# **EXTENSION ATTACHED**

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

EXTENDED TO NOVEMBER 16, 2020

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.

r	UIC	aitii	dai year 2019 di tax year deginining		, and ending			
-	Nan		foundation	<del> </del>		A Employer identification	number	
	_	سر		n		01 2442012		
-			MODORE BUILDERS CHARITA  and street (or PO box number if mail is not delivered to street a			81-3443813	<del></del>	
			WYMAN STREET	100/655)	400	B Telephone number 617-614-3500		
-			own, state or province, country, and ZIP or foreign p	C If exemption application is pending, check here				
			THAM, MA 02451-1264	o ii exemplion application to pe	Tiding, dilock hard			
-			all that apply: Initial return	Initial return of a f	ormer public charity	D 1. Foreign organizations	, check here	
			Final return	Amended return				
			Address change	Name change	<u>-</u>	Foreign organizations mee check here and attach cor	eting the 85% test inputation	
i	1 C	heck	type of organization: X Section 501(c)(3) ex	• •	กน	E If private foundation stat	tus was terminated	
_	Ĺ.	_		Other taxable private found		under section 507(b)(1)	(A), check here	
ı			arket value of all assets at end of year J Account	•	Accrual	F If the foundation is in a (		
	(fr		Part II, col. (c), line 16) (Part I, colur	ther (specify)	ac )	under section 507(b)(1)	(B), check here	
٢	_	<del>⊅</del> rt I				(a) Adjusted not	(d) Disbursements	
L	1 4		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) )	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)	
-		1	Contributions, gifts, grants, etc., received	395,050.	- Leant macaning philosoph 1 y y 2 y y y y 7 y 7 y	रक्तवरित्यानकार्यस्थानम् । । । । । । । । । । । । । । । । । । ।	dalearumagairanearumagaira zenterindidasarumandi V. z.	
		2	Olima k 🌬 🔲 if the foundation is not required to attach Grb. (1	याच्चार करावेच्यासाम्बद्धाताममामुद्धात्रकामुद्धाः । । । । । । । । । । । । । । । । । । ।	े ५ अंक्रमान त्रात	្នា ស្នង ស្នង ស្នង ស្នង ស្នង ស្នង ស្នង ស្នង	👬 🗴 😘 🧘 😘 😘 🧸 अर्थे विकास करते हैं के अर्थे	
3_	-	3	Interest on savings and temporary cash investments					
il		4	Dividends and interest from securities					
4		5a	Gross rents					
		_	Net rental income or (loss)	торинализинализинализи от 1 1 2 2 2 1	* * * '	र्भे का स्थापित की भीत प्रकार को स्थापन की की को का का का का की	ती पेट प्रेर करताल जाहर प्रत्यवस्थात प्रति पात्री प्रवतामा विशेषकी	
i,	ē		Net gain or (loss) from sale of assets not on line 10 Gross sales price for all					
707	even	7	assets on line 6a  Capital gain net income (from Part IV, line 2)		0.		, ,	
5	Re	8	Net short-term capital gain				1	
4		9	Income modifications	•				
JAN		10a	Gross sales less returns and allowances	र व्याप्तितामात्रितित्राचित्रकाम् व्याप्तिक्त्रक्ष्यक्तिकारम् व	,	յուն դիմ նուն (10 1 հր. հոսի այն համարդ դինագում) Հայաստանում	प्रात्तर व त्यूना प्रकार का तथा तथा तथा का वामा वा वाव का विवास का विवास का विवास का विवास का विवास का विवास क स्थानिक विवास का विव	
4		b	Fuéa Coat ot Boodé éalq	A	1	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	,,, , , , , , , , , , , , , , , , , ,	
`		c Gross profit or (loss)						
SCANIL		11	Other income	40,320.	0.	0.	STATEMENT 1	
<b>5</b> .		12	Total, Add lines 1 through 11	435,370.	0.	0.	0.	
Z		13	Compensation of officers, directors, trustees, etc	- 0.	0.	0.	<del></del>	
က္က		14 15	Other employee salaries and wages Pension plans, employee benefits	DECE	WED 1			
-	S		Legal fees	RECE	IVEU ()			
	pense		Accounting fees	0 0	9 8			
	Expe	C	Other professional fees	NOV C	3)2020			
		17	Interest		8			
	Administrative	18	Taxes	OGDE	N. UT			
	nist	19	Depreciation and depletion					
	ä	20	Occupancy					
		21	Travel, conferences, and meetings					
	and	22	Printing and publications Other expenses STMT 2	96,609.	0.	0.	0.	
	ting	23 24	Total operating and administrative	30,003.		•	•	
	perating	-7	expenses. Add lines 13 through 23	96,609.	0.	0.	0.	
	Ö	25	Contributions, gifts, grants paid	234,515.	•		234,515.	
			Total expenses and disbursements.					
			Add lines 24 and 25	331,124.	0.	0.	234,515.	
		27	Subtract line 26 from line 12;	404 515	Swan nink XxXmer is verill	., / v O , v AMM v · /// .	, v , n v v v v v v v v v v v v v v v	
			Excess of revenue over expenses and disbursements	104,246.			-	
			Net investment income (if negative, enter -0-)		0.	0.	۲	
		C	Adjusted net income (if negative, enter -0-)	1	l	∪ ∙ ∣	<u>, , , , , , , , , , , , , , , , , , , </u>	

