Form **990**

Return of Private Foundation

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

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990PF for instructions and the latest information.

!	Depa	rtmen	nt of the Treasury				iai security ni iov/Form990F						Ones to Bu	blic Inspection
			venue Service ndar year 2019	or tay year her		W W W.II 5.9	JOV/FOITIISSOF	- 101 11131	, and e		Ormanc	, , , , , , , , , , , , , , , , , , , ,	1 Open to Pu	blic inspection
			Soundation	or tax your bog	,y				,	, <u>.</u>	A Em	ployer identificatio	n number	·
	ъ	T23.7	MOT DO M	CVEE CI	ים גוודים גנו	ות יבוד	ЭТТС!П				2	8-7154149	2	
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			DOVER		II IS NOT GENVERED TO	o sueet add	11633)			Noonisako		ephone number 81–326–69	200	
			own, state or pr		and 7IP or for	rainn nast	al code				1	emption application is		oro
			TWOOD,		090	eigii post	ai code				J II ex	emption application is	pending, check n	
i	G C	heck	all that apply:	Init	ial return		Initial re	turn of a fo	ormer public	charity	D 1. F	oreign organization	is, check here	ightharpoons
				Fina	al return		Amende	ed return			ے و	·		
-					dress change		Name cl					oreign organizations maket heck here and attach of	computation	est,
-	H_C	_	type of organiz		Section 501(c				-t	ρģ		rivate foundation st		
	<u></u>		ection 4947(a)(1 arket value of all			counting	ner taxable priv	Cash	Acc		1	ler section 507(b)(1		
_			arket value of all Part II, col. (c), li		oryear J Ac		(specify)	L Casii	ACC	iuai		ne foundation is in a der section 507(b)(1		
8	(II		- art ii, coi. (c), ii	8 426 S	863. (Part I,	. column ((d), must be o	n cash bas	sis.)		l uno	iei section sov(b)(1)(0), 011608 116	
CAN			Analysis of R	evenue and Ex	(penses (b), (c), and (d) may		(a) Revenue	e and	(b) Net ii	nvestment	(c) Adjusted net		ursements ble purposes
冤			necessarily equi	al the amounts in	column (a))		expenses pe			ome	, ,	income	(cash b	asis only)
A)	,	1	Contributions,		•		3,000	<u>,568.</u>				N/A		
. –		2	Check Luli		ot required to attach Sci	:h B	100	000		0000	_		STATEM	rearm 1
J	-	3	cash investments	•		-	120	<u>,099.</u>	14	20,099	 	· · · ·	STATEM	ILNT I
		4	Dividends and	interest from s	ecurities	-				•			V E	
10		Ι.	Gross rents			. 25	Fg 1 July 1 5		F.J 3.1 c	ನ್ಫ್ರೇ ಸ್ಥಾಕ್ರ್	in the		9 9 . 5	
		١.	Net rental income	· · ·			. '. " - , "				9			
2020	ne	l Va	Net gain or (loss) Gross sales price	for all	ts not on line 10		الله الله الله الله الله الله الله الله	77 721	State Territoria					
	evenue	7	assets on line 6a Capital gain net ii		IV line 2)	— -				0.	2	REC	IVED	
	æ	8	Net short-term		,						,		**************************************	70
		9	Income modifi								-	MAR (3 2020	18
		10a	Gross sales less and allowances									13 Man 1	A CARA	10
**		Ι.	Less Cost of goo	ods sold		r	Maryer (F			- " " " " " " " . " . " . " . " . " . "			المرتبعين ومتنفي المكانيطة مية وكان و	
•	'	C	Gross profit or	(loss)					-W. fai		,	الراقان		
		11	Other income										T. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	T.3 3:1
		12	Total Add line	s 1 through 11	<u> </u>		3,120	<u>,667.</u>	12	<u> 20,099 </u>				
\wedge		13	Compensation of	officers, directors	s, trustees, etc			0.		0.	<u>.</u>		_	<u> </u>
	\	14	Other employe	e salaries and v	wages					· · · · · ·	ļ			
		15	Pension plans,	, employee ben	efits	Ļ					<u> </u>			
13]še	16a	Legal fees			_					_		 	
SE 1	Éxpenses	b	Accounting fee			<u> </u>			-				 	
W /			Other profession	onal fees		<u> </u>			1		+		 	
	and Administrative	17	Interest		Cm) (m	<u>,</u> ⊢		F.C.0		2 060	<u> </u>		 	EOO
<u>.</u>	stra	18	Taxes		STMT	- ⊢		<u>,568.</u>		2,068	-			500.
.	ij	19	Depreciation a	na aepietion	3						+		_ K (16 7 % A)	[1 2 mm 2 2 2 7 2 4 3]
αο΄. 	μÞ	20	Occupancy		tunas			 -			+		 	
.⊑	þ	21	Travel, confere		ungs						+			
) or in Batchind)	Эaг	22	Printing and pi Other expense								+	•		
D.	ţ	l	Total operatin		trative				_		1	"		
	Operating		expenses Add	-			2	,568.		2,068	.[500.
	o	25	-				1,170						1.17	70,000.
			Total expense			-	_,_,				1	<u> </u>	T - 1 - 1	
			Add lines 24 ai				1,172	,568.		2,068	.		1,17	70,500.
•		27			· · · <u>-</u>				AND BE	And the last of the			i august	
			Excess of revenu			s	1,948	,099.						
			Net investmen	•		· .			11	18,031				
			Adjusted not i						F. E. L. F.			N/A	· · jetji i ši	a rrein

