## EXTENDED TO NOVEMBER 16, 20 Return of 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.

101	caler	ndar year 2019 or tax year beginning		, and ending			
		foundation			A Employer identification number		
~G	ΑL	LERANI CHARITABLE TRUST	ı				
		ENFIELD SAVINGS BANK, T			32-6477919		
		and street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	-1-	
	_	MAIN STREET			413-775-82		
		own, state or province, country, and ZIP or foreign ENFIELD, MA 01301	postal code		C If exemption application is p	ending, check here	
G	Check	call that apply: Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organizations	s, check here $ ightharpoonup$	
		Final return	Amended return		2 Forouga ergonizations ma	noting the REGG toot	
		Address change	Name change		2 Foreign organizations me check here and attach co	mputation	
H (	_		xempt private foundation	ation OU	E If private foundation sta		
<u></u>		ection 4947(a)(1) nonexempt charitable trust	Other taxable private founda		under section 507(b)(1)		
		· 1	ting method: X Cash	Accrual	F If the foundation is in a		
	• \$	Part II, col. (c), line 16) [ (Part I, colu	Other (specify)	ıs.)	under section 507(b)(1)	(B), check here	
_	art I	Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements	
_		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) )	expenses per books	income	income	for charitable purposes (cash basis only)	
	1	Contributions, gifts, grants, etc., received					
•	2	Check X if the foundation is not required to attach Sch. B					
j	3	Interest on savings and temporary cash investments					
1	4	Dividends and interest from securities	34,443.	34,443.		STATEMENT 1	
	1	Gross rents					
	1 -	Net rental income or (Inss)	-23,814.		1		
ne	₹ .	Net gain or (loss) from sale of assets not on line 10  Gross sales price for all  assets on line 6a  1,110,317.	-23,614.			<u> </u>	
č.	р 7	assets on line 6a	<del></del>	0.	<del></del>	<u></u>	
, Be	, g		<del>                                     </del>		N/A		
Reven	9	Net short-term capital gain RECEIVED		<del></del>		<del></del>	
X.	10a	Gross sales less returns	S				
, ,	Ь	Laus Cost of goods say	0				
	c	Gross profit or (loss)	Σ.				
	11	Other income OGDEN, UT					
	12	Total. Add lines 1-through 11	10,629.	34,443.	0.		
	13	Compensation of officers, directors, trustees, etc	19,701.	0.	0.	0.	
	14	Other employee salaries and wages					
(y)	15	Pension plans, employee benefits Legal fees		· · · · · · · · · · · · · · · · · · ·			
Expenses	i lua	Accounting fees STMT 2	1,056.	528.	0.	528.	
ag X	c	Other professional fees	7.55				
ē Tri	17	Interest		·			
Administrative	18	Taxes STMT 3	285.	0.	0.	0.	
NST.	19	Depreciation and depletion					
<u>Š</u>	20	Occupancy		<u> </u>			
		Travel, conferences, and meetings					
and	22	Printing and publications					
		Other expenses	<del></del>				
Operatira	24	Total operating and administrative	21,042.	528.	0.	528.	
Ğ	25	expenses Add lines 13 through 23 Contributions, gifts, grants paid	74,477.	520+		74,477.	
_	25	Total expenses and disbursements.	/3/3//				
	20	Add lines 24 and 25	95,519.	528.	0.	75,005	
_	27	Subtract line 26 from line 12:					
		Excess of revenue over expenses and disbursements	-84,890.				
	1	Net investment income (if negative, enter -0-)		33,915.			
	C	Adjusted net income (if negative, enter -0-)		•	0.	Form <b>990-PF</b> (2019	

Form 990-PF (2019)

201

435.

203.

,232.

Add lines 1, 2, and 3

Other increases not included in line 2 (itemize)