Form **990-PF** (2019)

# Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29 6 245, 630.

		s) of property sold (for exa or common stock, 200 shs		te,	( <b>b</b> )	How ac - Purch - Dona	quired nase tion	(c) Date a (mo., da		(d) Date sold (mo., day, yr.)	
1a					_						
b NO	ONE										
C .					╀						
<u>d</u>					+-				-		
(e) Gross sales price	(f)	Depreciation allowed (or allowable)		st or other basis expense of sale	1				in or (loss) (f) minus (		
8											
b		-	İ								
C											
d	<u> </u>		ļ								
e											
Complete only for assets show	<del></del>	<u>`</u>	T					Gains (Co			
(i) FMV as of 12/31/69	ļ	(j) Adjusted basis as of 12/31/69		cess of col. (I) col. (J), If any			coi.		(k), but not less than -0-) <b>or</b> Losses (from col. (h))		
<u>a</u>	<del> </del>	<del></del>									
<u>b</u>			-								
C	-						-				
<u>d</u>	+			· · · · · · · · · · · · · · · · · · ·					<del>-</del>		
e		∫ If gain, also ente	J	_	$\overline{}$	ш.					
<ol> <li>Capital gain net income or (net of a second or second</li></ol>	oss) as def 3, column (	ined in sections 1222(5) ar		:7	}	3				*****	
Part V Qualification	Jnder S	ection 4940(e) for	Reduced	Tax on Net	Inve	estme	ent Inco	me		<del> </del>	
If section 4940(d)(2) applies, leave  Was the foundation liable for the se  If "Yes," the foundation doesn't qual  Enter the appropriate amount in	ction 4942 lify under s	tax on the distributable am ection 4940(e). Do not con	nplete this part	•		<del></del>				Yes X No	
(a)  Base period years Calendar year (or tax year begini		(b) Adjusted qualifying dis		Net value of no	(c)	)	ise assets	- (0	Distrib	(d) ution ratio ided by col. (c))	
2018	<del>g</del> ,	9	2,900.			344	1,455		(5) (3)	.269701	
2017		19	6,850.			81	1,020	•		2.429647	
2016		4	0,765.			99	9,025.			.411664	
2015											
2014				-				+ -		·	
2 Total of line 1, column (d)								2		3.111012	
3 Average distribution ratio for the the foundation has been in exist	-		on line 2 by 5.0	), or by the numb	er of y	years		3		1.037004	
4 Enter the net value of noncharita	ible-use as	sets for 2019 from Part X,	line 5					4		330,490.	
5 Multiply line 4 by line 3								5		342,719.	
6 Enter 1% of net investment inco	me (1% of	Part I, line 27b)						6		0.	
7 Add lines 5 and 6								7		342,719.	
8 Enter qualifying distributions fro	m Part XII	, line 4						8		234,515.	
If line 8 is equal to or greater the See the Part VI instructions.	an line 7, c	heck the box in Part VI, line	tb, and comp	lete that part usin	g a 19	% tax ra	ite.				

