2020 Return of Private Foundation

Form **990-PF**

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

Department of the Treasury Internal Revenue Service

▶ 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.

| 101 | caler | ndar year 2019 or tax year beginning | | , and ending | | |
|--------------------------------|----------|--|------------------------------------|---------------------------|--|---|
| | | f foundation | | _ | A Employer identification | n number |
| | | COLN & THERESE FILENE F | OUNDATION, I | NC | 00 5400046 | |
| | | 06176 | | 12 | 23-7423946 | |
| | | and street (or P O box number if mail is not delivered to street | • | Room/suite | B Telephone number | 0.0 |
| | | TER MCCLENNEN & FISH LL | | 00 | 617-439-24 | / |
| | | own, state or province, country, and ZIP or foreign p | ostal code | | C If exemption application is p | ending, check here |
| _ | | TON, MA 02205 | | | | |
| G | ineck | k all that apply Initial return | | ormer public charity | D 1 Foreign organizations | s, check here |
| | | Final return | Amended return | | 2 Foreign organizations me check here and attach co | eeting the 85% test. |
| | | Address change | Name change | - 11 | check here and attach co | omputation |
| H (| _ | k type of organization: X Section 501(c)(3) ex | | ΩU | E If private foundation sta | |
| <u> </u> | | | Other taxable private founda | | under section 507(b)(1) |)(A), check here |
| | | · 1 — | ing method: X Cash | Accrual | F If the foundation is in a | 1 |
| | | Part II, col. (c), line 16) | ther (specify) | | under section 507(b)(1) |)(B), check here |
| | - \$ | 26837081 (Part I, colur | | is.) | | 1 (1) |
| Pa | art 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)) | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes |
| , | 1 | Contributions, gifts, grants, etc., received | 300000. | | N/A | (cash basis only) |
| /_ | '2 | Check if the foundation is not required to attach Sch. B | 30000. | | M/A | |
| Ki | 3 | Interest on savings and temporary cash investments | 22165. | 22165. | | STATEMENT 1 |
| | 4 | cash investments Dividends and interest from securities | 658158. | 658158. | | STATEMENT 2 |
| | 1 ' | Gross rents | 030130. | 020120. | | SIRIEMENI Z |
| • | | Net rental income or (loss) | - | | | |
| | l | · · · · · · · · · · · · · · · · · · · | 647503. | | | STATEMENT 3 |
| ne | Ι. | Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 2823379. | 047303. | | <u>-</u> | SIRIEMENI 5 |
| Revenue | b 7 | Capital gain net income (from Part IV, line 2) | | 637744. | | 19 (19) |
| Re | 8 | Net short-term capital gain | | 03//44• | KECL | WED. |
| | ١ | Income modifications | | | - | <u> </u> |
| | 102 | Gross sales less returns | | | SEP 2 | |
| | Ι. | Less Cost of goods sold | | | | 8 |
| | l | Gross profit or (loss) | | | OGDE | |
| | 11 | Other income | | | | |
| | 12 | Total Add lines 1 through 11 | 1627826. | 1318067. | | |
| | 13 | Compensation of officers, directors, trustees, etc | 0. | 0. | <u> </u> | 0. |
| | 14 | Other employee salaries and wages | | • | | |
| | 15 | Pension plans, employee benefits | | | | |
| es | 16a | Legal fees STMT 4 | 78632. | 51111. | | 27521. |
| ens | Ь | Accounting fees STMT 5 | 5000. | 3250. | | 1750. |
| Ϋ́ | c | Other professional fees STMT 6 | 73771. | 47951. | | 25820. |
| Ş. | 17 | Interest | | | | |
| rati | 18 | Taxes STMT 7 | 37617. | 4230. | | 0. |
| | 19 | Depreciation and depletion | | | | |
| 2020 dministrative Expenses | 20 | Occupancy | | | | |
| ~ « | 21 | Travel, conferences, and meetings | 81951. | 53268. | | 28683. |
| and bre | 22 | Printing and publications | 750. | 0. | | 0. |
| ک ۋر | | Other expenses STMT 8 | 1265. | 0. | | 1265. |
| Operating | 24 | Total operating and administrative | | | | |
| Per _ | | expenses Add lines 13 through 23 | 278986. | 159810. | | 85039. |
| i c | 25 | Contributions, gifts, grants paid | 1110100. | | | 1110100. |
| Z | 26 | Total expenses and disbursements | | | | |
| <u>د</u> | | Add lines 24 and 25 | 1389086. | 159810. | | 1195139. |
| SCANNEU NOV Operating | 27 | Subtract line 26 from line 12 | | | | |
| n | a | Excess of revenue over expenses and disbursements | 238740. | | | |
| | b | Net investment income (if negative, enter -0-) | | 1158257. | | |
| | C | Adjusted net income (if negative, enter -0-) | | | N/A | |

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| <u> </u> | art | Balance Sheets Attached schedules and amounts in the description | Beginning of year | End of year | |
|---------------------------|------|---|-------------------|-----------------------|---------------------------|
| ۴ | art | column should be for end-of-year amounts only | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash - non-interest-bearing | 500. | 500. | |
| | 2 | Savings and temporary cash investments | 798263. | 2057418. | 2057418. |
| | 3 | Accounts receivable > | | | |
| | | Less: allowance for doubtful accounts ▶ | | | |
| | 4 | Pledges receivable > | <u></u> . | | |
| | | Less, allowance for doubtful accounts ▶ | | | |
| | 5 | Grants receivable | | | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | |
| | | disqualified persons | | <u>.</u> | |
| | 7 | Other notes and loans receivable | | | |
| | | Less: allowance for doubtful accounts ▶ | | | |
| şţs | 8 | Inventories for sale or use | | | |
| Assets | 9 | Prepaid expenses and deferred charges | | | |
| ٩ | ı | Investments - U.S. and state government obligations STMT 9 | 1650351. | 1298906. | 1309571. |
| | ı | Investments - corporate stock STMT 10 | 8049067. | | |
| | l | Investments - corporate bonds STMT 11 | 3542591. | 3292681. | 3506174. |
| | 11 | Investments - land, buildings, and equipment basis | | | |
| | | Less accumulated depreciation | | | |
| | l | Investments - mortgage loans | | | |
| | 13 | Investments - other | | | |
| | 14 | Land, buildings, and equipment: basis | J # | a pour de la manage a | |
| | ١ | Less accumulated depreciation | | | |
| | 15 | Other assets (describe | | | |
| | 16 | Total assets (to be completed by all filers - see the | 14040772 | 1/270515 | 26027001 |
| | 47 | Instructions. Also, see page 1, item I) | 14040772. | 14279515. | 26837081. |
| | 17 | Accounts payable and accrued expenses | | | |
| | 18 | Grants payable Deferred revenue | | | |
| Liabilıties | 19 | | | | |
| į | 21 | Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable | | | r |
| <u>.</u> 2 | | Other liabilities (describe) | | | |
| | | Control Habilition (Goodships) | | | |
| | 23 | Total liabilities (add lines 17 through 22) | 0. | 0. | 1 |
| _ | | Foundations that follow FASB ASC 958, check here | | | |
| es | | and complete lines 24, 25, 29, and 30 | | | |
| | 24 | Net assets without donor restrictions | | | • |
| aga | 25 | Net assets with donor restrictions | | | |
| 9 P | | Foundations that do not follow FASB ASC 958, check here 🕨 🗶 | | | |
| ᇤ | | and complete lines 26 through 30 | | | |
| þ | 26 | Capital stock, trust principal, or current funds | 12163601. | 12163601. | |
| ets | 27 | Paid-in or capital surplus, or land, bldg., and equipment fund | 0. | 0. | |
| Ass | 28 | Retained earnings, accumulated income, endowment, or other funds | 1877171. | 2115914. | |
| Net Assets or Fund Balanc | 29 | Total net assets or fund balances | 14040772. | <u> 14279515.</u> | |
| Z | | | | | r |
| | 30 | Total liabilities and net assets/fund balances | 14040772. | 14279515. | <u> </u> |
| Р | art | Analysis of Changes in Net Assets or Fund B | alances | | |
| = | | | 00 | · - ·· 1 | |
| | | net assets or fund balances at beginning of year - Part II, column (a), line | 29 | | 14040772 |
| | • | st agree with end-of-year figure reported on prior year's return) | | 1 | 14040772. |
| | | r amount from Part I, line 27a r increases not included in line 2 (itemize) ROUNDING | | 2 | 238740. |
| | | lines 1, 2, and 3 | | 3 | 14279515. |
| | | eases not included in line 2 (itemize) | | 5 | 142/9515. |
| | | net assets or fund balances at end of year (line 4 minus line 5) - Part II, co | olumn (h) line 29 | 6 | 14279515. |
| <u>-</u> | iota | instances of futio buildings at one of your time 7 fillings into 0/ 1 art it, of | January Millo Ed | | Form 990-PF (2019) |

Capital Gains and Losses for Tax on Investment Income Part IV (b) How acquired P - Purchase D - Donation (c) Date acquired (d) Date sold (a) List and describe the kind(s) of property sold (for example, real estate, (mo., day, yr) (mo., day, yr) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) 1a SEE ATTACHED STATEMENTS ь C d е (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale ((e) plus (f) minus (g)) а b C d 637744. 2823404 2185660 е Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. (I) Gains (Col. (h) gain minus (k), but not less than -0-) or (j) Adjusted basis (k) Excess of col. (i) Losses (from col (h)) (i) FMV as of 12/31/69 as of 12/31/69 over col. (j), if any a b C d 637744. е If gain, also enter in Part I, line 7 637744. 2 Capital gain net income or (net capital loss) 2 If (loss), enter -0- in Part I, line 7 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). N/A If (loss), enter -0- in Part I, line 8 Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income i Part V (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. Yes X No Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part Enter the appropriate amount in each column for each year; see the instructions before making any entries (d) Distribution ratio (a) Base period years (b) (c) Adjusted qualifying distributions Net value of noncharitable-use assets Calendar year (or tax year beginning in) (col. (b) divided by col (c)) 1186607. 24353986 .048723 2018 2017 1158594. 23553071 .049191 22115605. 2016 1161570. .052523 1101258 22267046 .049457 2015 22562705 1017150 .045081 2014 2 .244975 2 Total of line 1, column (d) 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 .048995 the foundation has been in existence if less than 5 years 3 24614161. 4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5 4 Multiply line 4 by line 3 5 1205971. 11583. Enter 1% of net investment income (1% of Part I, line 27b) 6 7 1217554. Add lines 5 and 6 1195139. 8 Enter qualifying distributions from Part XII, line 4 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.