		00-PF (2019) REYNOLDS-MCKEE CHARITAB	LE TRUST	38-	7154149 Page 2
- E	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	of year
	art:	Balance Sheets column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1-	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	6,478,764.	8,426,863.	8,426,863.
	3	Accounts receivable			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable		A SAFA	2-70 NO. 10 NO.
		Less: allowance for doubtful accounts			
S.	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ą	10a	Investments - U.S. and state government obligations			
		Investments - corporate stock			
		Investments - corporate bonds			
		Investments - land, buildings, and equipment basis			
	' '	Less accumulated depreciation			
	12	Investments - mortgage loans	".		
	13	Investments - other			
	14	Land, buildings, and equipment: basis			
		Less accumulated depreciation			
	15	Other assets (describe			
		Total assets (to be completed by all filers - see the			
	'	instructions. Also, see page 1, item I)	6,478,764.	8,426,863.	8,426,863.
_	17	Accounts payable and accrued expenses	0/1/0//020	0 / 12 0 / 0 0 0 0	
	18	Grants payable			
"	19	Deferred revenue		***	
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
Ē	21	Mortgages and other notes payable			
Ë		Other liabilities (describe			
		Cirici nabilities (describe		-10	Service of the
	23	Total liabilities (add lines 17 through 22)	0.	0.	
_	2.5	Foundations that follow FASB ASC 958, check here		•	
(A		and complete lines 24, 25, 29, and 30.			
ë	24	Net assets without donor restrictions	•		
ā	25	Net assets with donor restrictions			
B	25	Foundations that do not follow FASB ASC 958, check here			
Net Assets or Fund Balances		and complete lines 26 through 30.			
Ē	26	Capital stock, trust principal, or current funds	0.	0.	
S	27	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
se	28	Retained earnings, accumulated income, endowment, or other funds	6,478,764.	8,426,863.	
Ä			6,478,764.	8,426,863.	
Š	29	Total net assets or fund balances	0,470,704.	0,420,003.	
	20	Total lightilities and not constallight helenges	6,478,764.	8,426,863.	
\equiv		Total liabilities and net assets/fund balances		0,420,003.	<u> </u>
P	art	III Analysis of Changes in Net Assets or Fund E	Balances		
-	Total	I net assets or fund balances at beginning of year - Part II, column (a), line	20		<u> </u>
,			- 20		6,478,764.
•		st agree with end-of-year figure reported on prior year's return)		1 2	1,948,099.
		r amount from Part I, line 27a		2	1,940,099.
		r increases not included in line 2 (itemize)		3	8,426,863.
		lines 1, 2, and 3		4	
		eases not included in line 2 (itemize)	olumn (h) line 00		8,426,863.
<u>0</u> _	rota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 29	6_	Form 990-PF (2019)
		•			FULLI 220-FF (2019)

e e e

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1,170,500.