	rt VI   Excise Tax Based on Investment Income (Section 4940				-3443			age 4	
		• • •		4940	- SEE II	istruct	ions	<u>' -</u> -	i
1a	Exempt operating foundations described in section 4940(d)(2), check here \(\bigs\) and er							1	
	Date of ruling or determination letter: (attach copy of letter if nec		L L		-			ـــَـا	I
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	• 📖	and enter 1%	_1	<b>-</b>			<u>0.</u>	ı
	of Part I, line 27b							.	i
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4%				_			لنب	
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; oth	ers, ente	er -0-)	_2	-			0.	
3	Add lines 1 and 2			3				0.	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; other	hers, ent	ter -0-)	4				0.	
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			5	+			<u>0.</u>	ı
	Credits/Payments:	1 1	•		1			J	
	2019 estimated tax payments and 2018 overpayment credited to 2019	6a	0		1			- 1	
	Exempt foreign organizations - tax withheld at source	6b	0		į				
	Tax paid with application for extension of time to file (Form 8868)	6c	0					- 1	
	Backup withholding erroneously withheld	6d	0		_	4		لــــ	
	Total credits and payments. Add lines 6a through 6d			7				<u>0.</u>	
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attack.	ched		8			_	0.	
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		>	9	+			<u>0.</u>	
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			10	+				
	Enter the amount of line 10 to be: Credited to 2020 estimated tax		Refunded	<u>  11</u>					
	rt VII-A   Statements Regarding Activities	<del> </del>				1 1	/aaT	Na	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legisla	ation or	did it participate or interve	ne in		-	es	No	
	any political campaign?	0.0	Ab			1a	-	X	
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purpos			finition		1b	$\dashv$	<u>X</u> ,	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of	t any ma	iterials published or			1 1		4	
_	distributed by the foundation in connection with the activities.					<del></del>  -		X	
	Did the foundation file Form 1120-POL for this year?					1c		<del>^</del>	
u	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the (1) On the foundation.   \$ 0. (2) On foundation managers.	-	0			1 1			
	Enter the reimbursement (if any) paid by the foundation during the year for political expendition	_		÷			ı		
E	managers. > \$ 0.	uie lax i	mposea on iounaanon					ŀ	
,	Has the foundation engaged in any activities that have not previously been reported to the IR	92				2		$\overline{\mathbf{x}}$	
_	If "Yes," attach a detailed description of the activities.	٠.				-	$\dashv$	<del>^</del>	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing in	strumer	nt articles of incorporation	٥r		1, 1	- 1	`1	
Ŭ	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	ou dinici	it, articles of meorporation	, 01		3	-	X	
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year	7				4a		X	
	If "Yes," has it filed a tax return on Form 990-T for this year?			1	N/A	4b	$\neg$	<del></del>	
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?				,	5		X	
-	If "Yes," attach the statement required by General Instruction T							<u> </u>	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eith	her:						Ì	
	By language in the governing instrument, or					1 1			
	By state legislation that effectively amends the governing instrument so that no mandatory	directio	ns that conflict with the sta	ite law		<u> </u>		_	
	remain in the governing instrument?					6	X		
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," compli	ete Part	II, col. (c), and Part XV			7	х		
8a	Enter the states to which the foundation reports or with which it is registered. See instruction	ıs. 🕨						- 1	
	MA						- 1	ļ	
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Att	torney G	eneral (or designate)			<u>  </u>	_		
	of each state as required by General Instruction G? If "No," attach explanation		•			8b	x		
9	Is the foundation claiming status as a private operating foundation within the meaning of sec	tion 494	2(j)(3) or 4942(j)(5) for ca	lendar					9
	year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," comp	lete Par	t XIV			9		X	8
10_	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule			STM		10 m <b>990</b> -	X		

orm	990-PF (2019) COMMODORE BUILDERS CHARITABLE FOUNDATION 81-3443	<u>813</u>		Page 5
Pa	rt VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		<u>X</u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?		1	
	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	X	
	Website address ► N/A			
14	The books are in care of ▶ DAVID W. JOLIN Telephone no. ▶ 617-61		<u>500</u>	
	Located at ►404 WYMAN STREET, SUITE 400, WALTHAM, MA ZIP+4 ►02	<u>451</u>		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		<b>•</b>	
	and enter the amount of tax-exempt interest received or accrued during the year	<u>N</u>	<u>/</u> A	
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		<u> X</u>
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			1
	foreign country >	Ĺ		
Pa	rt 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.	Ш	Yes	No
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?			
	(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?			1
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?   X Yes  No	١,١	.	•
	(5) Transfer any income or assets to a disqualified person (or make any of either available			, Ì
	for the benefit or use of a disqualified person)?			,
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	۱. ا	1	
	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.)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			لـــــا
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		X
	Organizations relying on a current notice regarding disaster assistance, check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 2019?	10		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)):			j
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?		İ	
	If "Yes," list the years		ļ	
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		١,	
	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
_	<u> </u>			l
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			1
	during the year?  Yes X No			- 1
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		Į	- 1
	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,		<u>—</u>	
	Schedule C, to determine if the foundation had excess business holdings in 2019.)  N/A	3b	—— <u> </u>	X
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		
0	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		
	had not been tempered item jeopardy before the first day of the aix year beginning in 2013.	עדי.		42