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See the Part VI instructions.

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If (loss), enter "-0-" in Part I, line 8

| (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), |
|--|
| Gains (excess of col. (h) dain over col. (k) |
| but not less than "-0-") |
| 53992 |
| 97658 |
| -137366 |
| -9601 |
| 34834 |
| 27790 |
| 1592 |
| 1084 |
| -494 |
| -1400 |
| 352 |
| -8 |
| -560 |
| 845 |
| -1797 |
| |
| 2 637744 |
| |

N/A

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).

If (loss), enter "-0-" in Part I, line 8

| LINCOLN & THERESE FILENE F Form 990-PF (2019) #0706176 | OUNDATION, INC | 23-74 | 123946 | Page 4 |
|---|--|-------------|--------------|---|
| Part VI Excise Tax Based on Investment Income (Section | n 4940(a), 4940(b), 4940(e), or 4 | | | |
| .1a Exempt operating foundations described in section 4940(d)(2), check here | and enter "N/A" on line 1. | | | ı |
| Date of ruling or determination letter: (attach copy of lett | ter if necessary-see instructions) | | | |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, check | here ▶ 🔲 and enter 1% | 1 | 23 | <u>3165.</u> |
| of Part I, line 27b | | | | , |
| c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, | enter 4% of Part I, line 12, col. (b) | | | |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations | s only; others, enter -0-) | 2 | | 0. |
| 3 Add lines 1 and 2 | | 3 | 23 | <u>3165.</u> |
| 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations | s 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 | 23 | <u>3165.</u> |
| 6 Credits/Payments: | | | | 1 |
| a 2019 estimated tax payments and 2018 overpayment credited to 2019 | 6a 21764. |] | | í |
| b Exempt foreign organizations - tax withheld at source | 6b O. |]] | | ι |
| c Tax paid with application for extension of time to file (Form 8868) | 6c 12983. |] | | 1 |
| d Backup withholding erroneously withheld | _6d O. | | | رٰ ــــــــــــــــــــــــــــــــــــ |
| 7 Total credits and payments. Add lines 6a through 6d | | 7 | 34 | <u> 1747.</u> |
| 8 Enter any penalty for underpayment of estimated tax. Check here X if Form 222 | 20 is attached | 8 | | 0. |
| 9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed | • | 9 | • | |
| 10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount ove | rpaid | 10 | 11 | L582. |
| 11 Enter the amount of line 10 to be. Credited to 2020 estimated tax | 11582. Refunded ▶ | 11 | | 0. |
| Part VII-A Statements Regarding Activities | | | | |
| 1a During the tax year, did the foundation attempt to influence any national, state, or lo | ocal legislation or did it participate or intervene | e in | Y | es No |
| any political campaign? | | | 1a | X |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political | al purposes? See the instructions for the defii | nition | 1b | X |
| 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 | X |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed do | uring the year | | | |
| (1) On the foundation. ▶ \$ 0 . (2) On foundation m | nanagers. \blacktriangleright \$ 0 . | _ | | |
| e Enter the reimbursement (if any) paid by the foundation during the year for political managers. ► \$ 0. | expenditure tax imposed on foundation | | | |
| 2 Has the foundation engaged in any activities that have not previously been reported | I to the IRS? | | 2 | X |
| If "Yes," attach a detailed description of the activities. | | | | |
| 3 Has the foundation made any changes, not previously reported to the IRS, in its gov | verning instrument, articles of incorporation, | or | | _ |
| bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change | ges | | 3 | X |
| 4a Did the foundation have unrelated business gross income of \$1,000 or more during | g the 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 t | he 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) sa | itisfied either: | | | |
| By language in the governing instrument, or | | | | |
| By state legislation that effectively amends the governing instrument so that no make the state of the s | nandatory directions that conflict with the stat | e law | | |
| remain in the governing instrument? | | | 6 2 | 2 |
| 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Ye $$ | s," complete Part II, col. (c), and Part XV | | 7 2 | 2 |
| 8a Enter the states to which the foundation reports or with which it is registered. See in MA | nstructions. ► | | _ | i i |
| 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 | The second of the second secon | | 8b 2 | ζ - |
| 9 Is the foundation claiming status as a private operating foundation within the meaning | ing of section 4942(j)(3) or 4942(j)(5) for cale | endar | | |
| | | | 1 | -15 4 |

year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV

10 Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule listing their names and addresses

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|---------------------------------------|--|------|----------|-------------|
| | VII-A Statements Regarding Activities (continued) | | | |
| , | | | Yes | No |
| 11 A | t any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of | | | |
| | ection 512(b)(13)? If "Yes," attach schedule. See instructions | 11 | | Х |
| | id the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? | | | |
| | "Yes," attach statement. See instructions | 12 | | Х |
| | id the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | Х | |
| | /ebsite address ► N/A | | | |
| | he books are in care of ► <u>NUTTER</u> , <u>MCCLENNEN</u> & <u>FISH</u> , <u>LLP</u> Telephone no. ► <u>617-43</u> | 39-2 | 000 | |
| | ocated at ► SEAPORT WEST, 155 SEAPORT BLVD, BOSTON, MA ZIP+4 ►02 | | | 04 |
| | ection 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here | | • | |
| | nd enter the amount of tax-exempt interest received or accrued during the year | N | /A | |
| | t any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, | | Yes | No |
| | ecurities, or other financial account in a foreign country? | 16 | | X |
| | ee the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the | " | | |
| | preign country | | | ' |
| | VII-B Statements Regarding Activities for Which Form 4720 May Be Required | | | |
| · · · · · · · · · · · · · · · · · · · | ile Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | | Yes | No |
| | uring 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 X No | | | |
| • | 2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) | | · | |
| ,, | a disqualified person? | | | |
| t! | 3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | | | 1 |
| | 4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No | | | İ |
| | 5) Transfer any income or assets to a disqualified person (or make any of either available | | | |
| V | for the benefit or use of a disqualified person)? | | | |
| 11 | 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 X No | | | , |
| h 16 | any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations | | | į |
| | ection 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A | 1b | | |
| | rganizations relying on a current notice regarding disaster assistance, check here | 10 | | - |
| | | | | |
| | id the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected | 10 | | X |
| | efore the first day of the tax year beginning in 2019? | 10 | | |
| | axes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation | | | į |
| | efined in section 4942(j)(3) or 4942(j)(5)): t the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines | | | |
| | d and 6e) for tax year(s) beginning before 2019? Yes X No | | | |
| | | | | |
| | "Yes," list the years ► | | - | • |
| | aluation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach | | | Ċ |
| | tatement - see instructions.) | 2b | | ! |
| | · | 20 | | |
| | the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | | | İ |
| 0 - 0 | to the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time | | | |
| | | | | |
| | · · | | | |
| | "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after | | | ' |
| | lay 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose | | | |
| | f holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, | | | |
| | chedule C, to determine if the foundation had excess business holdings in 2019) N/A | 3b | | - |
| | id the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | X |
| | id the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that | | | ~ <u></u> |
| n | ad not been removed from jeopardy before the first day of the tax year beginning in 2019? | 4b | | X |