386,750.

7

7 Add lines 5 and 6

See the Part VI instructions.

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.

	990-PF (2019) REYNOLDS - MCKEE CHARITABLE TRUS		1940(b), 4			7154149 - see instru		Page 4 1 5)	
1a	Exempt operating foundations described in section 4940(d)(2), check here and er			<u> </u>			##-J:		
	Date of ruling or determination letter: (attach copy of letter if nec			ens)			F 3		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	X	and enter 1%	· •	_1		1,1	80.	
	of Part I, line 27b				Bru E			177	
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4%	6 of Par	t I, line 12, co	. (b) J	- 55 - 55 - 180 H Fu	AND STREET OF THE STREET AND ADDRESS OF THE STREET ADDRESS OF THE STREET AND ADDRESS OF THE STREET AND ADDRESS OF THE STREET AND ADDRESS OF THE STREET	a Newadinan		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; otl	hers, er	nter -0-)		2			0.	
3	Add lines 1 and 2				3		1,1	<u>80.</u>	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; of	thers, e	nter -0-)		4			0.	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-				5		1,1	80.	
6	Credits/Payments:				- Filipie			,-, - <u>,-</u> 1	
a	2019 estimated tax payments and 2018 overpayment credited to 2019	6a		1,500.	3 P		srelji V		
b	Exempt foreign organizations - tax withheld at source	6b		0.	* * -				
C	Tax paid with application for extension of time to file (Form 8868)	6c		0.	1,34		1 - 1	***	
đ	Backup withholding erroneously withheld	6d	<u> </u>	0.			- 75		
7	Total credits and payments. Add lines 6a through 6d				7		1,5	<u>00.</u>	
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attack.	ched			8			1.	
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 overpaid			•	10		3	<u> 19.</u>	
	Enter the amount of line 10 to be: Credited to 2020 estimated tax		319.	Refunded ►	11			<u>0.</u>	
Pa	rt VII-A Statements Regarding Activities						,		
1a	During the tax year, did the foundation attempt to influence any national, state, or local legisl	lation o	r did it particip	ate or intervene	ın		Yes		
	any political campaign?					' <u>1a</u>		X	
	Did it spend more than \$100 during the year (either directly or indirectly) for political purpos				ition	1b	<u> </u>	X	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of	of any m	naterials publis	hed or		,	2.7	: "	
	distributed by the foundation in connection with the activities.						1	لتنا	
C	Did the foundation file Form 1120-POL for this year?					<u>1c</u>		_ X	
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the			_				,	
	(1) On the foundation. > \$ (2) On foundation managers			0.					
	Enter the reimbursement (if any) paid by the foundation during the year for political expendi	ture tax	imposed on f	oundation					
	managers. ► \$0 .					3.00		لنسيد	
	Has the foundation engaged in any activities that have not previously been reported to the IF	RSP				2		<u>X</u> ,	
	If "Yes," attach a detailed description of the activities.								
	Has the foundation made any changes, not previously reported to the IRS, in its governing in	nstrum	ent, articles of	incorporation, o	ır	36 L 1 1 2 3	in Minimal A		
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	_				3_		<u> </u>	
	Did the foundation have unrelated business gross income of \$1,000 or more during the year	L)				4a		<u> </u>	
	If "Yes," has it filed a tax return on Form 990-T for this year?				N	/A 4b			
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?					5	Turner ex	<u> </u>	
	If "Yes," attach the statement required by General Instruction T					2	i ing	-	
	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied en	tner:					3	1, 2,	
	By language in the governing instrument, or					i i ji			
	By state legislation that effectively amends the governing instrument so that no mandatory	y airect	ions that conti	ict with the state	iaw	mc x ~ x	ı nan zizkin	* " w ¹	
	remain in the governing instrument?	1-4- D-	411 1 (-)	- d D - d \0.4		6	X		
1	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," comp	iete Par	τ II, col. (c), a	ia Part XV		7 - ₹ ; ·	X		
ο-						177	ilintratiful Tau	mmm	
Вa	Enter the states to which the foundation reports or with which it is registered. See instruction	ns. $ ightharpoonup$				[+:ij.	# 0 -us	***	
	MA		Consest (am 1)	o.enoto)			## ##		
	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Al	uorney	General (or de	signate)) Hi tanee en	
	of each state as required by General Instruction G? If "No," attach explanation	ation 11	140/J/0\ 40	10111E\ \$~~ ~=!=	nde-	<u>8b</u>	X	# - }	_
	Is the foundation claiming status as a private operating foundation within the meaning of ser			42(J)(3) IOF Cale	nuaf	#. T. 100		X	7
	year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," com				тмт	9 10	Х	Λ_	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedu	ie listing	their names and	addresses 3	1111	4 10 Form 99		(0010)	