Form 990-PF (2019) . COMMODORE BUILDERS CHARI Part VII-B   Statements Regarding Activities for Which F			81-34438	13	Page 6
5a During the year, did the foundation pay or incur any amount to:	orni irzo may bo in	equirea (contin	nuea)	Yes	No
<ul> <li>(1) Carry on propaganda, or otherwise attempt to influence legislation (section)</li> <li>(2) Influence the outcome of any specific public election (see section 4955); or</li> </ul>	, ,,		es X No		
any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes			es X No es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization 4945(d)(4)(A)? See instructions		<del></del>	es X No		
<ul> <li>(5) Provide for any purpose other than religious, charitable, scientific, literary, the prevention of cruelty to children or animals?</li> <li>b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un</li> </ul>		Y	es X No		
section 53.4945 or in a current notice regarding disaster assistance? See instr	•	i negulations	N/A	5b	
Organizations relying on a current notice regarding disaster assistance, check it					<u> </u>
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for		ned			
expenditure responsibility for the grant?			es No		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			İ	
a personal benefit contract?			es X No		
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?			5b	X
If "Yes" to 6b, file Form 8870.					
7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?	Y	es X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu	Itable to the transaction?			7b	
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$	31,000,000 in remuneration or				
excess parachute payment(s) during the year?		Y	es X No		1
Part VIII Information About Officers, Directors, Trustoral Paid Employees, and Contractors	ees, Foundation Man	agers, Highly			
1 List all officers, directors, trustees, and foundation managers and t	neir compensation.				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Exp account, allowa	ense other nces
JOSEPH J. ALBANESE	PRESIDENT/DIR	ECTOR			
404 WYMAN ST STE 400					
WALTHAM, MA 02451-1264	0.05	0.	0.		0.
DAVID W. JOLIN	TREASURER, CL	ERK & DIR	ECTOR		
404 WYMAN ST STE 400			1		
WALTHAM, MA 02451-1264	0.10	0.	0.		0.
THOMAS COMEAU	DIRECTOR				
404 WYMAN ST STE 400					
WALTHAM, MA 02451-1264	0.05	0.	0.		0.
SARAH HOTCHKISS	DIRECTOR				
404 WYMAN ST STE 400					
WALTHAM, MA 02451-1264	0.10	0.	0.		0.
2 Compensation of five highest-paid employees (other than those inc		nter "NONE."	(d) Contributions to		
(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) Exp account, allowar	ense other nces
NONE	]				
	]		]		
Total number of other employees paid over \$50,000			Form S	90-PF	<u>0</u> (2019)

Part VIII Information About Officers. Directors. Trustees. Four		3443813 Page 7
Part VIII Information About Officers, Directors, Trustees, Four Paid Employees, and Contractors (continued)	ndation managers, riigniy	
3 Five highest-paid independent contractors for professional services. If none,	enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	<del> </del>	
		<del></del>
Total number of others receiving over \$50,000 for professional services  Part IX-A   Summary of Direct Charitable Activities		▶ 0
	· · · · · · · · · · · · · · · · · · ·	
List the foundation's four largest direct charitable activities during the tax year. Include relevant number of organizations and other beneficiaries served, conferences convened, research papers	statistical information such as the produced, etc.	Expenses
1 N/A		
2		
3		
<u> </u>		
4		•
Dort IV P I O		
Part IX-B   Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax yes	ar on long 1 and 2	Amount
1 N/A	ar on lines I and Z.	Amount
1		
2		
All other program-related investments. See instructions.		
3		
- <del></del> -		
Total. Add lines 1 through 3	<b></b>	0.

Form **990-PF** (2019)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, se	e instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
8	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	335,523.
C	Fair market value of all other assets	1c	<u> </u>
d	Total (add lines 1a, b, and c)	1d	335,523.
e	Reduction claimed for blockage or other factors reported on lines 1a and		· · · · · · · · · · · · · · · · · · ·
_	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	335,523.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	5,033.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	330,490.
6	Minimum investment return. Enter 5% of line 5	6	16,525.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations, check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	16,525.
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	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	16,525.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	16,525.
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	16,525.
	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	<u> </u>	
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	234,515.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	234,515.
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	234,515.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	ualifies for th	e section

Form **990-PF** (2019)

Part XIII Undistributed Income (see instructions)

		(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2	2019 from Part XI,	•			
line 7	}				16,525.
2 Undistributed income, if any, as	s of the end of 2019				,
a Enter amount for 2018 on	ly			0.	
<b>b</b> Total for prior years:			_		
	<del></del>		0.		
3 Excess distributions carry	over, if any, to 2019:				
a From 2014					
<b>b</b> From 2015					
c From 2016	35,814.				
<b>d</b> From 2017	192,799.				
e From 2018	75,677.	_			
f Total of lines 3a through o		304,290.	n t mpro	t i in in set settlementen in et k	. <u>Co</u> r 1946 (C
4 Qualifying distributions for					
Part XII, line 4: ► \$	234,515.				
a Applied to 2018, but not m	nore than line 2a			0.	
<b>b</b> Applied to undistributed in	ncome of prior		"		
years (Election required - :	see instructions)		0.		
c Treated as distributions or	ľ		in the hours	of Leane When text	
(Election required - see ins	structions)	0.			
d Applied to 2019 distributa	ble amount				16,525.
e Remaining amount distrib		217,990.			
5 Excess distributions carryover a (If an amount appears in column	applied to 2019	0.			0.
must be shown in column (a))  6 Enter the net total of each	h column as	0.			0.
indicated helow;		Enn non		11 11 4 1 W	1 1 10
a Corpus Add lines 3f, 1c, and 1c	· · · · · · · · · · · · · · · · · · ·	522,280.			
<b>b</b> Prior years' undistributed	income. Subtract		0		
line 4b from line 2b			0.		
c Enter the amount of prior undistributed income for v deficiency has been issued the section 4942(a) tax ha assessed	which a notice of d, or on which		0.		
d Subtract line 6c from line	6b. Taxable				
amount - see instructions			0.		
e Undistributed income for 2	2018, Subtract line				
4a from line 2a. Taxable ar				0.	
f Undistributed income for 2	T T				
lines 4d and 5 from line 1.					
be distributed in 2020					0.
7 Amounts treated as distrib	outions out of	· · · · · · · · · · · · · · · · · · ·	ECHTOMOTO COMO COLOR	11-11	Ĭ
corpus to satisfy requirem					j
section 170(b)(1)(F) or 49			,	, i i iii ii  ·	
may be required - see inst		0.			
8 Excess distributions carry					
not applied on line 5 or lin		0.			
9 Excess distributions carry					
Subtract lines 7 and 8 from	ı	522,280.			
	ii iiie oa	322,2001			10
10 Analysis of line 9: a Excess from 2015					
b Excess from 2016	35,814.				ļ
c Excess from 2017	192,799.				[
d Excess from 2018	75,677.				ļ
	217,990.	11001			ļ
e Excess from 2019	<u> </u>	11011	Birth Addition -	10 10	t Per C pitter