Decreases not included in line 2 (itemize) ► ROUNDING

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

Part IV. Capital Gains a	and Lo	sses for Tax on In	vestment	Income				
		s) of property sold (for exar or common stock, 200 shs.		ate,	(p)	How acquired - Purchase - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a PUBLICLY TRADEI	SEC	URITIES- WEI	LS FA	RGO	<del>                                     </del>	P	VARIOUS	12/31/19
b PUBLICLY TRADE			LS FAI		<u> </u>	<u> </u>	VARIOUS	12/31/19
c CAPITAL GAINS I					$\dagger$			
_d							——————————————————————————————————————	
e					<del>                                     </del>			
(e) Gross sales price	(f)	Depreciation allowed (or allowable)	(g) Co plus	expense of sale			(h) Gain or (loss ((e) plus (f) minus	s) (g))
a 372,309.				372,20	6.			103.
b 736,404.			··	761,92				-25,521.
c 1,604.				,,,,,				1,604.
d								
e								
Complete only for assets showin	o oain in	column (h) and owned by t	he foundation	on 12/31/69			(I) Gains (Col (h) gair	minus
(i) FMV as of 12/31/69		(j) Adjusted basis as of 12/31/69	(k) E	xcess of col. (i) r col. (j), if any			ol. (k), but not less that Losses (from col.	n -0-) <b>or</b>
		43 01 12/0 1/03						102
<u>a</u>						<del></del>		103.
<u>b</u>								-25,521.
<u>C</u>					$\longrightarrow$			1,604.
<u>d</u>				······································				
<u>e</u>		∫ If gain, also enter	ın Part I, line	. 7	J			
2 Capital gain net income or (net ca	oital loss)	) If (loss), enter -0-	ın Part İ, line	e 7	إرا	2		-23,814.
3 Net short-term capital gain or (los			d (6):		۱۱			
If gain, also enter in Part I, line 8,	column (	c).						103.
If (loss), enter -0- in Part I, line 8  Part Val Qualification Ui	oder S	ection 4940(e) for	Reduced	Tay on Net	Inve	stment Inc	ome	103.
If section 4940(d)(2) applies, leave the Was the foundation liable for the section.	·		ount of any y	ear in the base per	od?			Yes X No
If "Yes," the foundation doesn't qualify					-1			
1 Enter the appropriate amount in e	ach colur	mn for each year; see the in	structions de	tore making any ei				(4)
(a) Base period years Calendar year (or tax year beginnir	ıg ın)	(b) Adjusted qualifying dist	ributions	Net value of no	(c) onchar	itable-use asset	s Distri (col. (b) div	(d) bution ratio vided by col. (c))
2018								
2017		<del> </del>		ļ				
2016						<del></del>		
2015								
2014				<u> </u>				
C. Tatal of loss displaces (d)								
2 Total of line 1, column (d) 2 Average distribution ratio for the 6	Lunne be	no pariod - duuda tha tatal -	on line O hit C	O or by the augus	or of .	oare.	2	
3 Average distribution ratio for the 5	-		in line 2 by 5.	o, or by the numb	erory	ears		
the foundation has been in exister	ice ii iess	than 5 years					3	
4 Enter the net value of noncharitab	le-use as:	sets for 2019 from Part X, I	ine 5				4	
5 Multiply line 4 by line 3							5	
6 Enter 1% of net investment incom	e (1% of	Part I, line 27b)					6	· · · · · · · · · · · · · · · · · · ·
7 Add lines 5 and 6							7	
8 Enter qualifying distributions from	ı Part XII.	line 4					8	<u>.</u>
If line 8 is equal to or greater than See the Part VI instructions.			1b, and com	plete that part usin	ıg a 19	% tax rate.		
923521 12-17-19								Form <b>990-PF</b> (2019)

FL
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 G2 If "No," attach explanation

8a Enter the states to which the foundation reports or with which it is registered. See instructions.

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

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

• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law

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

Form **990-PF** (2019)

86

10

By language in the governing instrument, or

remain in the governing instrument?

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  12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?  13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?  14 The books are in care of   15 GREENFIELD SAVINGS BANK  Telephone no.   16 Yes. Yes.	х х 3
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  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 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?  Website address N/A	x x x 3
section 512(b)(13)? If "Yes," attach schedule. See instructions  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  13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?  Website address   N/A	х 3 • По
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  13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?  Website address   N/A	х 3 • По
If "Yes," attach statement. See instructions  12  13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?  12  13 X  Website address ► N/A	3 > □
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?  Website address ► N/A	3 > □
Website address ► N/A	3 > □ s No
	► □
	► □
Located at \$\int 400 MAIN STREET, GREENFIELD, MA ZIP+4 \$\int 01301\$	
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   N/A	
lse.	
Securities, or other financial account in a foreign country?  See the instructions for exceptions and filing requirements for FinCFN Form 114. If "Yes" enter the name of the	£1.24£
See the method of exceptions and mining requirements for modely form 114. If 165, other the name of the	
foreign country ► [100]   Part VII-B   Statements Regarding Activities for Which Form 4720 May Be Required	. विदेशका
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	s No
	ी स्ट्री
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 X No	一满
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?  (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	
a disqualified person?	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	2 0 2
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	2 23
(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)?	
(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	ا زنونونو ا
termination of government service, if terminating within 90 days.)	اروبرانها د
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	2 34
section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions  N/A  1b	4 4 4
Organizations relying on a current notice regarding disaster assistance, check here	1 3354
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?	X
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 (Part XIII, lines	ا خد ا
6d and 6e) for tax year(s) beginning before 2019?	176.3
If "Yes," list the years $\blacktriangleright$	
b Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect	
valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	1 2
statement - see instructions.)  N/A 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.	12:5
<b>▶</b>	.   Fee
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	
during the year?	1.23
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	4.36
May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose	
of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720,	きない
Schedule C, to determine if the foundation had excess business holdings in 2019.)  N/A  3b	+
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?  4a	X
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?	X
Form <b>990-P</b>	(2019)

