CAPITAL	50,000
Total . . . . . ▶ **3a**				6,264,500

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
YMCA - MALDEN99 DARTMOUTH ST MALDEN, MA 02148	NONE	PC	CAPITAL	65,000
YMCA - NORTH SHORE 245 CABOT STREET BEVERLY, MA 01915	NONE	PC	CAPITAL	300,000
YWCA - NEWBURYPORT13 MARKET ST NEWBURYPORT, MA 01950	NONE	PC	CAPITAL	37,000
Total . . . . . ▶ **3a**				6,264,500

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TY 2019 Accounting Fees Schedule

Name: AMELIA PEABODY CHARITABLE FUND TRUST

EIN: 23-7364949

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
NORTHERN TRUST - CUSTODY FEES	35,000	35,000		0
RUSSELL, BRIER & CO LLP - AUDIT AND RELATED ACCOUNTING	22,000	8,800		13,200

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TY 2019 Depreciation Schedule

Name: AMELIA PEABODY CHARITABLE FUND TRUST

EIN: 23-7364949

Depreciation Schedule

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
COMPUTER AND PERIPHERAL EQUIPMENT	1998-01-08	4,852	4,852	SL	5.000000000000	0	0		
COMPUTER AND PERIPHERAL EQUIPMENT	2004-06-03	3,260	3,260	SL	5.000000000000	0	0		
SERVER, SOFTWARE & MANUAL	2006-04-10	350	350	SL	5.000000000000	0	0		
185 DEVONSHIRE STREET, UNIT 600	2008-08-01	1,248,641	327,310	SL	39.000000000000	32,016	0		
DESK AND CHAIRS	2008-09-01	9,147	9,147	SL	5.000000000000	0	0		
CONFERENCE TABLE	2008-10-14	2,318	2,318	SL	5.000000000000	0	0		
BOOKCASES	2008-12-22	822	822	SL	5.000000000000	0	0		
TELEPHONE	2008-08-18	4,804	4,804	SL	5.000000000000	0	0		
COMPUTER HARDWARE	2008-09-12	6,308	6,308	SL	5.000000000000	0	0		
185 DEVONSHIRE STREET, UNIT 600	2008-09-12	99,755	29,095	SL	39.000000000000	2,558	0		
COLOR COPIER	2008-03-17	10,356	10,356	SL	5.000000000000	0	0		
AIR CONDITIONER	2010-07-27	5,733	5,733	SL	5.000000000000	0	0		
COMPUTER	2011-06-01	2,600	2,600	SL	5.000000000000	0	0		
FURNITURE (COUCH, LAMPS)	2011-11-28	1,192	1,192	SL	5.000000000000	0	0		
SERVER BATTERY	2012-07-11	200	200	SL	5.000000000000	0	0		
APPLE LAPTOP	2012-11-06	1,279	1,279	SL	5.000000000000	0	0		
PRINTER	2014-07-01	926	926	SL	5.000000000000	0	0		
NETWORK SOLUTIONS COMPUTER	2015-07-04	3,300	2,970	SL	5.000000000000	330	0		
TWO DELL MONITORS	2015-07-04	500	450	SL	5.000000000000	50	0		
TELEPHONE SYSTEM	2016-03-17	3,647	2,917	SL	5.000000000000	729	0		

Depreciation Schedule

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
RUG IN OFFICE	2018-04-30	11,344	1,513	SL	5.000000000000	2,269	0		
ELEVATOR RENOVATION	2018-02-21	39,510	844	SL	39.000000000000	1,013	0		

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TY 2019 Investments Corporate Bonds Schedule

Name: AMELIA PEABODY CHARITABLE FUND TRUST

EIN: 23-7364949

Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
CORPORATE BONDS-PUBLICLY TRADED	6,636,417	6,806,624

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TY 2019 Investments Corporate Stock Schedule

Name: AMELIA PEABODY CHARITABLE FUND TRUST

EIN: 23-7364949

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
CORPORATE STOCKS-PUBLICLY TRADED	72,996,202	143,461,721

TY 2019 Investments Government Obligations Schedule

Name:	AMELIA PEABODY CHARITABLE FUND TRUST
EIN:	23-7364949
US Government Securities - End of Year Book Value:	14,580,773
US Government Securities - End of Year Fair Market Value:	14,706,246
State & Local Government Securities - End of Year Book Value:	0
State & Local Government Securities - End of Year Fair Market Value:	0

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TY 2019 Investments - Other Schedule

Name: AMELIA PEABODY CHARITABLE FUND TRUST

EIN: 23-7364949

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
MUTUAL FUNDS-PUBLICLY TRADED	AT COST	8,198,460	9,316,945
ALTERNATIVE INVESTMENTS	AT COST	6,041,621	7,270,304