| LINCOLN & THERESE FILENE Form 990-PF (2019) #0706176 | FOUNDATION, | | 23-74239 | 16 | c | 2000 6 |
|--|---|---|---|----------------|--|-----------------------|
| Form 990-PF (2019) #0706176 Part VII-B Statements Regarding Activities for Which F | orm 4720 May Be F | | | 40 | | Page 6 |
| 5a During the year, did the foundation pay or incur any amount to: | <u> </u> | 104 | | 1 | Yes | No |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section | 4945(e))? | ☐ Y€ | es X No | | | |
| (2) Influence the outcome of any specific public election (see section 4955); o | | | | | | |
| any voter registration drive? | | | es X No | | | |
| (3) Provide a grant to an individual for travel, study, or other similar purposes' | > | Ye | es X No | | | F |
| (4) Provide a grant to an organization other than a charitable, etc., organization | | | | | | ı |
| 4945(d)(4)(A)? See instructions | | Ye | es X No | | i | |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, | or educational purposes, or f | or | | | 1 | , |
| the prevention of cruelty to children or animals? | | | es X No | | i | , |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und | ler the exceptions described | n Regulations | | | i | |
| section 53.4945 or in a current notice regarding disaster assistance? See instru | • | - 3 | N/A | 5b | - | |
| Organizations relying on a current notice regarding disaster assistance, check h | | | | - | | |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr | | ined | | | | |
| expenditure responsibility for the grant? | | I/A 🔲 Ye | s No | | | |
| If "Yes," attach the statement required by Regulations section 53.4945-5(d). | _ | | | | - 1 | |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to provide the foundation of the second secon | pay premiums on | | | | | 1 |
| a personal benefit contract? | , - | ☐ Ye | es X No | | ĺ | |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a p | ersonal benefit contract? | | | 6b | | _X_, |
| If "Yes" to 6b, file Form 8870. | ordenial benefit denti det | | | - | | |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax s | helter transaction? | | es X No | | | , |
| b If "Yes," did the foundation receive any proceeds or have any net income attribu | | | | 7b | | |
| 8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$ | | - | 11/11 | | | |
| excess parachute payment(s) during the year? | 1,000,000 111 101110110110110110 | | es X No | | ŀ | |
| Part VIII Information About Officers, Directors, Trusto | es. Foundation Ma | | | | | |
| Paid Employees, and Contractors | | | | | | |
| | | | | | | |
| 1 List all officers, directors, trustees, and foundation managers and the | neir compensation. | | | | | |
| | (b) Title, and average | (c) Compensation | (d) Contributions to employee benefit plans | (e | e) Exp | ense |
| List all officers, directors, trustees, and foundation managers and the (a) Name and address | | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e acc | Expe | ense other |
| | (b) Title, and average hours per week devoted | (If not paid, | (d) Contributions to employee benefit plans and deferred compensation | (e acc a | e) Expe count, llowar | ense other oces |
| (a) Name and address | (b) Title, and average hours per week devoted | (If not paid, | (d) Contributions to employee benefit plans and deferred compensation | (e acc a | e) Expe count, llowar | ense other nces |
| (a) Name and address | (b) Title, and average hours per week devoted | (If not paid, | (d) Contributions to employee benefit plans and deferred compensation | (e acc a | e) Expe count, llowar | ense other oces |
| (a) Name and address | (b) Title, and average hours per week devoted to position | (If not paid, enter -0-) | compensation | (e acc a | Expectage Expect | ices_ |
| (a) Name and address | (b) Title, and average hours per week devoted to position | (If not paid, enter -0-) | compensation | (e acc a | e) Expectount, llowar | ices_ |
| (a) Name and address | (b) Title, and average hours per week devoted to position | (If not paid, enter -0-) | compensation | (e acc a | Expectage Expect | ices_ |
| (a) Name and address | (b) Title, and average hours per week devoted to position | (If not paid, enter -0-) | compensation | (e acc a | e) Expectount, llowar | ices_ |
| (a) Name and address | (b) Title, and average hours per week devoted to position | (If not paid, enter -0-) | compensation | (e acc a | e) Expe count, llowar | ices_ |
| (a) Name and address | (b) Title, and average hours per week devoted to position | (If not paid, enter -0-) | compensation | (ee acc | e) Expectount, llowar | ices_ |
| (a) Name and address | (b) Title, and average hours per week devoted to position | (If not paid, enter -0-) | compensation | (ee accca | e) Expectount, | ices_ |
| (a) Name and address | (b) Title, and average hours per week devoted to position | (If not paid, enter -0-) | compensation | (e acc a | e) Expectount, llowar | ices_ |
| (a) Name and address | (b) Title, and average hours per week devoted to position | (If not paid, enter -0-) | compensation | (e acc a | e) Expections, lilowar | ices_ |
| (a) Name and address | (b) Title, and average hours per week devoted to position 0.00 | (If not paid, enter -0-) | O . | (e acca | e) Exproount, illowar | ices_ |
| (a) Name and address SEE ATTACHED SCHEDULE 2 Compensation of five highest-paid employees (other than those inc | (b) Title, and average hours per week devoted to position 0.00 | enter "NONE." | (d) Contributions to employee benefit plans | a | llowar | O. |
| (a) Name and address SEE ATTACHED SCHEDULE | (b) Title, and average hours per week devoted to position 0.00 | (If not paid, enter -0-) | compensation | (ee acc | llowar | O . |
| (a) Name and address SEE ATTACHED SCHEDULE 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position 0.00 | enter "NONE." | (d) Contributions to employee benefit plans and deferred | (ee acc | Expection, | O . |
| (a) Name and address SEE ATTACHED SCHEDULE 2 Compensation of five highest-paid employees (other than those inc | (b) Title, and average hours per week devoted to position 0.00 | enter "NONE." | (d) Contributions to employee benefit plans and deferred | (ee acc | Expection, | O . |
| (a) Name and address SEE ATTACHED SCHEDULE 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position 0.00 | enter "NONE." | (d) Contributions to employee benefit plans and deferred | (ee acc | Expection, | O . |
| (a) Name and address SEE ATTACHED SCHEDULE 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position 0.00 | enter "NONE." | (d) Contributions to employee benefit plans and deferred | (ee acc | Expection, | O . |
| (a) Name and address SEE ATTACHED SCHEDULE 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position 0.00 | enter "NONE." | (d) Contributions to employee benefit plans and deferred | (ee acc | Expection, | O . |
| (a) Name and address SEE ATTACHED SCHEDULE 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position 0.00 | enter "NONE." | (d) Contributions to employee benefit plans and deferred | (ee acc | Expection, | O . |
| (a) Name and address SEE ATTACHED SCHEDULE 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position 0.00 | enter "NONE." | (d) Contributions to employee benefit plans and deferred | (ee acc | Expection, | O . |
| (a) Name and address SEE ATTACHED SCHEDULE 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position 0.00 | enter "NONE." | (d) Contributions to employee benefit plans and deferred | (ee acc | Expection, | O . |
| (a) Name and address SEE ATTACHED SCHEDULE 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position 0.00 | enter "NONE." | (d) Contributions to employee benefit plans and deferred | (ee acc | Expection, | O . |

Form **990-PF** (2019)

Total number of other employees paid over \$50,000

Form **990-PF** (2019)

| Form 990-PF (2019) #0706176 | 23- | 7423946 Page 7 |
|---|----------------------|------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundat Paid Employees, and Contractors (continued) | ion Managers, Highly | |
| 3 Five highest-paid independent contractors for professional services. If none, enter | "NONE." | |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NUTTER, MCCLENNEN & FISH, LLP - SEAPORT WEST, | TRUSTEE, LEGAL & | l l |
| 155 SEAPORT BLVD., BOSTON, MA 02210 | PREPARATION FEES | 157403. |
| | 4 | |
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| | - | |
| | | |
| | 7 | |
| 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 statistic number of organizations and other beneficiaries served, conferences convened, research papers produced. | | Expenses |
| 1 N/A | | |
| | | |
| | | 0. |
| 2 | | |
| | | |
| 3 | | |
| 3 | | |
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| 4 | | -, |
| | | |
| | | |
| Part IX-B Summary of Program-Related Investments | 1 - 1 - 1 | |
| Describe the two largest program-related investments made by the foundation during the tax year on li | nes i and 2. | Amount |
| 1 <u>N/A</u> | | |
| | | 0. |
| 2 | | |
| | | |
| | | |
| All other program-related investments. See instructions. | | |
| 3 | | |
| | | |
| | | |
| | | |
| | | |
| Total. Add lines 1 through 3 | > | 0. |

23-7423946 Form 990-PF (2019) #0706176 Page 8 Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Part X Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes. 1 23751918. a Average monthly fair market value of securities 1a 1237078. b Average of monthly cash balances 1b c Fair market value of all other assets 1c 24988996. d Total (add lines 1a, b, and c) 1d e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1e 1c (attach detailed explanation) 0. Acquisition indebtedness applicable to line 1 assets 2 3 24988996. Subtract line 2 from line 1d 374835. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 Net value of noncharitable-use assets Subtract line 4 from line 3 Enter here and on Part V, line 4 24614161. 5 Minimum investment return Enter 5% of line 5 1230708. 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) 1230708. Minimum investment return from Part X, line 6 1 23165. Tax on investment income for 2019 from Part VI, line 5 2a Income tax for 2019 (This does not include the tax from Part VI.) 2b 2c 23165. Add lines 2a and 2b 1207543. Distributable amount before adjustments. Subtract line 2c from line 1 3 3 0. 4 Recoveries of amounts treated as qualifying distributions 1207543. 5 5 Add lines 3 and 4 6 Deduction from distributable amount (see instructions) 1207543. Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 7 Part XII Qualifying Distributions (see instructions) 1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 1195139. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a Program-related investments - total from Part IX-B 1b b 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 Amounts set aside for specific charitable projects that satisfy the: 3 3a Suitability test (prior IRS approval required) b Cash distribution test (attach the required schedule) 3b 1195139. 4 Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

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

Form **990-PF** (2019)

11951

5

6

0.

income. Enter 1% of Part I, line 27b

Adjusted qualifying distributions Subtract line 5 from line 4

4940(e) reduction of tax in those years.