Form 990-PF (2019) GREENFIELD SAVINGS BANK,			32-64779	19 Page 6
Part.VII-B: Statements Regarding Activities for Which F				
5a During the year, did the foundation pay or incur any amount to:				Yes No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Ye	es 🛣 No 🎉	羅 幕体 翻译
(2) Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly or indire			<b>新学问题</b>
any voter registration drive?			es 🗓 No 🧗	
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	es 🛣 No 📳	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			
4945(d)(4)(A)? See instructions			es 🗶 No 🔀	V 34 44
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f			
the prevention of cruelty to children or animals?			s 🗶 No 🗼	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	•	in Regulations	<u> </u>	* * * * * * * * * * * * * * * * * * * *
section 53.4945 or in a current notice regarding disaster assistance? See instr			·	5b
Organizations relying on a current notice regarding disaster assistance, check				[整] 数 [ 2
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f		- /		
expenditure responsibility for the grant?	7,	I/A Y6	:s LNo  र्द्	別でいる
If "Yes," attach the statement required by Regulations section 53.4945-5(d).			13	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		s X No	in the
a personal benefit contract?	account harafit contract?	Y6		6b X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p if "Yes" to 6b. file Form 8870.	bersonal benefit contract?		<u> </u>	
7a At any time during the tax year, was the foundation a party to a prohibited tax s	halter transaction?	□ v <sub>e</sub>	s 🗓 No	
b If "Yes," did the foundation receive any proceeds or have any net income attributions.				7b
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$			= .	and the second terms.
excess parachute payment(s) during the year?	11,000,000 in 10inunoi anon oi		s 🗶 No 🔡	1 2 2 2 2 2
Part VIII. Information About Officers, Directors, Trusto	es. Foundation Mar		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Paid Employees, and Contractors	<b>,</b>	,		
1 List all officers, directors, trustees, and foundation managers and t				
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deterred	(e) Expense account, other allowances
	to position	enter -0-)	compensation	allowances
WELLS FARGO BANK N.A.	TRUSTEE			
100 N MAIN ST MAC D4001-117		40 -04		
WINSTON SALEM, NC 27101	1.00	19,701.	0.	0.
		<del> </del>		<del></del>
	-			
	-			
	1			
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."		<del> </del>
	(b) Title, and average		(d) Contributions to employee benefit plans	(e) Expense account, other
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	account, other allowances
NONE				
		<u> </u>		
	<u> </u>			
Total number of other employees paid over \$50,000			-	0 990-PF (2019)
			⊢∩rm	<b>ション・ドド</b> (ソハコロ)

GREENFIELD SAVINGS BANK, TRUSTEE

Part VIII Information About Officers, Directors, Trustees, Founda Paid Employees, and Contractors (continued)	tion Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	r "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		<del></del>
<del></del>	<del></del>	<del></del>
<del> </del>	-	
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 statis number of organizations and other beneficiaries served, conferences convened, research papers proc	stical information such as the fuced, etc.	Expenses
1 <u>N/A</u>		<del></del>
2		
		·
1		
Part IX-B   Summary of Program-Related Investments		
Describe the two largest program-related investments  Describe the two largest program-related investments made by the foundation during the tax year on	lines 1 and 2	Amount
1 N/A	miles i une ci	- Intodak
2		
All other program-related investments. See instructions		
3		
Total. Add lines 1 through 3	<b>&gt;</b>	0.
		Form <b>990-PF</b> (2019)

Form 990-PF (2019)

	CREMITERS DAVINGS BANK, INCOTES		0477313 Tage 8
P	Art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations,	see instructions )
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	'	<del></del>
а	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	
C	Fair market value of all other assets	1c	
đ	Total (add lines 1a, b, and c)	1d	0.
е	Reduction claimed for blockage or other factors reported on lines 1a and	* .	
	1c (attach detailed explanation) 1e 0.	.	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	0.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	0.
6	Minimum investment return Enter 5% of line 5	6	0.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an	d certain	
	foreign organizations, check here 🕨 🗀 and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	0.
2a	Tax on investment income for 2019 from Part VI, line 5		
b	Income tax for 2019. (This does not include the tax from Part VI.)	1	
C	Add lines 2a and 2b	2c	678.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	0.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	0.
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	0.
P	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	75,005.
b	Program-related investments - total from Part IX-B	<u>1b</u>	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:		
а	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	75,005.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	75,005.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation q	ualifies fo	r the section

Form **990-PF** (2019)

4940(e) reduction of tax in those years.