Pa	prt VII-A Statements Regarding Activities (continued)			
		J	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement. See instructions	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			
14	The books are in care of ► MARGARET REYNOLDS Telephone no. ► 781-3	26-69	999	
	Located at ► 355 DOVER ROAD, WESTWOOD, MA ZIP+4 ►0	<u> 2090</u>		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		>	
	and enter the amount of tax-exempt interest received or accrued during the year	N,		
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	[3.00 3.00 3.00 3.00
_	foreign country	7.4		*
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	3.	Yes	No
1a	During the year, did the foundation (either directly or indirectly):		ή. ·	T
	(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)		122	
,	a disqualified person? Yes X No	* _ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		_يو-
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No	- 7 - 1		
		- 1-1-1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes X No			- "
	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			
	termination of government service, if terminating within 90 days.)			÷
h	of fany answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	* 122 /	, e	
•	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A	1b	ı iğu diyê	137.mm # A
	Organizations relying on a current notice regarding disaster assistance, check here	*	,	3 - 3 - 3
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	* 1		
	before the first day of the tax year beginning in 2019?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	.: 32. }	Ţ	11
	defined in section 4942(j)(3) or 4942(j)(5)):		or or a	
a	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines			
	6d and 6e) for tax year(s) beginning before 2019?			
	If "Yes," list the years > , , , , ,	, and 1		, ,
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			7,3
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.) N/A	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.			
	>	£ : "		1 1
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	,		
_	during the year?		, y .	
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	7.2		47
	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,			لتحتثا
	Schedule C, to determine if the foundation had excess business holdings in 2019.) N/A	3b		v
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? Did the foundation make any investment in a prior year (but ofter December 21, 1960) that could recognize its charitable purpose that	4a		X
D	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	1 5 m.c.	in ram r . K	X
	had not been removed from jeopardy before the first day of the tax year beginning in 2019?	1 4b orm 990	-PF	_
	Г	J. III 330	• •	(2013)

		ľ		1	i
2	Compensation of five highest-paid employees (other than those inc	cluded on line 1). If none	, enter "NONE."		
	(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
	NONE				
_					
_					
_		1			
					
		- ·	- *		
_	· · · · · · · · · · · · · · · · · · ·				
		1			

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

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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "No	ONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		▶ 0
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		<u>▶</u> 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical number of organizations and other beneficiaries served, conferences convened, research papers produced	nformation such as the I, etc.	Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of 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 <u>N/A</u>		
2		
All other program-related investments. See instructions.		
3		
Tabal Add Inco 1 through 2		0.
Total. Add lines 1 through 3	<u> </u>	