Form 990-PF (2019) COMMODO	ORE BUILDERS	CHARITABLE	FOUNDATION		13813 Page 11
Part XIV Private Operating F			-A, question 9)	N/A	
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective for b Check box to indicate whether the foun	•	-	n continu	14042(3)(2) 05 140(	12(4)(5)
	Tax year	ig iounidation described i	Prior 3 years	4942(j)(3) or 494	12(1)(3)
2 a Enter the lesser of the adjusted net	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) Total
income from Part I or the minimum	(8) 2013	(5) 2010	(0) 2017	(4) 2010	(c) Total
investment return from Part X for					
each year listed				<del>                                     </del>	<del></del>
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			/_/	<del> </del>	
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		
(1) Value of all assets		/		<del> </del>	
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return					
shown in Part X, line 6, for each year listed					
c "Support" alternative test - enter;					
(1) Total support other than gross					
investment income (interest,	1 /				
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public			<u> </u>		
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from			1		
an exempt organization					
(4) Gross investment income	1				
Part XV Supplementary Info			f the foundation	had \$5,000 or more	in assets
at any time during t	:he year-see instri	uctions.)			
1 Information Regarding Foundation	on Managers:				
a List any managers of the foundation wh			ibutions received by the	foundation before the close	of any tax
year (but only if they have contributed i	more than \$5,000). (See se	ection 507(d)(2).)			
NONE		=			
<b>b</b> List any managers of the foundation wh			or an equally large portio	on of the ownership of a part	nership or
other entity) of which the foundation ha	is a 10% or greater interes	t.			
NONE					
2 Information Regarding Contribut					
Check here 🕨 🗶 if the foundation					ts for funds. If
the foundation makes gifts, grants, etc.	, to individuals or organiza	tions under other conditi	ons, complete items 2a,	b, c, and d.	
a The name, address, and telephone num	ber or email address of the	e person to whom applic	ations should be address	sed:	
<b>b</b> The form in which applications should	pe submitted and informat	ion and materials they sh	iould include;		
c Any submission deadlines:					
		Lauran al 1111 f. f. f.	1d 4 4 4 4 4 4 4	-11	
d Any restrictions or limitations on award	is, such as by geographica	i areas, charitable fields,	KINGS OF INSTITUTIONS, OF C	otner factors;	

COMMODORE BUILDERS CHARITABLE FOUNDATION

Part XV | Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year FOR GENERAL OPERATIONS NONE BOSTON ARCHITECTURAL COLLEGE ÞС 320 NEWBURY STREET BOSTON, MA 02115 15,000. FOR GENERAL OPERATIONS 7 SOUTH SUNSHINE FUND NONE PC 7 SOUTH STREET BOSTON, MA 02111 1,000. FOR GENERAL OPERATIONS BOSTON HEALTH CARE FOR HOMELESS NONE Þ٥ PROGRAM INC 780 ALBANY STREET BOSTON, MA 02118 10,000. NONE FOR GENERAL OPERATIONS BSA FOUNDATION 290 CONGRESS STREET, SUITE 200 BOSTON, MA 02210 5,000. CEC/SEABEE HISTORICAL FOUND FOR GENERAL OPERATIONS NONE PO BOX 657 5,195. GULFPORT, MS 39502 SEE CONTINUATION SHEET(S) **▶** 3a 234,515. Total **b** Approved for future payment TRUSTEES OF BOSTON UNIVERSITY NONE FOR GENERAL OPERATIONS Þс 1 SILBER WAY BOSTON, MA 02115 125,000. FOR GENERAL OPERATIONS BSA FOUNDATION NONE PC 290 CONGRESS STREET, SUITE 200 20,000. BOSTON, MA 02210 145,000. Total