Page 9

## Form 990-PF (2019)

GALLERANI CHARITABLE TRUST GREENFIELD SAVINGS BANK, TRUSTEE

Undistributed Income (see instructions) Part XIII (a) (b) (c) (d) Corpus Years prior to 2018 2018 2019 1 Distributable amount for 2019 from Part XI. 0. line 7 2 Undistributed income, if any, as of the end of 2019 0. a Enter amount for 2018 only b Total for prior years: 0. 3 Excess distributions carryover, if any, to 2019: a From 2014 **b** From 2015 c From 2016 d From 2017 80,774 e From 2018 80,774 f Total of lines 3a through e 4 Qualifying distributions for 2019 from 75,005. Part XII, line 4: > \$ a Applied to 2018, but not more than line 2a 0 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) 0. d Applied to 2019 distributable amount 75,005. e Remaining amount distributed out of corpus Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount 0 0. must be shown in column (a)) 6 Enter the net total of each column as indicated below: 155,779. 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 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 9 Excess distributions carryover to 2020. 155,779 Subtract lines 7 and 8 from line 6a 10 Analysis of line 9. a Excess from 2015 b Excess from 2016 c Excess from 2017 80,774. d Excess from 2018

923581 12-17-19

Form 990-PF (2019)

e Excess from 2019

75,005

GALLERANI CHARITABLE TRUST
Form 990-PF (2019) GREENFIELD SAVINGS BANK, TRUSTEE 32-6477919 Page 11

Part XV   Supplementary Information	(continued)			
3 Grants and Contributions Paid During the Ye	ar or Approved for Future F	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	status of recipient	Contribution	
a Paid during the year				
BAYSTATE MEDICAL CENTER		PC	GENERAL OPERATING	
280 CHESTNUT STREET 6TH FLOOR SPRINGFIELD, MA 01104				74,477.
<u> </u>				
Total			<b>▶</b> 3a	74,477.
b Approved for future payment				
NONE				
,				
Total			<b>▶</b> 3b	0. Form <b>990-PF</b> (2019)
			ŀ	·orn 330-FF (2019)