Form 990-PF (2019) REYNOLDS-MCKEE CHARITABLE TRUST 38-7154149 Page 8 Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 6,617,894. a Average monthly fair market value of securities 1a 16 Average of monthly cash balances 10 c Fair market value of all other assets 6,617,894. 1d d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 0 1e | 1c (attach detailed explanation) Acquisition indebtedness applicable to line 1 assets 2 6,617,894. 3 Subtract line 2 from line 1d 99,268. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 6,518,626. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 Minimum investment return. Enter 5% of line 5 325,931. 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.) 325,931. Minimum investment return from Part X, line 6 1,180. Tax on investment income for 2019 from Part VI, line 5 Income tax for 2019. (This does not include the tax from Part VI.) 2b 1.180. Add lines 2a and 2b 2c 3 Distributable amount before adjustments. Subtract line 2c from line 1 Recoveries of amounts treated as qualifying distributions 4 5 Add lines 3 and 4 Deduction from distributable amount (see instructions) 6 6 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 1,170,500. Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a 1b Program-related investments - total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 2 Amounts set aside for specific charitable projects that satisfy the: Suitability test (prior IRS approval required) 3a 3b **b** Cash distribution test (attach the required schedule) 1,170,500. Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment 1,180. income. Enter 1% of Part I, line 27b

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

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,169,320.

Adjusted qualifying distributions Subtract line 5 from line 4

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	•	(a)	(b)	(c) 2018	(d) 2019
_	Distributable assessment for 0040 from Dark VI	Corpus	Years prior to 2018	2010	2019
1	Distributable amount for 2019 from Part XI,				324,751.
_	line 7				324,731.
	Undistributed income, if any, as of the end of 2019			0.	
	a Enter amount for 2018 only				
	Total for prior years:		0.		
.,	Excess distributions carryover, if any, to 2019:	rring i k			
-	a From 2014				
	b From 2015				
	From 2016 23,512.				
	d From 2017 23, 312.				
	e From 2018 73,415.				1
	Total of lines 3a through e	200,756.			
	Qualifying distributions for 2019 from	200,730.		. = .=.	
7	Part XII, line 4: ► \$ 1,170,500.				
	a Applied to 2018, but not more than line 2a			0.	
	b Applied to undistributed income of prior				
•	years (Election required - see instructions)	·	0.		
	c Treated as distributions out of corpus				
•	(Election required - see instructions)	0.			
	d Applied to 2019 distributable amount				324,751.
	e Remaining amount distributed out of corpus	845,749.			321//321
_	Excess distributions carryover applied to 2019	043,743.			
•	(If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6	Enter the net total of each column as indicated below:				
1	Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,046,505.			
ı	Prior years' undistributed income. Subtract		_	N 191111 1	
	line 4b from line 2b		0.		
(c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		.0.		
	d Subtract line 6c from line 6b. Taxable				
	amount - see instructions		0.		
(e Undistributed income for 2018. Subtract line		-		,
	4a from line 2a. Taxable amount - see instr.			0.	
1	Undistributed income for 2019. Subtract				
	lines 4d and 5 from line 1. This amount must				
	be distributed in 2020				0.
7	Amounts treated as distributions out of				
	corpus to satisfy requirements imposed by				
	section 170(b)(1)(F) or 4942(g)(3) (Election				
	may be required - see instructions)	0.			
8	Excess distributions carryover from 2014	_			
	not applied on line 5 or line 7	0.			
9	Excess distributions carryover to 2020.				
	Subtract lines 7 and 8 from line 6a	1,046,505.			
	Analysis of line 9:				
	Excess from 2015				
	Excess from 2016 23,512.				
	Excess from 2017 103,829.				
	d Excess from 2018 73,415.				
(Excess from 2019 845,749.				<u> </u>