Form 990-PF (2019)

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Page 9 Part XIII Undistributed Income (see instructions) (b) (c) (d) (a) 2018 2019 Corpus Years prior to 2018 1 Distributable amount for 2019 from Part XI, 1207543. line 7 2 Undistributed income, if any, as of the end of 2019 a Enter amount for 2018 only 0 b Total for prior years: 0 3 Excess distributions carryover, if any, to 2019 a From 2014 55700. b From 2015 81864 c From 2016 1926 d From 2017 e From 2018 139490. f Total of lines 3a through e 4 Qualifying distributions for 2019 from 1195139 Part XII, line 4: > \$_ 0 a Applied to 2018, but not more than line 2a b Applied to undistributed income of prior 0 years (Election required - see instructions) c Treated as distributions out of corpus 0 (Election required - see instructions) 1195139 d Applied to 2019 distributable amount 0 e Remaining amount distributed out of corpus Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount 12404 12404. must be shown in column (a)) Enter the net total of each column as indicated below: 127086 a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract 0 line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously 0 assessed d Subtract line 6c from line 6b. Taxable 0 amount - see instructions e Undistributed income for 2018. Subtract line 0 4a from line 2a. Taxable amount - see instr. f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must 0. be distributed in 2020 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election 0 may be required - see instructions) 8 Excess distributions carryover from 2014 0 not applied on line 5 or line 7 Excess distributions carryover to 2020. 127086. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: 43296. a Excess from 2015 81864. b Excess from 2016 1926. c Excess from 2017

d Excess from 2018 e Excess from 2019 Form 990-PF (2019) #0706176 23-7423946 Page 10 Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a 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 4942(1)(5) 4942(j)(3) or b Check box to indicate whether the foundation is a private operating foundation described in section 2 a Enter the lesser of the adjusted has Tax year Prior 3 years (a) 2019 (b) 2018 (c) 2017 (d) 2016 (e) Total 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 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 Gross investment income Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets Part XV at any time during the year-see instructions.) 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).) NONE 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. NONE Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: 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. a The name, address, and telephone number or email address of the person to whom applications should be addressed: SEE STATEMENT 12 b The form in which applications should be submitted and information and materials they should include: c Any submission deadlines: d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

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Form **990-PF** (2019)

LINCOLN & THERESE FILENE FOUNDATION, INC

Form 990-PF (2019)

#0706176

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Supplementary Information (continued) | Part`XV | . 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Purpose of grant or contribution Foundation show any relationship to Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year NONE PUBLIC ART FOR SOCIAL IMPACT ART RESOURCE COLLABORATIVE FOR KIDS 15000. AT J. QUINCY SCHOOL SURVIVORS OF ASCENTRIA COMMUNITY SERVICES NONE PUBLIC 20000. EMPOWERMENT PROJECT PUBLIC GENERAL FUND BETH ISRAEL DEACONESS MEDICAL CENTER NONE 5000. BILL OF RIGHTS INSTITUTE NONE PUBLIC CONSTITUTIONAL 35000. SEMINARS IN BOSTON NONE PUBLIC VIOLENCE PREVENTION BIRD STREET COMMUNITY CENTER 20000. PROGRAM SEE CONTINUATION SHEET(S) Total 1110100, b Approved for future payment NONE Total **▶** 3b

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LINCOLN & THERESE FILENE FOUNDATION, INC

#0706176

Part XV | Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contribution | Foundation status of contribution | Amount of the contribution | Amount of the contribution | Amount of the contribution | Amount of the contribution | Amount of the contribution | Amount of the contribution | Amount of the contribution | Amount of the contribution | Amount of the contribution | Amount of the contribution | Amount of the contribution | Amount of the contribution | Amount of the contribution | Amount of the contribution | Amount of the contribution | Amount of the contribution | Amount of the contribution | Amount of the contribution | Amount of the contribution | Amount of the contribution | Amount of the contribution | Amount of the contribution | Amount of the contribution | Amount of the contribution | Amount of the contribution | Amount of the contribution | Amount of the contribution | Amount of the contribution | Amount of the contribution | Amount of the contribution | Amount of the contribution | Amount of the contribution | Amount of the contribution | Amount of the contribution | Amount of the contribution | Amount of the contribution | Amount of the contribution | Amount of the contribution | Amount of the contribution | Amount of the contribution | Amount of the contribution | Amount of the contribution | Amount of the contribution | Amount of the contribution | Amount of the contribution | Amount of the contribution | Amount of the contribution | Amount of the contribution | Amount of the contribution | Amount of the contribution | Amount of the contribution | Amount of the contribution | Amount of the contribution | Amount of the contribution | Amount of the contribution | Amount of the contribution | Amount of the contribution | Amount of the contribution | Amount of the contribution | Amount of the contributio

| , Recipient | If recipient is an individual, show any relationship to | Foundation | Purpose of grant or | A |
|--------------------------------------|---|------------------------|---|---------|
| Name and address (home or business) | any foundation manager or substantial contributor | status of recipient | contribution | Amount |
| | | | | |
| BOSTON AREA RAPE CRISIS CENTER | NONE | PUBLIC | PROJECT "HOME SAFE" | 10000 |
| | | | | |
| BOSTON CHILDREN'S MUSEUM | NONE | PUBLIC | SUPPORT OF THE SCHOOL READINESS FRIDAY | 7500 |
| | | | NIGHTS PROGRAM | 7500 |
| BOY'S AND GIRLS CLUB OF DORCHESTER | NONE | PUBLIC | SUPPORT OF MUSIC | |
| | | | THERAPY PROGRAM | 10000 |
| CAMBRIDGE CENTER FOR ADULT EDUCATION | NONE | PUBLIC | TANDEM LEARING PROGRAM | 15000 |
| | | | INITIATIVES | 15000 |
| CASA MYRNA VAZQUEZ INC | NONE | PUBLIC | CHILDRENS SERVICES | 10000 |
| | | | | |
| CENTER FOR GREIVING CHILDREN | NONE . | PUBLIC | INTERCULTURAL PEER SUPPORT PROGRAM | 2500 |
| | | | | |
| CHAMELEON ARTS ENSEMBLE OF BOSTON | NONE | PUBLIC | MUSIC EDUCATION PROGRAM | 5000 |
| | | | | |
| CHELSEA COLLABORATIVE INC | NONE | PUBLIC | SUMMER YOUTH EMPLOYMENT INITIATIVE | 25000 |
| | | | | |
| CHELSEA NEIGHBORHOOD DEVELOPERS INC | NONE | PUBLIC | FINANCIAL COACHING PROGRAM | 40000 |
| | | | | |
| CODMAN ACADEMY FOUNDATION | NONE | PUBLIC | THEATRE ARTS PROGRAM | 10000 |
| Total from continuation sheets | | | | 1015100 |

LINCOLN & THERESE FILENE FOUNDATION, INC #0706176

Supplementary Information

23-7423946

| Part XV Supplementary Information | | | | |
|--|---|----------------------|----------------------------------|--------|
| 3 Grants and Contributions Paid During the Y | | T | | |
| . Recipient | If recipient is an individual, show any relationship to | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | any foundation manager or substantial contributor | recipient | | |
| | | | | |
| COMBINED JEWISH PHILANTROPIES | NONE | PUBLIC | GENERAL FUND | 5000. |
| | | | | |
| COMMUNITY ART CENTER | NONE | PUBLIC | TEEN MEDIA PROGRAM | 5000 |
| | | | | 5000, |
| DARTMOUTH COLLEGE | NONE | PUBLIC | ALUMNI FUND | |
| | | | | 100. |
| DISCOVERING JUSTICE | NONE | PUBLIC | SUPPORT OF CHILDREN | |
| | | | DISCOVERING JUSTICE | 20000. |
| | , and a second | DUDI TO | WORK BODGE DEVELOPMENT | |
| DORCHESTER YOUTH COLLABORATIVE | NONE | PUBLIC | WORKFORCE DEVELOPMENT | 10000. |
| | | | | |
| DOVE INC | NONE | PUBLIC | EMERGENCY CASH ASSISTANCE FUND | 7000, |
| ECONOMIC MOBILITY PATHWAYS | NONE | PUBLIC | ABBOT HOUSE -SUPPORTIVE HOUSING | |
| | | | | 20000. |
| | | | | |
| EMERGE INC | NONE | PUBLIC | SUPPORT OF RESPONSIBLE | 10000. |
| | | | THE THOUSANT | 10000, |
| ENROOT | NONE | PUBLIC | PROGRAMS FOR HIGH | 2222 |
| | _ | | SCHOOL IMMIGRANTS | 20000. |
| EPIPHANY SCHOOL | NONE | PUBLIC | SUMMER INTENSIVE | |
| | 1 | 1 | PROGRAM | 10000. |

23-7423946 #0706176 **Supplementary Information** Part XV Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or show any relationship to Foundation Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient NONE PUBLIC SUPPORT OF TUTORING EVKIDS INC 20000. PROGRAM FAMILY SERVICES OF THE MERRIMACK NONE PUBLIC SIEMPRE PAPA PROGRAM 10000. VALLEY FRIENDS OF THE CHILDREN-BOSTON NONE PUBLIC PROFESSIONAL MENTORING FOR HIGH-RISK YOUTH 15000. PUBLIC TEACHER COHORT FOR NONE GENERATION CITIZEN INC BOSTON ACTION CIVICS 20000. NONE PUBLIC SUPPORT OF MUSICIANS HYDE SQUARE TASK FORCE 10000. IN THE COMMUNITY ICIVICS NONE PUBLIC NEWS MEDIA & LITERACY 10000. PROGRAM PUBLIC GENERAL FUND INTERCOLLEGIATE STUDIES INSTITUTE NONE 50000. JEREMIAH PROGRAM NONE PUBLIC SUPPORT OF PROMOTING SELF SUFFICIENCY FOR SINGLE MOTHERS 10000. NONE PUBLIC GENERAL FUND JEWISH VOCATIONAL SERVICES 35000.

PUBLIC

AFTER SCHOOL PROGRAM

10000.