# COMMODORE BUILDERS CHARITABLE FOUNDATION 81-3443813

Part XV. Supplementary Information	<del></del>			
3 Grants and Contributions Paid During the	<del></del>	<u> </u>		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
DRIVE FOR A CURE	NONE	PC	FOR GENERAL OPERATIONS	
145 PICKNEY STREET, UNIT 617				
BOSTON, MA 02114		ļ		10,000.
HERREN PROJECT	NONE	₽C	FOR GENERAL OPERATIONS	
PO BOX 131				
PORTSMOUTH, RI 02871	<del> </del>	1		25,000.
LACHANCE FOUNDATION	NONE	PC	FOR GENERAL OPERATIONS	
35 LONDONDERRY TURNPIKE, SUITE C		Ì		
HOOKSETT, NH 03106				1,000.
LASELL COLLEGE	NONE	₽C	FOR GENERAL OPERATIONS	
1844 COMMONWEALTH AVE				
NEWTON, MA 02466				12,500.
MA VETERANS OUTREACH	NONE	PC	FOR GENERAL OPERATIONS	
665 BEACON STREET, #100				
BOSTON, MA 02115				5,000.
MIT DESIGN X/CREATE	NONE	PC PC	FOR GENERAL OPERATIONS	
77 MASSACHUSETTS AVENUE 7-336				
CAMBRIDGE, MA 02139		<del> </del>		15,000.
NAVAL HISTORICAL FOUNDATION	NONE	PC	FOR GENERAL OPERATIONS	
1306 DAHLGREN AVENUE SW #2				
WASHINGTON NAVY YARD, DC 20374				20,000.
NE CENTER AND HOME VETERANS	NONE	PC	FOR GENERAL OPERATIONS	
17 COURT STREET				
BOSTON, MA 02210				20,000.
PAN-MASSACHUSETTS CHALLENGE	NONE	PC	FOR GENERAL OPERATIONS	
77 FOURTH AVENUE				4 400
NEEDHAM, MA 02494				4,420.
PMC JIMMY FUND	NONE	PC	FOR GENERAL OPERATIONS	
10 BROOKLINE PLACE WEST, 6TH FLOOR BROOKLINE, MA 02445				7 500
Total from continuation sheets	<u> </u>	1		7,500.
TOTAL HOME CONTINUES OF SHEETS				

# COMMODORE BUILDERS CHARITABLE FOUNDATION 81-3443813

Degranat	If recipient ic an individual		1	
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
PROJECT HEALING WATERS FLY FISH PO BOX 695 LA PLATA, MD 20646	NONE	PC	FOR GENERAL OPERATIONS	1,0
SPECIAL OLYMPICS 512 FOREST STREET MARLBOROUGH, MA 01752	NONE	₽C	FOR GENERAL OPERATIONS	2,5
THE BOSTON FOUNDATION 75 ARLINGTON STREET, 34D FLR. ROSTON , MA 02116	NONE	PC	FOR GENERAL OPERATIONS	2,5
THE JULIE FUND PO BOX 620-657, ATTN: CHERYL LAMEE NEWTON, MA 02462	NONE	PC	FOR GENERAL OPERATIONS	10,9
TRUSTEES OF BOSTON UNIVERSITY  SILBER WAY  SOSTON , MA 02115	NONE	PC	FOR GENERAL OPERATIONS	25,0
UNITED WAY OF MASSACHUSETTS BAY AND MERRIMACK VALLEY 51 SLEEPER STREET BOSTON , MA 02210	NONE	PC	FOR GENERAL OPERATIONS	5,0
UNIVERSITY OF MASSACHUSETTS FOUNDATION INC. ONE BEACON STREET, 31ST FLOOR BOSTON, MA 02108	NONE	PC	FOR GENERAL OPERATIONS	20,0
USS CONSTITUTION MUSEUM, INC. PO BOX 291812 BOSTON, MA 02129	NONE	PC	FOR GENERAL OPERATIONS	5,0
VENTWORTH INSTITUTE OF TECHNOLOGY 550 HUNTINGTON AVENUE SOSTON, MA 02115	NONE	₽C	FOR GENERAL OPERATIONS	6,0
BOSTON, MA 02115				6,

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

Enter gross amounts unless otherwise indicated.	Unrelate (a) Business	(b)	(C) Exclu- sion	(d)	(e) Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
<b>a</b>					
b	<b></b>				
c	ļ		ļ		
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash	1		1		
investments					
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:				bu .	<u>.</u>
a Debt-financed property			<u> </u>		
<b>b</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			01	<56,289.>	
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
c					
d					·
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		<56,289.>	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	<56,289.>
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities to	the Acco	mplishment of Exe	mpt	Purposes	
Line No. Explain below how each activity for which income the foundation's exempt purposes (other than to be a considered to the considere			contrit	uted importantly to the accom	plishment of
					<u></u>
		<del></del>		_	
· · · · · · · · · · · · · · · · · · ·		<del></del>			
<del></del>					