923611 12-17-19

Form 990-PF (2019) Part XVI-A

GREENFIELD	SAVINGS	BANK,	
Analysis of Income-F	Producing A	ctivities	

Enter gross amounts unless otherwise indicated.	Unrelated	d business income		by section 512, 513, or 514	(e)
•	(a) Business	(b)	(c) Exclu-	(d)	Related or exempt
1 Program service revenue:	code	Amount	sion code	Amount	function income
a					<del></del>
b					
C					
d					
e					<del></del>
f					
g Fees and contracts from government agencies			f f		
2 Membership dues and assessments		~			
3 Interest on savings and temporary cash		<del></del> -	† <u> </u>		······································
Investments	1		] ]		
4 Dividends and interest from securities			14	34,443.	
5 Net rental income or (loss) from real estate:		٠.	<u> </u>	3 7	
a Debt-financed property	<del>                                     </del>		†* <del>*</del>		
b Not debt-financed property			<del>    -</del>		<del></del>
6 Net rental income or (loss) from personal	<del>                                     </del>		<del>                                     </del>		
• • •	1				
property  7. Other represent recome	<del>                                     </del>		<del>  -</del>		
7 Other investment income	<del>                                     </del>		<del>    -</del>		
8 Gain or (loss) from sales of assets other	1		1	1 (04	25 410
than inventory	<del> </del>		18	1,604.	-25,418.
9 Net income or (loss) from special events	<del></del>		-		
10 Gross profit or (loss) from sales of inventory	<b>—</b>		<del>  </del>		
11 Other revenue:					
a			<del>  </del>		
b			<del> </del>		
C	1		<b> </b>		
c	<del></del>				
d					
d				26.045	
d e 12 Subtotal. Add columns (b), (d), and (e)		0.		36,047.	-25,418.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)		0.		36,047.	-25,418. 10,629.
d e 12 Subtotal. Add columns (b), (d), and (e)		0.			
d e  12 Subtotal. Add columns (b), (d), and (e)  13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)	o the Accor			13	
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to		nplishment of Exe	empt Pu	13	10,629.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which inco	me is reported in	mplishment of Exe	empt Pu	13	10,629.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to	me is reported in	mplishment of Exe	empt Pu	13	10,629.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which inco	me is reported in	mplishment of Exe	empt Pu	13	10,629.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which inco	me is reported in	mplishment of Exe	empt Pu	13	10,629.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which inco	me is reported in	mplishment of Exe	empt Pu	13	10,629.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which inco	me is reported in	mplishment of Exe	empt Pu	13	10,629.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which inco	me is reported in	mplishment of Exe	empt Pu	13	10,629.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which inco	me is reported in	mplishment of Exe	empt Pu	13	10,629.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which inco	me is reported in	mplishment of Exe	empt Pu	13	10,629.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which inco	me is reported in	mplishment of Exe	empt Pu	13	10,629.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which inco	me is reported in	mplishment of Exe	empt Pu	13	10,629.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which inco	me is reported in	mplishment of Exe	empt Pu	13	10,629.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which inco	me is reported in	mplishment of Exe	empt Pu	13	10,629.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which inco	me is reported in	mplishment of Exe	empt Pu	13	10,629.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which inco	me is reported in	mplishment of Exe	empt Pu	13	10,629.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which inco	me is reported in	mplishment of Exe	empt Pu	13	10,629.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which inco	me is reported in	mplishment of Exe	empt Pu	13	10,629.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which inco	me is reported in	mplishment of Exe	empt Pu	13	10,629.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which inco	me is reported in	mplishment of Exe	empt Pu	13	10,629.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which inco	me is reported in	mplishment of Exe	empt Pu	13	10,629.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which inco	me is reported in	mplishment of Exe	empt Pu	13	10,629.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which inco	me is reported in	mplishment of Exe	empt Pu	13	10,629.