JOSHIA QUINCY ORCHESTRA PROGRAM LTD

Total from continuation sheets

NONE

23-7423946

#0706176

| Part XV Supplementary Information | | | | |
|---|---|----------------------|--|--------|
| 3 Grants and Contributions Paid During the Y | | | | |
| Recipient | If recipient is an individual, show any relationship to | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | any foundation manager or substantial contributor | recipient | Contribution | |
| | | | | |
| LA VIDA INC | NONE | PUBLIC | LA VIDA SCHOLARS | 10000. |
| | | | | |
| LAWRENCE FAMILY DEVELOPMENT | NONE | PUBLIC | SISU WORKFORCE DEVELOPMENT PROGRAM | 20000. |
| | | | | |
| LESLEY UNIVERSITY | NONE | PUBLIC | SUPPORT OF MUSIC THERAPY OROGRAM | 16000. |
| | | | | |
| MAB COMMUNITY SERVICES | NONE | PUBLIC | ADULT DISABILITY SERVICES MUSIC THERAPY | 5000 |
| | | | PROGRAM | 5000. |
| MAINE BOYS TO MEN | NONE | PUBLIC | THE MAINE BOYS NETWORK | 15000. |
| | | | | |
| MAINE PUBLIC BROADCASTING CORPORATION | NONE | PUBLIC | SUPPORT HIGH SCHOOL QUIZ SHOW | 10000. |
| • | | | | |
| MAKING MUSIC MATTERS | NONE | PUBLIC | GENERAL FUND | 12500. |
| | | | | |
| MUSICONNECTS | NONE | PUBLIC | BOSTON PUBLIC SCHOOLS PROGRAMING | 15000. |
| • | | | | |
| MY LIFE MY CHOICE, A PROGRAM OF JUSTICE RESOURCE | NONE | PUBLIC | SURVIVOR MENTORING PROGRAM | 20000. |
| NETWORK FOR TEACHING ENTREPRENEURSHIP NEW ENGLAND | иоие | PUBLIC | SOUTHERN NEW ENGLAND ENTREPRENEURSHIP | |
| Total from continuation shorts | | | EDUCATION INITIATIVE | 15000. |
| Total from continuation sheets | | | | |

23-7423946

#0706176

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) 3 If recipient is an individual. Recipient show any relationship to Foundation Purpose of grant or Amount any foundation manager or substantial contributor status of contribution Name and address (home or business) recipient NONE PUBLIC GENERAL FUND NOBLE AND GREENOUGH SCHOOL 5000. NORTHEASTERN UNIVERSITY MARINE NONE PUBLIC FROM SEA TO SCHOOL 10000. SCIENCE CENTER PHILLIPS BROOKS HOUSE ASSOCIATION NONE PUBLIC MISSION HILL SUMMER PROGRAM 8000. PROJECT CITIZEN NONE PUBLIC SUPPORT OF CIVIC ENGAGEMENT FOR IMMIGRANTS 5000. NONE PUBLIC SISTERS LEADING RIA HOUSE INC SISTERS 20000. PATHWAYS TO STUDENT SCHOOL ON WHEELS OF MA NONE PUBLIC SUCESS MENTORING 10000. PROGRAM SHELTER MUSIC BOSTON NONE PUBLIC CLASSICAL MUSIC CONCERTS IN BOSTON 12500. AREA HOMELESS SHELTERS SKIDMORE COLLEGE NONE PUBLIC FILENE MUSIC SCHOLARSHIP/HELEN FILENE LADD CONCERT H 175000. NONE THE MARSHALL-BRENNEN SUFFOLK UNIVERSITY LAW SCHOOL PUBLIC CONSTITUTIONAL LITERCY PROJECT 10000. NONE PUBLIC COMMUNITY MUSIC AT TUFTS UNIVERSITY TUFTS 4000.

Total from continuation sheets

LINCOLN & THERESE FILENE FOUNDATION, INC #0706176

Part XV | Supplementary Information

23-7423946

| Part XV Supplementary Information | | _ | | |
|--|--|----------------------|--------------------------------------|--------|
| 3 Grants and Contributions Paid During the Y | ear (Continuation) | | | |
| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | 33.14.15.04.011 | |
| | | | | |
| WOLF TRAP FOUNDATION FOR THE | NONE | PUBLIC | BUILDING FUND, | |
| PERFORMING ARTS | | | INTERNSHIP, OPERA & | |
| | | | EARLY LEARNING | 175000 |
| | | | | |
| | | | | |
| WORCESTER YOUTH CENTER | NONE | PUBLIC | EXPANSION OF CAREER PREPARATION ROOM | 10000 |
| | | | FREFARATION ROOM | 10000 |
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| Total from continuation sheets | | | | |

Form 990-PF (2019)

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| Part XVI-A | Analysis | of Income- | Producing | Activities |
|------------|----------|------------|------------------|-------------------|
|------------|----------|------------|------------------|-------------------|

| Enter gross amounts unless otherwise indicated. | Unrelated | business income | | section 512, 513, or 514 | (e) |
|--|-------------------------|---------------------------------------|-------------------------------|---------------------------|-----------------------------------|
| 1 Program service revenue: | (a) Business code | (b) Amount | (C) Exclu- sion code | (d) Amount | Related or exempt function income |
| a | | | | | |
| b | | | | | - |
| c | 1 1 | | | | |
| d | f | | | | |
| e | 1 | | | | |
| f | | | | - | |
| g Fees and contracts from government agencies | | | | | |
| 2 Membership dues and assessments | | | | | |
| 3 Interest on savings and temporary cash | | | | | |
| investments | | | 14 | 22165. | |
| 4 Dividends and interest from securities | | | 14 | 658158. | |
| | - | | | 030130. | |
| 5 Net rental income or (loss) from real estate: | <u> </u> | | | | |
| a Debt-financed property | - | | | | |
| b Not debt-financed property | | | | | |
| 6 Net rental income or (loss) from personal | | | | | |
| property | <u> </u> | | | | |
| 7 Other investment income | | | 14 | | |
| 8 Gain or (loss) from sales of assets other | | | | | |
| than inventory | | | 18 | 647503. | |
| 9 Net income or (loss) from special events | | | | | |
| O Gross profit or (loss) from sales of inventory | | | | | |
| 1 Other revenue: | | | | | |
| a | | | | | |
| b | | | | | |
| C | 1 1 | | | | |
| d | 1 1 | | | | • |
| e | | | | | |
| 2 Subtotal. Add columns (b), (d), and (e) | | C |). | 1327826. | 0 |
| 3 Total Add line 12, columns (b), (d), and (e) | | | | 13 | · |
| See worksheet in line 13 instructions to verify calculations | s.) | | | | |
| | | | | | |
| Part XVI-B Relationship of Activitie | es to the Accor | npiisnment of i | Exempt Pt | ırposes | |
| Line No Explain below how each activity for which | income is reported in | column (e) of Part XV | I-A contributed | importantly to the accomp | lishment of |
| the foundation's exempt purposes (other t | | | | . , , | |
| N/A | | · · · · · · · · · · · · · · · · · · · | | | |
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TITICOLN & THERESE FILENE FOUNDATION

| • | DIMCODIA & | THEKESE | LTDRME | FOUNDATION, | TIAC | |
|--------------------|------------|---------|--------|-------------|------|----|
| Form 990-PF (2019) | #0706176 | | | | | 23 |
| | | | | | | |

| orm 990 | D-PF (2019) #0706 | | | | | | 7423946 | | ige 13 |
|------------|---|------------------------|----------------------|------------------------------------|-----------------------|------------------------------|-----------------------------------|--|---------------|
| Part 2 | | | nsfers to a | nd Transactions a | nd Relations | ships With Non | charitable | | |
| • | Exempt Organ | | | <u> </u> | · | | | Vaa | |
| | the organization directly or indi | | | | n described in sec | ction 501(c) | } } | res | No |
| | ner than section 501(c)(3) organ | | | | | | 1 1 | : | ĺ |
| | nsfers from the reporting found | ation to a noncharit | table exempt or | ganization of: | | | | : | |
| | Cash | | | | | | 1a(1) | | X |
| | Other assets | | | | | | 1a(2) | | |
| - | er transactions: | bla avamat arganiz | ntion | | | | 1b(1) | | Х |
| | Sales of assets to a noncharita | | | | | | | | X |
| | Purchases of assets from a no Rental of facilities, equipment, | | Urganization | | | | 1b(2) 1b(3) | | X |
| | Reimbursement arrangements | | | | | | 1b(4) | | X |
| | Loans or loan guarantees | | | | | | 1b(5) | | X |
| ٠,, | Performance of services or me | mhershin or fundr: | aisina solicitatio | nne | | | 1b(6) | | X |
| | aring of facilities, equipment, ma | | | | | | 1c | | X |
| | ne answer to any of the above is | | | | vavs show the fair | market value of the or | | ets. | |
| | services given by the reporting f | | - | , , | - | | | , | |
| | umn (d) the value of the goods, | | | | Š | v | , | | |
| (a) Line n | | | | e exempt organization | (d) Description | on of transfers, transaction | ns, and sharing arr | angeme | ents |
| | | | N/A | | | | | | |
| | | | | | | | | | |
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| _ | | | | | | | | | |
| | | I | | | <u> </u> | | | | |
| | he foundation directly or indirec | | | or more tax-exempt organi | zations described | | | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | л |
| | section 501(c) (other than section | | section 52/7 | | | | Yes | LX | ∐No |
| p 11 | Yes," complete the following sch (a) Name of org | | | (b) Type of organization | · · · | (c) Description of rel | ationship | | |
| | N/A | Janization | | (b) Type of organization | | (c) Description of re- | anonsinp | | |
| | N/A | | | | | | | | |
| | | | | | | | | | |
| | | | | | - | | | | |
| | , | | | | | | | | |
| | Under penalties of perjury, I declare | that I have examined t | his return, includir | ng accompanying schedules and | statements, and to th | ne best of my knowledge | | | |
| Sign | and belief, it is true correct, and col | Tiples Declaration of | preparer (other tha | n taxpayer) is based on all inform | ation of which prepar | rer has any knowledge | May the IRS of return with the | e prepar | rer |
| Here | 1 | | | | | | shown below | | No |
| | Signature of officer or trustee | , | | Date | Title | | | | |
| | Print/Type preparer's na | | Preparer's | | Date | Check | PTIN | | |
| | | 9 | 1 | <i>f</i> ' | | self- employed | | | |
| Paid | 14-1 F. K. | chi- | 1.16 | × 1 | 9/15/20 | | P00567 | 473 | |
| Prepa | | | ENNEN & | FISH LLP | | Firm's EIN ► 04 | | | |
| Use (| | | | | | | | | |

Firm's address ► SEAPORT WEST 155 SEAPORT BLVD. BOSTON, MA 02210-2604

Form **990-PF** (2019)

Phone no. (617)439-2503

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

LINCOLN & THERESE FILENE FOUNDATION, INC

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

OMB No 1545-0047

Employer identification number

23-7423946 Organization type (check one) Filers of: Section: ____ 501(c)(Form 990 or 990-EZ) (enter number) organization 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 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** X 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 property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributors 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

☐ 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

☐ 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

☐ 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

☐ 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

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from any one contributor.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from any one contributor.