Form 99					HARITABLE FO			81-3443		Pa	ige 13
Part 2	XVII	Information Re Exempt Organ		isters to a	nd Transactions	and Relati	onsnips with	Noncharit	able		
1 Dic	the or	ganization directly or indi	rectly engage in any	of the following	ng with any other organiza	ation described	in section 501(c)			Yes	No
(ot	her tha	n section 501(c)(3) organ	izations) or in section	on 527, relating	g to political organization:	s?					
a Tra	nsfers	from the reporting founda	ation to a nonchanta	ible exempt or	ganization of						ĺ
(1)	Cash								1a(1)		X
(2)	Other	assets	•						1a(2)		X
b Ott	er tran	sactions:									
(1)	Sales	of assets to a noncharital	ble exempt organiza	ition .		•		•	1b(1)		X
(2)	Purch	ases of assets from a no	ncharitable exempt (	organization _					1b(2)		X
(3)	Renta	l of facilities, equipment,	or other assets		,				1b(3)		X
(4)	Reim	oursement arrangements							1b(4)		X
(5)	Loans	or loan guarantees							1b(5)		X
(6)	Perfo	rmance of services or me	mbership or fundrai	ısıng solicitatio	ons				1b(6)		X
c Sha	aring of	facilities, equipment, ma	iling lists, other assi	ets, or paid em	iployees				1c		Х
d If t	ne ansv	ver to any of the above is	"Yes," complete the	following sche	edule. Column (b) should	always show t	he fair market value	of the goods, o	ther ass	ets,	
or:	service	s given by the reporting fo	oundation. If the fou	ndation receive	ed less than fair market v	alue in any trar	isaction or sharing	arrangement, sh	ow in		
col	umn (d	) the value of the goods,	other assets, or serv	vices received							
(a) Line n	٥	(b) Amount involved	(c) Name o	f noncharitable	e exempt organization	(d) D	escription of transfers,	ransactions, and st	arıng arra	ngemen	ts
				N/A							
					<del>_</del>						
						ļ		· <u>·</u>			
	_							· <u> </u>			
	_										
	$\dashv$							<del></del>			
22 ls t	ha four	dation directly or indirect	ly affiliated with or	related to one	or more tax-exempt orga	nizations desc	rihed				
		501(c) (other than section	•	-	or more tax exempt orga	111124110115 4450	,,,,,,,		Yes	ΓX	No
		mplete the following sche		Guon GE7			•	<u> </u>			] 140
וו ט	63, 60	(a) Name of org			(b) Type of organization	n I	(c) Descript	ion of relationsh	ın		
		N/A			(b) type of organization	-	(0) 2000.15.		· <del>P</del>		
		11/13	<del></del>			<del></del>		<del></del>			
			<del></del>			-	·· <del>·····</del>				
				<del> </del>		+					
						-					
	Under	penalties of person I declare 0	hat I have exemined the	return, including	accompanying schedules and	statements and	to the best of my know	edoe —			
Sign	and be	ief, it is true, correct, and com	plete Declaration of pre	parer (other than	taxpayer) is based on all infor	mation of which p	Ebaret has sox knowle	. Mav	the IRS d	scuss th	is f
Here		llam	w/6/	<u></u>					n with the	See inst	٦ .
, 1010	S.	atura of officer as tructer					ERK & DIR	ECTO	_ Yes		No
	Sign	ature of officer or trustee		MA 25 49	Date	Title	Charle	T of LOTIN			
		Print/Type preparer's na	me	Preparer's s	ignature	Date	Check	if PTIN			
ם יים				$\mathbb{W} \mathcal{W}$	· MA		self- emplo			c = -	
Paid		MICHAEL A.		MN.N	120	09/24			028		
Prepa Use C		Firm's name ► RSM	US LLP				Firm's Elf	<b>42-07</b>	1432	25	
-	-										

Firm's address ▶ 80 CITY SQUARE

BOSTON, MA 02129

### Schedule B

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

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

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

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

OMB No 1545-0047

2019

Name of the organization

COMMODORE BUILDERS CHARITABLE FOUNDATION

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

Employer identification number

81-3443813

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

Organization type (check one)						
Filers of:	Section:					
Form 990 or 990-EZ	501(c)( ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	X 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
•	n is covered by the <b>General Rule</b> or a <b>Special Rule.</b> c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions					
General Rule						
	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or my one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections 509(a)( any one contribu	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under I) 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 itor, 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, EZ, line 1. Complete Parts I and II					
year, total contri	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the butions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the lielty to children or animals. Complete Parts I, II, and III					
year, contributio is checked, ente purpose Don't c	non described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ins exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is the reference of the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the General Rule applies to this organization because it received nonexclusively ble, etc., contributions totaling \$5,000 or more during the year					
but it must answer "No"	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), 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 the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

**Employer identification number** 

### COMMODORE BUILDERS CHARITABLE FOUNDATION

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BOSTON PAINT CO  383 DORCHESTER AVE, SUITE 240  SOUTH BOSTON, MA 02127	\$ 29,040.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	A MURPHY ELECTRICAL INC  35 HANOVER STREET  HANOVER, MA 02339	\$ 28,740.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	SAVE ON WALL CO INC  9 OLD DERRY ROAD  HUDSON, NH 03051	\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	SELECT DEMO SERVICES, LLC  40 LOWELL ROAD  SALEM, NH 03079	\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	ACOUSTEK  20 VENTURA DRIVE  NORTH DARTMOUTH, MA 02747	\$ 23,740.	Person X Payroll  Noncash  (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	ALLEGHENY FLOORING  36 HOLTON STREET  WINCHESTER, MA 01890	\$23,740.	Person X Payroll  Noncash  (Complete Part II for noncash contributions)