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TY 2019 Land, Etc. Schedule

Name: AMELIA PEABODY CHARITABLE FUND TRUST

EIN: 23-7364949

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
COMPUTER AND PERIPHERAL EQUIPMENT	4,852	4,852	0	
COMPUTER AND PERIPHERAL EQUIPMENT	3,260	3,260	0	
SERVER, SOFTWARE & MANUAL	350	350	0	
185 DEVONSHIRE STREET, UNIT 600	1,248,641	359,326	889,315	
DESK AND CHAIRS	9,147	9,147	0	
CONFERENCE TABLE	2,318	2,318	0	
BOOKCASES	822	822	0	
TELEPHONE	4,804	4,804	0	
COMPUTER HARDWARE	6,308	6,308	0	
185 DEVONSHIRE STREET, UNIT 600	99,755	31,653	68,102	
COLOR COPIER	10,356	10,356	0	
AIR CONDITIONER	5,733	5,733	0	
COMPUTER	2,600	2,600	0	
FURNITURE (COUCH, LAMPS)	1,192	1,192	0	
SERVER BATTERY	200	200	0	
APPLE LAPTOP	1,279	1,279	0	
PRINTER	926	926	0	
NETWORK SOLUTIONS COMPUTER	3,300	3,300	0	
TWO DELL MONITORS	500	500	0	
TELEPHONE SYSTEM	3,647	3,646	1	
RUG IN OFFICE	11,344	3,782	7,562	
ELEVATOR RENOVATION	39,510	1,857	37,653	

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TY 2019 Legal Fees Schedule

Name: AMELIA PEABODY CHARITABLE FUND TRUST

EIN: 23-7364949

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CASNER & EDWARDS	1,110	0		1,110

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TY 2019 Other Decreases Schedule

Name: AMELIA PEABODY CHARITABLE FUND TRUST

EIN: 23-7364949

Description	Amount
DIVIDENDS & INTEREST - 2019 BOOK VS TAX ADJUSTMENT	77,857
REALIZED GAINS - 2019 BOOK VS TAX ADJUSTMENT	12,068
CAPITAL GAINS DISTRIBUTIONS 2019 BOOKS VS TAX	4,909

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TY 2019 Other Expenses Schedule

Name: AMELIA PEABODY CHARITABLE FUND TRUST

EIN: 23-7364949

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
DUES AND SUBSCRIPTIONS	13,973	0		13,973
INSURANCE	7,068	707		6,361
MA FILING FEE	500	0		500
OFFICE EXPENSES AND SUPPLIES	20,549	2,319		18,230
POSTAGE	1,342	268		1,074
UTILITIES	4,076	408		3,668
MISCELLANEOUS	22,014	3,436		18,578

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TY 2019 Other Income Schedule

Name: AMELIA PEABODY CHARITABLE FUND TRUST

EIN: 23-7364949

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
HIGHVISTA PASS THRU NET INCOME(TAX BASIS)	104,862	104,862	104,862
OTHER INCOME - CLASS ACTION	7,635	7,635	7,635
RETURNED GRANT	80,000		80,000
REMEDIATION INSURANCE	13,614		13,614

TY 2019 Other Increases Schedule

Name: AMELIA PEABODY CHARITABLE FUND TRUST

EIN: 23-7364949

Description	Amount
FOREIGN TAXES - 2019 BOOK VS TAX ADJUSTMENT	68,836
INVESTMENT ADVISORY FEES PAID - 2019 BOOK VS TAX ADJUSTMENT	10,672

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TY 2019 Other Professional Fees Schedule

Name: AMELIA PEABODY CHARITABLE FUND TRUST

EIN: 23-7364949

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT ADVISORY FEES	333,616	333,616		0
W.B. SMITH	7,700	7,700		0
COMPLETE NETWORK SOLUTIONS	15,803	0		15,803

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TY 2019 Taxes Schedule

Name: AMELIA PEABODY CHARITABLE FUND TRUST

EIN: 23-7364949

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES PAID ON FOREIGN DIVIDEND	137,682	137,682		0
PAYROLL TAXES	18,048	1,805		16,243
FEDERAL TAXES	55,495	0		0

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

Schedule of Contributors

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

OMB No. 1545-0047

2019

Name of the organization
AMELIA PEABODY CHARITABLE FUND TRUST

Employer identification number
23-7364949

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 1/3% 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	Employer identification number
AMELIA PEABODY CHARITABLE FUND TRUST	23-7364949

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

Contributors

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AMELIA PEABODY ANNUITY TRUST SUSAN B RICE TRUSTEE HMPAYSON ONE P PORTLAND, ME 04101	$ 87,200	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Name of organization
AMELIA PEABODY CHARITABLE FUND TRUST

Employer identification number
23-7364949

Part II **Noncash Property**

(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
-		$	

Name of organization	**Employer identification number**
AMELIA PEABODY CHARITABLE FUND TRUST	23-7364949

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.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
-	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
-	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
-	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
-	