	S-MCKEE CHA				54149 Page 10
Part XIV Private Operating Fo			I-A, question 9)	<u> N/A</u>	/
1 a If the foundation has received a ruling or		, , , , ,			
foundation, and the ruling is effective for	2019, enter the date of	the ruling	▶ ∟		-
b Check box to indicate whether the found		ng foundation described		1942(j)(3) or 1	912(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years	1 10010	ļ <u>, , </u>
income from Part I or the minimum	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4, for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly	_				
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon: a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter					
2/3 of minimum investment return					
shown in Part X, line 6, for each year					
listed	<u> </u>				—
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)			+	· -	<u> </u>
(2) Support from general public and 5 or more exempt					
organizations as provided in					
section 4942(j)(3)(B)(III)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income		de Abie ment embr	if the foundation	- had \$5 000 as m	ara in casata
Part XV Supplementary Info	•	•	ir the foundation	n nau \$5,000 or m	ore iii assets
1 Information Regarding Foundatio		,		 -	
a List any managers of the foundation who	•	than 2% of the total cor	tributions received by th	e foundation before the cle	osc of any tax
year (but only if they have contributed m			•		•
SEE STATEMENT 5					
b List any managers of the foundation who	o own 10% or more of th	ne stock of a corporation	(or an equally large port	ion of the ownership of a p	partnership or
other entity) of which the foundation has					
NONE					
2 Information Regarding Contributi	on, Grant, Gift, Loan	, Scholarship, etc., P	rograms:		
Check here ► X if the foundation o				not accept unsolicited req	uests for funds. If
the foundation makes gifts, grants, etc.,	to individuals or organiz	ations under other cond	tions, complete items 2a	, b, c, and d.	
a The name, address, and telephone numl	bor or omail address of t	he person to whom appl	cations chould be addre	csod:	
b The form in which applications should b	e submitted and informa	ition and materials they s	should include:		
c Any submission deadlines:					
d Any restrictions or limitations on awards	s, such as by geographic	al areas, charitable fields	, kınds of ınstitutions, or	other factors:	

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient 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 501C(3) GENERAL FUND URSELINE ACADEMY 85 LOWDER STREET DEDHAM, MA 02026 100,000. MASSACHUSETTS GENERAL HOSPITAL 501C(3) GENERAL FUND 55 FRUIT STREET BOSTON MA 02114 50,000. 501C(3) GENERAL FUND CHILDRENS HOSPITAL 300 LONGWOOD AVENUE 250,000. BOSTON, MA 02115 501C(3) GENERAL FUND COMMONWEALTH SCHOOL OF BOSTON 151 COMMONWEALTH AVENUE 25 000. BOSTON, MA 02116 501C(3) GENERAL FUND WILY NETWORK 1920 CENTRE STREET, SUITE 1 10 000. WEST ROXBURY MA 02132 SEE CONTINUATION SHEET(S) ➤ 3a Total 1 170 000. **b** Approved for future payment NONE **▶** 3b Total

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

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income		ded by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue:	code		code	7	
a	_				
b					
C					
d					
e	_				
f			ļ		
g Fees and contracts from government agencies					
2 Membership dues and assessments			ļ		
3 Interest on savings and temporary cash					
investments			14	120,099.	
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income			 		· · · · · · · · · · · · · · · · · · ·
8 Gain or (loss) from sales of assets other	-		 		
than inventory			├──		
9 Net income or (loss) from special events			├		
10 Gross profit or (loss) from sales of inventory			├		
11 Other revenue:					
å	_		├		
b	_		<u> </u>		
C	_		_		
d	_		<u> </u>		
e	_		<u> </u>		
12 Subtotal. Add columns (b), (d), and (e)		0.		120,099.	
13 Total. Add line 12, columns (b), (d), and (e)				13	120,099.
(See worksheet in line 13 instructions to verify calculations.)				
Part XVI-B Relationship of Activities	to the Acc	omplishment of E	cemp	t Purposes	
Line No. Explain below how each activity for which in			contri	buted importantly to the accom	plishment of
▼ the foundation's exempt purposes (other the	an by providing fu	nds for such purposes).			
		·		·	<u></u>
	· · · ·				
		· · · · · · · · · · · · · · · · · · ·			
				-	