☐ For an organization described in the filing Form 990 or 990 EZ that received from any one contributor.

☐ For an organization described in the filing Form 990 or 990 EZ that received from 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 990-PF, Part I, line 2, to

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

LINCOLN & THERESE FILENE FOUNDATION, INC #0706176

23-7423946

Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed (c) (d) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. 1 JASON D. HILL Person Payroll 250000. Noncash 11106 RIVER TRENT COURT (Complete Part II for LEHIGH ACRES, FL 33971 noncash contributions) (c) (d) (b) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. 2 \Box COLETTE G. BACKLUND Person C/O NUTTER MCCLENNAN & FISH 155 Payroll 50000. Noncash SEAPORT BLVD (Complete Part II for noncash contributions) BOSTON, MA 02210 (d) (b) (c) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions) (d) (a) Name, address, and ZIP + 4 Total contributions Type of contribution No. Person Payroll Noncash (Complete Part II for noncash contributions) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (c) (d) (a) No. Name, address, and ZIP + 4 Total contributions Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions)

Namè of organization

Employer identification number

23-7423946

LINCOLN & THERESE FILENE FOUNDATION, INC #0706176

| Part II | Noncash Property (see instructions). Use duplicate copies of Part II | ıf addıtıonal 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

LINCOLN & THERESE FILENE FOUNDATION, INC #0706176

23-7423946

| Part III | from any one contributor. Complete columns (a | I through (e) and the follow | una line entry. Fr | n 501(c)(7), (8), or (10) that total more than \$1,000 for the | |
|---------------------------|---|------------------------------------|--------------------|--|-------------|
| | completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional | charitable, etc., contributions of | \$1,000 or less f | or the year (Enter this info once) \$ | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of | gıft | (d) Description of how gift is held | |
| 1 | DONATION | GENERAL FUN | ID | | |
| | | | | | |
| | | (e) Trans | fer of gift | | |
| | Transferee's name, address, a | nd ZIP + 4 | NONE | Relationship of transferor to transferee | |
| | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of | gıft | (d) Description of how gift is held | |
| 2 | DONATION | GENERAL FUN | ID | | |
| | | | | | |
| | | (e) Trans | fer of gift | | |
| | Transferee's name, address, a | nd ZIP + 4 | NONE | Relationship of transferor to transferee | |
| | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of | gıft | (d) Description of how gift is held | |
| | | | | | <u> </u> |
| | | (e) Trans | fer of gift | | |
| | Transferee's name, address, a | nd ZIP + 4 | <u> </u> | Relationship of transferor to transferee | |
| | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of | gıft | (d) Description of how gift is held | |
| | | | | | |
| | | (e) Trans | fer of gift | | <u> </u> |
| | Transferee's name, addre <u>ss,</u> a | | ioi oi giit | Relationship of transferor to transferee | |
| | | | | | |
| | | | | | |

| FORM 990-PF INTERES | ST ON SAVING | S AND TEMPOR | ARY CASH II | NVESTMENTS | STATEMENT 1 |
|---|------------------------------|-------------------------------|-----------------------------|---------------------------|------------------------------------|
| SOURCE | | (A) REVENUE PER BOOK | | (B) NVESTMENT NCOME | (C) ADJUSTED NET INCOME |
| FEDERATED GOV'T OBL | IGAION FUND | 221 | 65. | 22165. | |
| TOTAL TO PART I, LII | NE 3 | 221 | 65. | 22165. | |
| FORM 990-PF | DIVIDENDS A | AND INTEREST | FROM SECUI | RITIES | STATEMENT 2 |
| SOURCE | GROSS AMOUNT | CAPITAL GAINS DIVIDENDS | (A) REVENUE PER BOOKS | NET INVEST | (C) - ADJUSTED ME NET INCOME |
| CORPORATE INTEREST DOMESTIC DIVIDENDS FOREIGN DIVIDENDS US GOVERNMENT | 127763. 425214. 66725. | 0. 0. 0. | 127763 425214 66725 | . 425214 | 1. |
| INTEREST | 38456. | 0. | 38456 | . 38456 | 5. |
| TO PART I, LINE 4 | 658158. | 0. | 658158 | . 658158 | 3. |

| FORM 990 | -PF | | GAIN | OR | (LOSS) | FRO | M SALE | OF | ASSETS | STA | PEMENT | 3 |
|----------|---------------|--------------|--------------|-----|-------------|------------|----------------|-----|--------------------|------------------|--------|------------|
| DESCRIPT | (A) ION OF | PROPERT | ΓY | | | | | | MANNER ACQUIRED | DATE ACQUIRED | DATE S | SOLD |
| 3000 SHS | AT&T | INC | . | | | | | | PURCHASED | 01/01/20 | 09/2 | 4/19 |
| | | B) OSS | | | OR | E | (D) XPENSE | OF | (E) | | (F) | |
| _ | SALES | PRICE | OT | HER | BASIS | _ <u>-</u> | SALE | | DEPREC | . GAIN | OR LOS | 5 <i>S</i> |
| | | 113038 | • | | 9428 | • | | 0. | | 0. | 103 | 510. |
| DESCRIPT | (A) ION OF | PROPER | ΓY | | | | | | MANNER ACQUIRED | DATE ACQUIRED | DATE S | SOLD |
| 1500 SHS | ABBVI | E | | | | | | | PURCHASED | 02/22/05 | 06/18 | 8/19 |
| | | B) OSS | | | C) r OR | E | (D) XPENSE | OF | (E) | | (F) | |
| | SALES | PRICE | OT | HER | BASIS | _ | SALE | | DEPREC | . GAIN | OR LO | SS |
| | | 116731 | • | | 36577 | • | | 0. | | 0. | 80: | 154. |
| DESCRIPT | (A) ION OF | PROPER' | ΓY | | | | | | MANNER ACQUIRED | DATE ACQUIRED | DATE S | SOLD |
| 500 SHS | AMERIC | AN EXPRI | ESS C | 0 | | | | | PURCHASED | 11/16/93 | 03/2 | 5/19 |
| | | B) | | ((| | - | (D) | ΟE | (E) | | (F) | |
| | | OSS PRICE | | | OR BASIS | E | XPENSE SALE | OF. | DEPREC | . GAIN | OR LO | SS |
| _ | | 55034 | | | 4239 | | | 0. | | 0. | 50' | 795. |

| DESCRIPT | (A) PION OF | PROPERTY | <u> </u> | | | MANNER ACQUIRED | | ATE UIRED | DATE | SOLD |
|----------|----------------|--------------|--------------------------|-----------------|-----|--------------------|-----|--------------|-------|------|
| 1000 SHS | CISCO | SYSTEMS | | | | PURCHASED | 10/ | 04/10 | 02/2 | 5/19 |
| | | В) | (C) | (D) | | (E) | | | (F) | |
| | | OSS PRICE | VALUE AT TIME OF ACQ. | EXPENSE SALE | OF | DEPREC. | | GAIN | OR LO | SS |
| | | 50699. | 19573. | | 0. | | 0. | | 31 | 126. |
| DESCRIPT | (A) ION OF | PROPERTY | | | | MANNER ACQUIRED | | ATE UIRED | DATE | SOLD |
| 1500 SHS | CISCO | SYSTEMS | _ | | | PURCHASED | 10/ | 04/10 | 03/2 | 6/19 |
| | | В) | (C) | (D) | | (E) | | | (F) | |
| | | OSS PRICE | VALUE AT TIME OF ACQ. | EXPENSE SALE | | DEPREC | • | GAIN | OR LO | SS |
| | | 80010. | 29359. | | 0 . | | 0. | | 50 | 651. |
| | | PROPERTY | _ | | | MANNER ACQUIRED | ACÇ | | | |
| 4500 SHS | CITIZI | ENS FINAN | CIAL | | | PURCHASED | 10/ | 24/1/ | 10/2 | 2/19 |
| | | B) OSS | (C) VALUE AT | (D) EXPENSE | OF | (E) | | | (F) | |
| | | | TIME OF ACQ. | SALE | | DEPREC | | GAIN | OR LO | SS |
| | | 161584. | 173168. | | 0 . | • | 0. | | -11 | 584. |
| DESCRIPT | (A) 'ION OF | PROPERTY | | | | MANNER ACQUIRED | | ATE UIRED | DATE | SOLD |
| 2500 SHS | CITIZ | ENS FINAN | CIAL | | | PURCHASED | 12/ | 18/17 | 10/2 | 2/19 |
| | | В) | (C) | (D) | 0. | (E) | | | (F) | |
| | | OSS PRICE | VALUE AT TIME OF ACQ. | EXPENSE SALE | OF. | DEPREC | • | GAIN | OR LO | SS |
| | | | | | | | | | | |