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

(other than section 501(c)(3) organizations) or in section 527, relating to potical organization of:  1 (1) Cash 12) Other assets  15(1) Sales of assets to a noncharitable exempt organization 18(1) Sales of assets to a noncharitable exempt organization 19(1) Sales of assets to a noncharitable exempt organization 19(2) Participas of assets to a noncharitable exempt organization 19(3) Participas of assets to a noncharitable exempt organization 19(4) Sales of assets to a noncharitable exempt organization 19(5) Fortunation of sales of the sales 19(6) Sales of assets to a noncharitable exempt organization 19(6) Performance of sales 19(6) Sales Sal	1 Did	the or	ganization directly or indir	rectly engage in any	of the followin	g with any other organization	described in secti	on 501(c)		Yes	No
(2) Other sases   1st (1)						•					
(2) Diver sasets (1) Sales of assets to a noncharitable exempt organization (1) Sales of assets to an oncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rentiol of tablotise, equipment, or other assets (4) Remitturement arrangements (5) Loans of long juriantees (6) Performance of services or membership or fundrasing solicitations (6) Performance of services or membership or fundrasing solicitations (6) Performance of services or membership or fundrasing solicitations (6) Performance of services or membership or fundrasing solicitations (6) Performance of services or membership or fundrasing solicitations (7) Sales of assets or any of the above is "serviced members, equipment, making lists, other assets, or paid employees (8) If the answer to any of the above is "service membership or fundrasing selectation or services previously or the reporting condition. If the fundation network less hand far market value in any transaction or sharing arrangement, show in column (4) the value of the goods, other assets, or services received.  2a. Is the foundation directly or indirectly affinited with, or related to, one or more tax-exampt organization or sharing arrangement, show in column (4) the value of the goods, other assets, or services received.  2a. Is the foundation directly or indirectly affinited with, or related to, one or more tax-exampt organization or sharing arrangement, show in column (4) the value of the goods, other assets, or services received.  2a. Is the foundation directly or indirectly affinited with, or related to, one or more tax-exampt organization or sharing arrangement, show in column (4) the value of the goods, other assets, or services received.  2a. Is the foundation directly or indirectly affinited with, or related to, one or more tax-exampt organization of sharing arrangement, show in section 501(c) (other than section 501(c) (other th	<b>a</b> Tra	nsfers	from the reporting founda	ation to a noncharital	ole exempt org	janization of:					
b. Other transactions:  (1) Sales of assets to a noncharitable exempt organization  (2) Prurchases of assets from a noncharitable exempt organization  (3) Remail of tabilities, equipment, or other assets  (4) Remittivement arrangements  (5) Loans or loan guarantees  (6) Pertormance of services or membership or fundrasing solicitations  (5) Sharing of facilities, equipment, melting lists, other assets, or paid employees  (5) Sharing of facilities, equipment, melting lists, other assets, or paid employees  (5) Is the answer of any of the above of "Sec_complete the following schedule. Column (6) 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 (6) the value of the goods, other assets, or services received.  (6) Name of noncharitable exempt organization  (6) NAM of organization (7) Amount involved  (7) Name of organization  (8) Type of organization  (9) Amount organization of organization (9) NAM of organization of organization (9) Description of relationship  N/A  (9) Name of organization  (1) NAM of organization  (1) NAM of organization  (2) Name of organization  (3) NAM of organization  (4) Description of relationship  (5) Loans of the sharing arrangements of the sharing arrangement organization (1) Description of relationship  (6) Type of organization  (7) TRUSTEE  Sign Prim's address of ALARIO  (7) CPA  Firm's address > 75 NORTH MAIN STREET  LEOMINSTER, MA 0.1453  Phone no. 978 - 534 - 1999	(1)	Cash							1a(1)		X
(1) Seles of assets from a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of tacinities, equipment, or other assets (4) Rembursement arrangements (5) Loans or loan guarantees (5) Loans or loan guarantees (6) Performance of services or membership or fundasing solicitations (6) Performance of services or membership or fundasing solicitations (7) 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 fundation received less than fair market value in any transaction or sharing arrangement, show in column (g) the value of the goods, other assets, or services given by the reporting foundation. If the fundation cleaved less than fair market value in any transaction or sharing arrangement, show in column (g) the value of the goods, other assets, or services given by the reporting foundation. If the fundation directly or indirectly or indirectl	(2)	Other	assets						1a(2)		X
(2) Purchases of assets form a nonchariable exempt organization (3) Rental of Boultes, equipment, or other assets (4) Reimbursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations (7) Sharing of facilities, equipment, mailing lists, other assets, or paid employees (8) The answer of any of the above it responsible following schedule. Column (b) should always show the fair market value of the goods, other assets, or services grown by the reporting foundation. If the foundation deceded less than fair market value in any transaction or sharing arrangement, show in column (b) Amount involved (c) Name of nonotharidable exempt organization (d) Description of each in section 501(c) (other than section 501(c) (other	<b>b</b> Oth	ier tran	sactions:								]