Form 990-PF (2019) REYNOLDS - MCKEE CHARITABLE TRUST 38 - 7154149

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

		rectly engage in any of the following		n described in section	on 501(c)		Yes	NO_
•	• • • •	nizations) or in section 527, relating						l
	· ·	lation to a noncharitable exempt or	ganization of:			اندا		37
	Cash Other assets					1a(1) 1a(2)		<u>X</u>
	er transactions:					18(2)		
	Sales of assets to a noncharite	able exempt organization				1b(1)		X
٠,		oncharitable exempt organization				1b(2)		X
٠.	Rental of facilities, equipment,					1b(3)		X
	Reimbursement arrangements					1b(4)		X
٠,	Loans or loan guarantees					1b(5)		X
(6)	Performance of services or me	embership or fundraising solicitatio	ons			1b(6)		X
c Sha	aring of facilities, equipment, ma	ailing lists, other assets, or paid em	ployees			1ս		X
d If ti	ne answer to any of the above is	"Yes," complete the following sche	edule. Column (b) should alwa	ays show the fair m	arket value of the goods, o	ther ass	ets,	
		foundation. If the foundation receiv		in any transaction	or sharing arrangement, s	TÚW IT		
		other assets, or services received.						
a) Line n	o (b) Amount involved	(c) Name of noncharitable	e exempt organization	(d) Description	of transfers, transactions, and s	haring arr	angeme	nts
		N/A		 				
				-				
					, _			
	·			 				
			······································	† 				
•								
	<u> </u>	<u> </u>						
2a Ist	he foundation directly or indirec	ctly affiliated with, or related to, one	or more tax exempt organiza	ations described	_	_	_	_
		on 501(c)(3)) or in section 527?				Yes	X	No
b If "	es," complete the following sch		T					
	(a) Name of or	ganization	(b) Type of organization	(c) Description of relationsh	nip		
	N/A							
								
					.			
	Under penalties of periury. I declare	that I have examined this return, including	ng accompanying schedules and s	tatements, and to the t	pest of my knowledge			
Sign		mplete. Declaration of preparer (other tha			has any knowledge retu	the IRS on with the	e prepar	er
Here	1 / Mm MA	Kined	2/20/2020	TRUSTE		wn below' Yes		ostr No
	Signature of officer of truster	y pur	Date	Title		7 162		<u> </u>
	Print/Type preparer's n				Check X If PTIN			
		199	1/1/1/2		self- employed			
Paid	BARRY N CH	7 10 0	N CHAIT E	02/13/20	P03	L 4 52	996	
Prepa			QUIRE		Firm's EIN ▶			
Use (Time Time	, 75						
	Firm's address ▶ P .	O. BOX 582					•	
	•	ROOKLINE, MA 024	46		Phone no. 617-83	<u> 35–6</u>	032	
					Fo	rm 99 0)-PF	(2019)

REYNOLDS-MCKEE CHARITABLE TRUST 38-7154149

3 Grants and Contributions Paid During the				
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	
CATHOLIC SCHOOL FOUNDATION		501C(3)	GENERAL FUND	
57 BATTERYMARCH STREET, #600 BOSTON MA 02110				100.00
50510N MA 02110				100,00
BRIGHAM AND WOMEN'S HOSPITAL		501C(3)	GENERAL FUND	
21 LONGWOOD AVENUE				
SOSTON, MA 02115				25,00
PUFTS VET HOSPITAL		501C(3)	GENERAL FUND	
200 WESTBORO ROAD		5525,57		
N. GRAFTON, MA 01536				25_00
MSPCA ANGELL		501C(3)	GENERAL FUND	
350 S. HUNTINGTON AVENUE				10.00
BOSTON MA 02130				10,00
		5010(3)	COVERAL FIRE	
NANTUCKET LIGHTHOUSE SCHOOL 1 RUGGED ROAD		501C(3)	GENERAL FUND	
NANTUCKET, MA 02554				10,00
DANA FARBER CANCER INSTITUTE		501C(3)	GENERAL FUND	
450 BROOKLINE AVENUE				
BOSTON, MA 02215				250,00
		5015(2)		
GLAUCOMA RESEARCH 251 POST STREET, SUITE 600		501C(3)	GENERAL FUND	
SAN FRANCISCO, CA 94108		<u> </u>		25,00
MEDFIELD ANIMAL SHELTER		501C(3)	GENERAL FUND	
101 BRIDGE STREET MEDFIELD MA 02052				5,00
				-,,,,
COMMUNITY FOUNDATION FOR NANTUCKET		501C(3)	GENERAL FUND	
B BAYBERRY COURT		}		
NANTUCKET, MA 02554				10,00
SPAULDING REHABILITATION HOSPITAL 300 1ST AVENUE		501C(3)	GENERAL FUND	
SOSTON MA 02129				25,00
Total from continuation sheets			_	735_00