| DESCRI | () PTION | | PROPERTY | | | | MANNER ACQUIRED | DATE ACQUIRED | DATE SOLD |
|---------------|-------------|-----------|-------------|------------------------|-----------------|-----|--------------------|------------------|-------------|
| 2000 S INC | SHS GEI | IERA] | L ELECTR | | | | PURCHASED | 01/01/20 | 02/25/19 |
| | | (B | | (C) | (D) | | (E) | | (F) |
| | SA | GRO: | SS PRICE | COST OR OTHER BASIS | EXPENSE SALE | OF | DEPREC. | GAIN | OR LOSS |
| | | | 22481. | 13124. | | 0. | | 0. | 9357. |
| DESCRI | () PTION | | PROPERTY | | | | MANNER ACQUIRED | DATE ACQUIRED | DATE SOLD |
| 4000 S | SHS GEI | IERA: | L ELECTR | IC | | | PURCHASED | 12/18/17 | 02/25/19 |
| | | (B | • | (C) | (D) | | (E) | | (F) |
| | SA | GRO: | | COST OR OTHER BASIS | EXPENSE SALE | OF | DEPREC | . GAIN | OR LOSS |
| | | | 44961. | 26247. | | 0. | | 0. | 18714. |
| DESCRI | | A) OF | PROPERTY | | | | MANNER ACQUIRED | DATE ACQUIRED | DATE SOLD |
| 1000 5 | SHS IN | reL (| CORP | _ | | | PURCHASED | 03/12/96 | 02/25/19 |
| | | (B GRO | • | (C) COST OR | (D) EXPENSE | TO. | (E) | | (F) |
| | SA | | | OTHER BASIS | SALE | 0. | DEPREC | . GAIN | OR LOSS |
| | | | 53249. | 11359. | | | | | |

| DESCRIP | (A) TION OF PROPERTY | | | | MANNER ACQUIRED | DATE ACQUIRED | DATE SOLD |
|----------------|-------------------------|------------------------|-----------------|-----|--------------------|------------------|-----------|
| 1000 SH | S INTEL CORP | _ | | | PURCHASED | 03/12/96 | 03/26/19 |
| | (B) | (C) | (D) | | (E) | | (F) |
| | GROSS SALES PRICE | COST OR OTHER BASIS | EXPENSE SALE | OF | DEPREC | . GAIN | OR LOSS |
| | 53469. | 11359. | | 0. | , | 0. | 42110. |
| DESCRIP' | (A) FION OF PROPERTY | | | | MANNER ACQUIRED | DATE ACQUIRED | DATE SOLD |
| 500 SHS ETF | I-SHARES MSCI E | — AFE | | | PURCHASED | 01/26/15 | 03/26/19 |
| | (B) | (C) | (D) | | (E) | | (F) |
| | GROSS SALES PRICE | COST OR OTHER BASIS | EXPENSE SALE | OF | DEPREC | . GAIN | OR LOSS |
| _ | 32430. | 31452. | | 0 . | • | 0. | 978. |
| DESCRIP | (A) FION OF PROPERTY | | • | | MANNER ACQUIRED | DATE ACQUIRED | DATE SOLD |
| 500 SHS | JPMORGAN CHASE | & CO | | | PURCHASED | 01/17/89 | 03/26/19 |
| | (B) | (C) | (D) | | (E) | | (F) |
| | GROSS SALES PRICE | COST OR OTHER BASIS | EXPENSE SALE | OF | DEPREC | . GAIN | OR LOSS |
| | 49894. | 7637. | | 0 | | 0. | 42257. |
| DESCRIP | (A) TION OF PROPERTY | | | | MANNER ACQUIRED | DATE ACQUIRED | DATE SOLD |
| 500 SHS | MICROSOFT CORP | _ | | | PURCHASED | 01/27/03 | 03/26/19 |
| | (B) | (C) | (D) | | (E) | | (F) |
| | GROSS SALES PRICE | COST OR OTHER BASIS | EXPENSE SALE | OF | DEPREC | . GAIN | OR LOSS |
| - | 59220. | 12857. | | 0 | • | 0. | 46363. |

| DESCRIP | (A) TION OF PROPERTY | | | | MANNER ACQUIRED | DATE ACQUIRED | DATE SOLD |
|----------|-------------------------|--------------------------|-------------------|----|--------------------|------------------|-----------|
| 1000 SH | S PROCTOR & GAMB | LE CO | | • | PURCHASED | 01/01/20 | 03/26/19 |
| | (B) GROSS | (C) VALUE AT | (D) EXPENSE OI | F | (E) | | (F) |
| <u>-</u> | SALES PRICE | TIME OF ACQ. | SALE | | DEPREC. | GAIN | OR LOSS |
| | 103117. | 2064. | | 0. | | 0. | 101053. |
| DESCRIP | (A) TION OF PROPERTY | | | | MANNER ACQUIRED | DATE ACQUIRED | DATE SOLD |
| 500 SHS | PROCTOR & GAMBL | E CO | | | PURCHASED | 01/01/20 | 06/18/19 |
| | (B) GROSS | (C) VALUE AT | (D) EXPENSE O | F | (E) | | (F) |
| _ | SALES PRICE | TIME OF ACQ. | SALE | | DEPREC. | GAIN | OR LOSS |
| | 55024. | 1032. | (| 0. | | 0. | 53992. |
| DESCRIP | (A) TION OF PROPERTY | | | | MANNER ACQUIRED | DATE ACQUIRED | DATE SOLD |
| 800 SHS | PROCTOR & GAMBL | E CO | | | PURCHASED | 01/01/20 | 09/24/19 |
| | (B) | (C) | (D) | - | (E) | | (F) |
| | GROSS SALES PRICE | VALUE AT TIME OF ACQ. | EXPENSE OF | F' | DEPREC. | GAIN | OR LOSS |
| | 99309. | 1651. | (| 0. | | 0. | 97658. |
| DESCRIP' | (A) TION OF PROPERTY | | | | MANNER ACQUIRED | DATE ACQUIRED | DATE SOLD |
| 3500 SH | S SCHLUMBERGER L | TD | | • | PURCHASED | 01/28/08 | 06/18/19 |
| | (B) | (C) | (D) | - | (E) | | (F) |
| _ | GROSS SALES PRICE | COST OR OTHER BASIS | EXPENSE OF | r' | DEPREC. | GAIN | OR LOSS |
| _ | 129883. | 230503. | (| 0. | | 0. | -100620. |

| DESCRIP' | (A) TION OF | PROPERTY | | | | MANNER ACQUIRED | DATE ACQUIRED | DATE SOLD |
|-----------------|---|---------------------------------------|---------------------------------------|-----------------|----------|---------------------------------|------------------------|--------------------------------------|
| 2000 SH | S SCHLUM | MBERGER L' | - rd | | | PURCHASED | 12/08/08 | 06/18/19 |
| | | B) | (C) | (D) | O.E. | (E) | | (F) |
| | | OSS PRICE | COST OR OTHER BASIS | EXPENSE SALE | OF. | DEPREC. | GAIN | OR LOSS |
| | | 74219. | 131716. | | 0. | | 0. | -57497. |
| DESCRIP' | (A) TION OF | PROPERTY | | | | MANNER ACQUIRED | DATE ACQUIRED | DATE SOLD |
| 500 SHS CORP | UNITED | TECHNOLOG | - GIES | | | PURCHASED | 08/30/10 | 09/24/19 |
| | | B) | (C) VALUE AT | (D) | ΟE | (E) | | (F) |
| | | OSS PRICE | TIME OF ACQ. | SALE | Or | DEPREC | GAIN | OR LOSS |
| - | | 67864. | 33030. | | 0. | | 0. | 34834. |
| DESCRIP | (A) TION OF | PROPERTY | | | | MANNER ACQUIRED | DATE ACQUIRED | DATE SOLD |
| 300 SHS | VISA II | NC | _ | | | PURCHASED | 12/14/15 | 06/18/19 |
| | | | | | | | | |
| | GRO | B) OSS | (C) COST OR | (D) EXPENSE | OF | (E) | | (F) |
| - | GRO | | | | OF | | GAIN | |
| _ | GRO | OSS | COST OR | EXPENSE | OF 0. | DEPREC | GAIN | |
| DESCRIP | GRO SALES | OSS PRICE | COST OR OTHER BASIS 22551. | EXPENSE | | DEPREC MANNER | O. DATE | OR LOSS |
| 150000 | GRO SALES (A) TION OF | OSS PRICE 50691. PROPERTY | COST OR OTHER BASIS 22551. | EXPENSE | | MANNER ACQUIRED | DATE ACQUIRED | OR LOSS 28140. |
| 150000 | GROSALES (A) TION OF SHS VER: CATIONS | PRICE 50691. PROPERTY IZON INC NOTES | COST OR OTHER BASIS 22551. S 3% (C) | EXPENSE SALE | 0. | MANNER ACQUIRED | DATE ACQUIRED | OR LOSS 28140. DATE SOLD |
| 150000 | GROSALES (A) TION OF SHS VERI CATIONS | PRICE 50691. PROPERTY IZON INC NOTE: | COST OR OTHER BASIS 22551. | EXPENSE SALE | 0. | MANNER ACQUIRED PURCHASED | DATE ACQUIRED 02/24/15 | OR LOSS 28140. DATE SOLD 04/01/19 |