Employer identification number

### COMMODORE BUILDERS CHARITABLE FOUNDATION

	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	AMERICAN CONTRACTORS  35 NORTH STREET  CANTON, MA 02021	\$	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	CAUSEWAY  221 MATTAKESSETT STREET  PEMBROKE, MA 02359	\$ 23,740.	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	WAYNE J. GRIFFIN ELECTRIC, INC.  116 HOPPING BROOK ROAD  HOLLISTON, MA 01746	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	HAROLD BROTHERS MECHANICAL CONTRACTORS		Person X
	44 WOODROCK ROAD WEYMOUTH, MA 02061	\$ 23,740.	Noncash (Complete Part II for noncash contributions )
(a) No.		\$ 23,740.	Noncash (Complete Part II for
	WEYMOUTH, MA 02061 (b)	(c)	Noncash (Complete Part II for noncash contributions )
No.	WEYMOUTH, MA 02061  (b)  Name, address, and ZIP+4  IPSWICH BAY GLASS  420 NEWBURYPORT TURNPIKE, PO BOX 511	(c) Total contributions	Noncash (Complete Part II for noncash contributions)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for
No. 11	WEYMOUTH, MA 02061  (b)  Name, address, and ZIP+4  IPSWICH BAY GLASS  420 NEWBURYPORT TURNPIKE, PO BOX 511  ROWLEY, MA 01969  (b)	(c) Total contributions  \$ 23,740.	Noncash (Complete Part II for noncash contributions)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	WEYMOUTH, MA 02061  (b)  Name, address, and ZIP+4  IPSWICH BAY GLASS  420 NEWBURYPORT TURNPIKE, PO BOX 511  ROWLEY, MA 01969  (b)  Name, address, and ZIP+4	(c) Total contributions  \$ 23,740.	Noncash (Complete Part II for noncash contributions)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions)  (d) Type of contribution

Employer identification number

### COMMODORE BUILDERS CHARITABLE FOUNDATION

Parill	Contributors (see instructions) Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	J. & M. BROWN COMPANY, INC.  PO BOX 845948  BOSTON, MA 02284	\$5,750.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll 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)

Employer identification number

## COMMODORE BUILDERS CHARITABLE FOUNDATION

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

Employer identification number

COMMOI Part III	Exclusively religious, charitable, etc., contributor from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious.	ons to organizations described in section	81-3443813  501(c)(7), (8), or (10) that total more than \$1,000 for the year organizations  or the year (felter this inference)  \$\infty\$ \$\$					
	Use duplicate copies of Part III if additional s	space is needed	the year (Little this into thee )					
(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, an	d 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

) No. rom art 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

Transferee's name, address, and ZIP + 4

Ma —				
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is h	
_   _				
_   _				
		(e) Transfer of gift		

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

Relationship of transferor to transferee

Relationship of transferor to transferee

FORM 990-PF	OTHER	INCOME		STATEMENT 1
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
OTHER INCOME	_	40,320.	0.	0.
TOTAL TO FORM 990-PF, PART I,	LINE 11 =	40,320.	0.	0.
FORM 990-PF	OTHER	EXPENSES		STATEMENT 2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
SIGNAGE EVENT GIFTS INSURANCE VENUE RENTAL IRS/COMM OF MA ON COURSE FOOD/OTHER PAYPAL SERVICE FEES	13,403 25,132 615 49,789 365 6,311	. 0 . 0 . 0 . 0	. 0 . 0 . 0 . 0	. 0. . 0. . 0.
TO FORM 990-PF, PG 1, LN 23	994	_		

FORM 990-PF LIST	OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10	STATEMENT 3
NAME OF CONTRIBUTOR	ADDRESS	
BOSTON PAINT CO	383 DORCHESTER AVE, SUITE SOUTH BOSTON, MA 02127	240
A MURPHY ELECTRICAL INC	35 HANOVER STREET HANOVER, MA 02339	
SELECT DEMO SERVICES, LLC	40 LOWELL ROAD SALEM, NH 03079	
ACOUSTEK	20 VENTURA DRIVE NORTH DARTMOUTH, MA 02747	
ALLEGHENY FLOORING	36 HOLTON STREET WINCHESTER, MA 01890	
CAUSEWAY	221 MATTAKESSETT STREET PEMBROKE, MA 02359	
WAYNE J. GRIFFIN ELECTRIC,	INC. 116 HOPPING BROOK ROAD HOLLISTON, MA 01746	
IPSWICH BAY GLASS	420 NEWBURYPORT TURNPIKE ROWLEY, MA 01969	
MANGANARO NORTHEAST LLC	52 CUMMINGS PARK WOBURN, MA 01801	