3 Grants and Contributions Paid During the Ye				
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	
CHRISTMAS IN THE CITY		501C(3)	GENERAL FUND	
45 FRANKLIN STREET				
BOSTON, MA 02110				25,00
ANGEL FUND FOR ALS RESEARCH		501C(3)	GENERAL FUND	
649 MAIN STREET	:			
WAKEFIELD, MA 01880				100,00
NANTUCKET COTTAGE HOSTPITAL		501C(3)	GENERAL FUND	
57 PROSPECT STREET NANTUCKET, MA 02554				100,00
HORIZONS AT DEDHAM COUNTY DAY SCHOOL 90 SANDY VALLEY ROAD		501C(3)	GENERAL FUND	25,00
DEDHAM, MA 02026				25,00
<u>.</u> .				
•				

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

OMB No 1545-0047

Employer identification number

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

2019

REYNOLDS-MCKEE CHARITABLE TRUST 38-7154149 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 contributions **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1 Complete Parts I and II. 🔟 For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III 🔟 For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Name of organization

•

Employer identification number

REYNOLDS-MCKEE	CHARITABLE	TRUST	

38-7154149

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MARGARET REYNOLDS 355 DOVER ROAD WESTWOOD, MA 02090	\$3,000,568.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part It for noncash contributions)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

Employer identification number

REYNOLDS-MCKEE CHARITABLE TRUST

38-7154149

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

Name of organization **Employer identification number** 38-7154149 REYNOLDS-MCKEE CHARITABLE TRUST Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year Part III from any one contributor. Complete columns (a) through (e) and the following line entry For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) Use duplicate copies of Part III if additional space is needed (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 990-PF INTEREST ON SAV	INGS AND TE	MPORARY	CASH I	NVESTMENTS	STATEMENT 1
SOURCE	REV	A) ENUE BOOKS		(B) NVESTMENT NCOME	(C) ADJUSTED NET INCOME
NATIONAL FINANCIAL SERIVCES- US TREASURY NOTES	1	20,099.		120,099.	
TOTAL TO PART I, LINE 3	1	20,099.		120,099.	
FORM 990-PF	· TA	XES			STATEMENT 2
DESCRIPTION	(A) EXPENSES PER BOOKS	NET I	B) NVEST- INCOME	(C) ADJUSTED NET INCOM	
MASSACHUSETTS FILING FEES FEDERAL 2019 ESTIMATED TAX	500	•	0.		500.
PAYMENT FEDERAL TAX DUE ON 2018	1,500	•	1,500.		0.
RETURN	568	•	568.		0.
TO FORM 990-PF, PG 1, LN 18	2,568	•	2,068.		500.
	FOOT	NOTES		 	STATEMENT 3

FORM 990-PF	LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10	STATEMENT	
NAME OF CONTRIBUTOR	ADDRESS		
MARGARET REYNOLDS	355 DOVER ROAD WESTWOOD, MA 02090		
WILLIAM MCKEE, JR.	355 DOVER ROAD WESTWOOD, MA 02090		
FORM 990-PF	PART XV - LINE 1A LIST OF FOUNDATION MANAGERS	STATEMENT	5

NAME OF MANAGER

MARGARET REYNOLDS WILLIAM MCKEE, JR.