| DESCRIP | (A) TION OF | PROPERTY | | | | MANNER ACOUIRED | DATE ACQUIRED | DATE SOLD |
|-------------------|----------------|-----------------------|-----------------|----------------|------------|--------------------|------------------|-----------|
| 100000 COMMUNI | | IZON INC NOTE | - S 3% | | | PURCHASED | 06/03/15 | 04/01/19 |
| | | B) OSS | (C) VALUE AT | (D) EXPENSE | OF | (E) | | (F) |
| | SALES | PRICE | TIME OF ACQ. | SALE | | DEPREC | . GAIN | OR LOSS |
| | | 101061. | 99977. | | 0. | , | 0. | 1084. |
| DESCRIP | (A) TION OF | PROPERTY | | | | MANNER ACQUIRED | DATE ACQUIRED | DATE SOLD |
| | AL SERV | ERPILLAR ICES CORP | _ | | | PURCHASED | 02/09/09 | 02/15/19 |
| | | B) OSS | (C) VALUE AT | (D) EXPENSE | OF | (E) | | (F) |
| | | PRICE | TIME OF ACQ. | SALE | V - | DEPREC | . GAIN | OR LOSS |
| · | | 100000. | 100494. | | 0. | • | 0. | -494. |
| DESCRIP | (A) TION OF | PROPERTY | | | | MANNER ACQUIRED | DATE ACQUIRED | DATE SOLD |
| 250000 FINANCA | | LL INT'L ES 4.3% | _ | | | PURCHASED | 10/09/09 | 09/23/19 |
| | | B) OSS | (C) VALUE AT | (D) EXPENSE | OF | (E) | | (F) |
| | | PRICE | TIME OF ACQ. | SALE | | DEPREC | . GAIN | OR LOSS |
| • | | 250000. | 251400. | | 0. | • | 0. | -1400. |

| DESCRIE | (A) PTION OF PROPERTY | | | | MANNER ACQUIRED | DATE ACQUIRED | DATE SOLD |
|-------------------|--------------------------|--------------------------|------------------|------------|--------------------|------------------|-----------|
| 250000 NOTES 1 | SHS U.S. TREASUR | Y | | | PURCHASED | 08/26/14 | 07/31/19 |
| | (B) GROSS | (C) VALUE AT | | OF | (E) | | (F) |
| | SALES PRICE | TIME OF ACQ. | SALE | | DEPREC | GAIN | OR LOSS |
| | 250000. | 249648. | | 0. | | 0. | 352. |
| DESCRI | (A) PTION OF PROPERTY | | | | MANNER ACQUIRED | DATE ACQUIRED | DATE SOLD |
| 0.9361 | SHS WABTEC CORP | _ | | | PURCHASED | 02/26/19 | 03/07/19 |
| | (B) | (C) | (D) | 0 TT | (E) | | (F) |
| | GROSS SALES PRICE | VALUE AT TIME OF ACQ. | EXPENSE (| OF | DEPREC | . GAIN | OR LOSS |
| | 64. | 72. | | 0. | | 0. | -8. |
| DESCRI | (A) PTION OF PROPERTY | | | | MANNER ACQUIRED | DATE ACQUIRED | DATE SOLD |
| 85 SHS | WABTEC CORP | _ | | | PURCHASED | 02/26/19 | 03/26/19 |
| | (B) | (C) | (D) EXPENSE (| ○ E | (E) | | (F) |
| | GROSS SALES PRICE | VALUE AT TIME OF ACQ. | SALE | OF | DEPREC | . GAIN | OR LOSS |
| | 5981. | 6541. | | 0. | | 0. | -560. |
| DESCRI | (A) PTION OF PROPERTY | | | | MANNER ACQUIRED | | DATE SOLD |
| 150000 NOTES | SHS COMCAST CORP | _ | | | PURCHASED | 02/11/19 | 11/13/19 |
| | (B) | (C) | (D) | 0.5 | (E) | | (F) |
| | GROSS SALES PRICE | VALUE AT TIME OF ACQ. | EXPENSE (| OF | DEPREC | . GAIN | OR LOSS |
| | 152030. | 151185. | | 0. | | 0. | 845. |

| (A) DESCRIPTION OF PROPERTY | o | | MANNER ACQUIRED | DATE ACQUIRED | DATE SOLD |
|--|---------------------------------|-------------------------------|--------------------|------------------|-------------------------------|
| 250000 SHS U.S. TREASURY NOTES 3 1/8% | | | PURCHASED | 06/19/18 | 05/15/19 |
| (B) GROSS SALES PRICE T | (C) VALUE AT TIME OF ACQ. | (D) EXPENSE OF SALE | (E) DEPREC | . GAIN | (F) OR LOSS |
| 250000. | 251797. | 0 | | 0. | -1797. |
| (A) DESCRIPTION OF PROPERTY | | | MANNER ACQUIRED | DATE ACQUIRED | DATE SOLD |
| CORTEVA SALE REVERSAL | | | PURCHASED | 12/12/11 | 06/12/19 |
| (B) | (C) | (D) | (E) | | (F) |
| GROSS SALES PRICE C | COST OR THER BASIS | EXPENSE OF SALE | DEPREC | . GAIN | OR LOSS |
| -25. | -20. | 0 | • | 0. | -5. |
| NET GAIN OR LOSS FROM SAL | E OF ASSETS | | | | 647503. |
| CAPITAL GAINS DIVIDENDS F | ROM PART IV | | | | 0. |
| TOTAL TO FORM 990-PF, PAR | RT I, LINE 6A | | | | 647503. |
| FORM 990-PF | LEGA | L FEES | | STA' | TEMENT 4 |
| DESCRIPTION | EXPENSES | (B) NET INVES MENT INCO | JUGA -TE | C) USTED (| (D) CHARITABLE PURPOSES |
| LEGAL FEES | 78632 | 512 | 111. | | 27521. |
| | | | | | |

| FORM 990-PF | ACCOUNTI | NG FEES | STATEMENT 5 | | | |
|---------------------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|--|--|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | ADJUSTED | CHARITABLE | | |
| TAX PREPARATION | 5000. | 3250. | | | | |
| TO FORM 990-PF, PG 1, LN 16B | 5000. | 3250. | 175 | | | |
| FORM 990-PF C | THER PROFES | SIONAL FEES | S | ratement 6 | | |
| DESCRIPTION | | (B) NET INVEST- MENT INCOME | | CHARITABLE | | |
| TRUSTEE COMPENSATION | 73771. | 47951. | 47951. | | | |
| TO FORM 990-PF, PG 1, LN 16C = | 73771. | 47951. | | 25820. | | |
| FORM 990-PF | TAX | ES | STATEMENT 7 | | | |
| DESCRIPTION | | (B) NET INVEST- MENT INCOME | ADJUSTED | | | |
| EXCISE TAX FOREIGN TAX PAID ESTIMATES | 11623. 4230. 21764. | 0. 4230. 0. | | 0. 0. 0. | | |
| TO FORM 990-PF, PG 1, LN 18 | 37617. | 4230. | | 0. | | |
| FORM 990-PF | OTHER E | XPENSES | STATEMENT 8 | | | |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES | | |
| FILING FEES MEMBERSHIP DUES | 265. 1000. | 0. | | 265. 1000. | | |
| TO FORM 990-PF, PG 1, LN 23 | 1265. | 0. | | 1265. | | |

| FORM 990-PF U.S. AND STATE | /CITY GOV | ERNMENT | OBLIGATIONS | STATEMENT | 9 | |
|------------------------------------|---------------|----------------|----------------|----------------------|-----|--|
| DESCRIPTION | U.S. GOV'T | OTHER GOV'T | BOOK VALUE | FAIR MARKE | Г | |
| SCHEDULE ATTACHED | X | | 1298906. | 1309571 | | |
| TOTAL U.S. GOVERNMENT OBLIGATIONS | | - | 1298906. 13095 | | | |
| TOTAL STATE AND MUNICIPAL GOVERNME | ENT OBLIG | ATIONS | | | | |
| TOTAL TO FORM 990-PF, PART II, LI | NE 10A | = | 1298906. | 13095 | 71. | |
| FORM 990-PF CO | ORPORATE | CTOCK | | STATEMENT | 10 | |
| FORM 990-PF | ———— | BIOCK | | | | |
| DESCRIPTION | | | BOOK VALUE | FAIR MARKE' VALUE | Т | |
| SCHEDULE ATTACHED | | - | 7630010. | 199634 | 18. | |
| TOTAL TO FORM 990-PF, PART II, LII | NE 10B | = | 7630010. | 199634 | 18. | |
| FORM 990-PF CO | ORPORATE | BONDS | | STATEMENT | 11 | |
| DESCRIPTION | | | BOOK VALUE | FAIR MARKE VALUE | T | |
| SCHEDULE ATTACHED | | - | 3292681. | 35061 | 74. | |
| | | | | | | |

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION STATEMENT 12 PART XV, LINES 2A THROUGH 2D

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

ALANE H WALLIS; NUTTER MCCLENNEN & FISH LLP; 155 SEAPORT BLVD. BOSTON MA 0211

TELEPHONE NUMBER

617-439-2498

FORM AND CONTENT OF APPLICATIONS

GUIDELINES AVAILABLE BY REQUEST 617-439-2458 OR @FILENEFOUNDATION.ORG

ANY SUBMISSION DEADLINES

MARCH 1 & SEPTEMBER 1

RESTRICTIONS AND LIMITATIONS ON AWARDS

GRANTS LIMITED TO NEW ENGLAND 1)CIVIC EDUCATION 2)HUMAN DEVELOPEMENT 3) BROADCASTING 4) PERFORMING ARTS