(a) Remainder acrangements (b) Loais or loan guarantees (c) Performance of services or membership or fundrishing solicitations (d) Performance of services or membership or fundrishing solicitations (e) Performance of services or membership or fundrishing solicitations (e) Performance of services or membership or fundrishing solicitations (e) Performance of services or membership or fundrishing solicitations (f) It was 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 grouped by the reporting foundation. If the following schedule. Column (d) the value of the goods, other assets, or services received.  2a. It is the foundation directly or indirectly and individual or the goods, other assets, or services received.  2b. In the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 50 I/c) (other than section 50 I/c)(3) or in section 52??  2b. If "Yes, complete the following schedule.  (a) Name of incontaining of services, preparation (b) Type of organizations (c) Description of relationship  N/A  (b) Type of organization (c) Description of relationship  (c) Description of relationship  N/A  (c) Amount involved  (d) Amount involved  (e) Description of relationship  N/A  (e) Description of relationship  N/A  (f) Description of relationship  N/A  (g) Performance of services, used to the best of my screenledge of the property of the property of the preparation of prepara	(1)	Sales	of assets to a noncharitat	ble exempt organizat	ion				1b(1)		
(4) Reimbursement arrangements (5) Losans or loan guarantees (6) Performance of services or membership or fundraising solicitations (6) Performance of services or membership or fundraising solicitations (7) Histilian is to see the company of the control of the	(2)	Purch	nases of assets from a nor	ncharitable exempt o	rganization				1b(2)		
(6) Performance of services or membership or fundraising solicitations  c Sharing of facilities, equipment, mailing lists, other assets, or paid employees  d If the answer to any of the above is "es; complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services greating 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) time no (b) Amount involved (c) Name of noncharable exempt organization (d) Description of transfers, transactions, and sharing arrangements  The foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organization (d) Description of transfers, transactions, and sharing arrangements  The foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organization described in section 50(c) (other than section 50(c) (	(3)	Renta	al of facilities, equipment, o	or other assets					1b(3)		
(e) Performance of services on membership or fundrating solicitations	(4)	Reimi	bursement arrangements						16(4)		
Sharing of facilities, equipment, mailing lets, other assets, or paid employees  It I have 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 received.  I have no (b) Amount involved (c) Name of ononchartable exempt organization (d) Description of transfers, transactions, and sharing arrangement, show in column (a) the value of the goods, other assets, or services received.  I have no (b) Amount involved (c) Name of ononchartable exempt organization (d) Description of transfers, transactions, and sharing arrangements  N/A  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 52??  If "Yes," complete the following schedule.  (a) Name of organization (b) Type of organization (c) Description of relationship  N/A  Sign   Under parameter   preserve									1b(5)		
d If the answer to any of the above is "es," 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 (b) the value of the goods, other assets, or services received.    a) I was the value of the goods of the assets, or services received.   a) I was the value of the goods of the assets, or services received.   a) I was the value of the goods of the assets, or services received.   b) Amount involved   (e) Name of noncharitable exempt organization   (d) Description of transfera, transactions, and sharing arrangements.   A) I was 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 52??	, ,			•	-				1b(6)		
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 (4) the value of the goods, other assets, or services received.				=		· -					<u>X</u>
a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of bransfers, transactions, and sharing arrangements  N / A  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?  b If "Yes," complete the following schedule.  (a) Name of organization (b) Type of organizations (c) Description of relationship  N / A    N / A   (b) Type of organization (c) Description of relationship    N / A   (c) Description of relationship    N / A   (c) Description of relationship    N / A   (d) Description of relationship    N / A   (e) Description of rel				· · · · · · · · · · · · · · · · · · ·	=	• •	-	= :		ets,	
Sign under beind; if the permitted of permitted appropriate form that the propose of the permitted of permitted appropriate form that the permitted of permitted appropriate form that the permitted of permitted appropriate form that the permitte						ed less than fair market value	in any transaction	or sharing arrangement, sho	w in		
N/A  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?    If 'Yes,' complete the following schedule.   (a) Name of organization   (b) Type of organization   (c) Description of relationship			<del></del>	, <del></del>			1 (4)				
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?  b if Yes, complete the following schedule.  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A  Sign and basic, if the person is a section of propose (other than taxeleyer) in basic or all information of which pregive has any knowledge section with the pregive has any knowledge and statements, and to the best of my knowledge section with the pregive has any knowledge section of propose (other than taxeleyer) in basic or all information of which pregive has any knowledge section with the pregive has any knowledge section with the pregive has any knowledge section of propose (other than taxeleyer) in the pregive has any knowledge section with the pregive has any knowledge and statements, and to the best of my knowledge section with the pregive has any knowledge and statements, and to the best of my	a) Line n	<u> </u>	(b) Amount involved	(c) Name of		exempt organization	(0) Description	of transfers, transactions, and sha	ring arra	ngemen	ts
In section 501(c) (other than section 501(c)(3)) or in section 527?		-			N/A			· · · · · · · · · · · · · · · · · · ·			
In section 501(c) (other than section 501(c)(3)) or in section 527?											
In section 501(c) (other than section 501(c)(3)) or in section 527?						·	<del>                                     </del>	<del></del>			
In section 501(c) (other than section 501(c)(3)) or in section 527?		<del></del>					<del></del>				
In section 501(c) (other than section 501(c)(3)) or in section 527?		<del></del>				<del> </del>	<del> </del>	<del></del> -			
In section 501(c) (other than section 501(c)(3)) or in section 527?		-			<del></del>		<del> </del>				
In section 501(c) (other than section 501(c)(3)) or in section 527?		-					<del> </del>				
In section 501(c) (other than section 501(c)(3)) or in section 527?		+					<del> </del>				
In section 501(c) (other than section 501(c)(3)) or in section 527?		+		-							
In section 501(c) (other than section 501(c)(3)) or in section 527?		_			<del></del>		<del> </del>				
In section 501(c) (other than section 501(c)(3)) or in section 527?		+									
In section 501(c) (other than section 501(c)(3)) or in section 527?		+									
In section 501(c) (other than section 501(c)(3)) or in section 527?		+				<del></del>					
In section 501(c) (other than section 501(c)(3)) or in section 527?		+-				<del></del>	<del> </del>				
In section 501(c) (other than section 501(c)(3)) or in section 527?			<del></del>				<del> </del>				
In section 501(c) (other than section 501(c)(3)) or in section 527?		he four	adation directly or indirect	thy affiliated with or i	eno ot betele	or more tay-eyempt organiza	tions described				
b if "Yes," complete the following schedule.  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A  Sign  Under penaltie of perjury, Legistre of the property of the prope			· ·	-		of more tax-exempt organiza	tions described		Ves	ΓX	l No
(c) Description of relationship  N/A    Discription of relationship   N/A					GUOII 327 :			<u></u>	] 103	شف.	ט או
N/A  Sign Here  Under penaltic of perjury, Lerojare of the perjury of the p	<u> </u>	100, 00				(b) Type of organization		(c) Description of relationship	)		
Under penalties of perjury, Lepolare that Lave examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is the contribute degratation of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below? See instruction with the preparer shown below? See instruction with the preparer shown below? See instruction of which preparer has any knowledge shown below? See instruction of which preparer has any knowledge shown below? See instruction of which preparer has any knowledge shown below? See instruction of which preparer has any knowledge shown the IRS discuss this return with the preparer shown below? See instruction of which preparer has any knowledge shown the IRS discuss this return with the preparer shown below? See instruction of which preparer has any knowledge and belief, if yet and y				<del></del>		(-, ,,,	·	···			
Sign Here    Signature Gradule   Signature Gr				·							
Sign Here    Signature Gradule   Signature Gr								<del></del>			
Sign Here    Signature Gradule   Signature Gr				·				<del>_</del>			
Sign Here    Signature Gradule   Signature Gr											
Sign Here									ne IRS d	iscuss th	nis.
Here   Signature GROWN Firm's name   ROBERT C AGARIO CPA PC   Firm's address   75 NORTH MAIN STREET   LEOMINSTER, MA 01453   Phone no. 978-534-1999   Property   Trust Company   Property   Trust Company   Check   If   PTIN   Self-employed   P00138902   P00138902   P00138902   P100138902   P10013		and be	lief, it is true correct, and confi	lete Deplaration of pre	parer (other than	taxpayer) is based on all informatio	n of which preparer ha	return	with the	prepare	r
Paid Preparer Use Only    Signature Critistie	Here		X Jegany 3 "	<b>4</b> —		11119120	TRUSTE		7		. I
Paid Preparer Use Only  ROBERT C. ALARIO, CPA  Firm's name ► ROBERT C ALARIO CPA PC  Firm's address ► 75 NORTH MAIN STREET LEOMINSTER, MA 01453  Phone no. 978-534-1999		Sign	ature GRUPECE Por Truster	, CTFA	,	Date	Title				
Paid Preparer Use Only  ROBERT C. ALARIO, CPA  Firm's name ► ROBERT C ALARIO CPA PC  Firm's address ► 75 NORTH MAIN STREET LEOMINSTER, MA 01453  ROBERT C. ALARIO, 11/09/20  P00138902  Firm's EIN ► 04-3344305			Print Type preparer's na	me	Reparer's si	gnature 6	Date	Check if PTIN			
Paid         CPA         C. MARTO, 11/09/20         P00138902           Preparer Use Only         Firm's name ► ROBERT C AGARIO CPA PC         Firm's EIN ► 04-3344305           Firm's address ► 75 NORTH MAIN STREET         Phone no. 978-534-1999					) // .	t (11)	/	self- employed			
Use Only  Firm's address ► 75 NORTH MAIN STREET  LEOMINSTER, MA 01453  Phone no. 978-534-1999	Paid				Constant	C. MIARIO, 1	1/09/20	P00:	138	902	
Use Only  Firm's address ► 75 NORTH MAIN STREET  LEOMINSTER, MA 01453  Phone no. 978-534-1999	-			ERT C ALA	RIO CP			Firm's EIN ► 04-33	443	05	
LEOMINSTER, MA 01453 Phone no. 978-534-1999	Use (	Only									
			Firm's address ► 75	NORTH MA	IN STR	EET					
			LEC	OMINSTER,	MA 01	453		Phone no. 978-53	<u>4 – 1</u> 9	999	
								Fori	ո 990	PF (	(2019)

FORM 990-PF	DIVIDEND	S AND INTER	EST FROM SECU	RITIES ST	ratement 1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	REVENUE	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
WELLS FARGO	36,047	. 1,60	4. 34,443	34,443.	0.
TO PART I, LINE 4 36,047.		1,60	34,443	34,443.	0.
FORM 990-PF		ACCOUNTI	NG FEES	S	FATEMENT 2
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME.	(D) CHARITABLE PURPOSES
ACCOUNTING	_	1,056.	528.	0.	528.
TO FORM 990-PF, PG 1,	LN 16B	1,056.	528.	0.	528.
FORM 990-PF		TAX	ES	s	PATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FOREIGN TAX	_	285.	0.	0.	0.
TO FORM 990-PF, PG 1,	LN 18	285.	0.	, 0.	0.