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.

	nal Revenue Service Go to www.i	rs.gov/Form990PF for inst	ructions and the latest in	formation.	Open to Public Inspection
	calendar year 2019 or tax year beginning SEP	1, 2019	, and ending	AUG 31, 2020	
Na	me of foundation			A Employer identification	number
	HE I DW CHADIMADI E ECHDAM	TON		04 2216244	
	'HE LPM—CHARITABLE FOUNDAT  Ther and street (or P O box number if mail is not delivered to street.)		Room/suite	04-3316344	** .
	80 MAIN STREET, SUITE 1	addressy	Noonvalle	B Telephone number 978-897-06	60
	y or town, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is p	<del></del>
	OLTON, MA 01740	55141 5545		o ii exemption application is p	ending, check here
	Check all that apply: Initial return	Initial return of a fe	ormer public charity	D 1 Foreign organizations	, check here
	Final return	Amended return			
	X Address change	Name change		<ol> <li>Foreign organizations me check here and attach co</li> </ol>	eting the 85% test, mputation
H (	Check type of organization: X Section 501(c)(3) ex		ation $\theta q$	E If private foundation stat	tus was terminated
<u> </u>		Other taxable private found		under section 507(b)(1)	(A), check here 🕨 📖
	air market value of all assets at end of year J Accounting	•	Accrual	F If the foundation is in a (	
-	om Part II, col. (c), line 16) -\$ 237,361. (Part I, colum	her (specify) nn (d), must be on cash bas	as)	under section 507(b)(1)	(B), check here
	art I   Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
`	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)
	1 Contributions, gifts, grants, etc., received	18,650.		N/A	
	2 Check I if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	11,538.	11,538.		STATEMENT 1
	5a Gross rents				
	b Net rental income or (loss)	72.			CONTRACTOR O
e	ba Net gain or (loss) from sale of assets not on line 10 B Gross sales price for all B assets on line 6a 10,000.	12.		<del></del>	STATEMENT 2
Revenue	D assets on line 6a		0.		
æ	8 Net short-term capital gain				
	9 Income modifications				-
	Gross sales less returns and allowances		· ·	***	-
	b Less Cost of goods sold				
	c Gross profit or (loss)				
	11 Other income	20.000	11 520		
_	12 Total. Add lines 1 through 11	30,260.	11,538.		0
	13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages	0.	0.		0.
	15 Pension plans, employee benefits	<del></del>	·····		
ses	16a Legal fees		RE	CEIVED	
ĕ	b Accounting fees OILU 31		8	SSI	
Ä	c Other professional fees		TO CFEB	0 8 2021)	
ř	17 Interest		B	12	
itra	18 Taxes		06	DEN, UT	-4.
inis	19 Depreciation and depletion		00	DE11, 0.	
Ę	20 Occupancy				
þ	<ul><li>21 Travel, conferences, and meetings</li><li>22 Printing and publications</li></ul>	-		<u> </u>	
Operating and Administrative Expen	23 Other expenses STMT 3	56,910.	0.		0.
aţi	24 Total operating and administrative	00,72		_	
per	expenses. Add lines 13 through 23	56,910.	0.		0.
o	25 Contributions, gifts, grants paid	17,327.			17,327.
	26 Total expenses and disbursements.				
	Add lines 24 and 25	74,237.	0.		17,327.
	27 Subtract line 26 from line 12:	,43 077 l			
	Excess of revenue over expenses and disbursements     Net investment income (if negative, enter -0-)	<43,977.	> 11,538.		
	C Adjusted net income (if negative, enter -0-)		11,000	N/A	<u> </u>
				/	

Г	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	
뜨	arı	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	109,303.	72,982.	72,982.
	2	Savings and temporary cash investments	487.	10,573.	10,573.
	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	8,151.		
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts			
S	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges		600.	600.
Ÿ	10a	Investments - U.S. and state government obligations			
		Investments - corporate stock			
		Investments - corporate bonds	9,928.	0.	0.
	١	Investments - land, buildings, and equipment basis	·		- 1
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 4	181,926.	187,822.	153,206.
	14	Land, buildings, and equipment; basis ▶		·	1
		Less accumulated depreciation			
	15	Other assets (describe ▶ )			
		Total assets (to be completed by all filers - see the			· ' ' · · · · · ·
		instructions. Also, see page 1, item I)	309,795.	271,977.	237,361.
_	17	Accounts payable and accrued expenses			į
	18	Grants payable			
Ś	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			ļ
ap	21	Mortgages and other notes payable			
_	22	Other liabilities (describe ► DUE TO AFFILIATE )	0.	6,159.	Ī
					1
_	23	Total liabilities (add lines 17 through 22)	0.	6,159.	
		Foundations that follow FASB ASC 958, check here			.
es		and complete lines 24, 25, 29, and 30.			
lances	24	Net assets without donor restrictions	309,795.	265,818.	<u> </u>
a	25	Net assets with donor restrictions			
Fund B		Foundations that do not follow FASB ASC 958, check here			
큔		and complete lines 26 through 30.			
þ	26	Capital stock, trust principal, or current funds			
ets	27	Paid-in or capital surplus, or land, bldg., and equipment fund			
Ass	28	Retained earnings, accumulated income, endowment, or other funds			[
Net Assets	29	Total net assets or fund balances	309,795.	265,818.	
Z			200 505	051 055	1
	30	Total liabilities and net assets/fund balances	309,795.	271,977.	
P	art	III Analysis of Changes in Net Assets or Fund B	alances		
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	29	1 1	
•		st agree with end-of-year figure reported on prior year's return)		1	309,795.
2	•	r amount from Part I, line 27a	•	2	<43,977.>
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	265,818.
		eases not included in line 2 (itemize)		5	0.
6	Tota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 29	6	265,818.
					Form <b>990-PF</b> (2019)

(a) List and describe the	e kind(s) of property sold (for exa house, or common stock, 200 sh	mple, real esta	<del>_</del>	( <b>b)</b> F	low ac Purcl Dona	nase	(c) Date a	acquired ay, yr)	(d) Date sold (mo., day, yr.)
1a									
b NON	E								
С				L.,					
d									
e				<u> </u>					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	1	st or other basis expense of sale					ain or (loss) (f) minus (	
a				_					<u></u>
b				_					
C									· • • · · ·
d				_					
e	(h)dd h	Ab a fa a data a	40/04/00	_					
Complete only for assets showing	* * * * * * * * * * * * * * * * * * * *	T		_				ol. (h) gain iot less than	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (i) col. (j), if any					(from col. (I	
a				_					
b									
С					_				
d									
e				_					
2 Capital gain net income or (net capit	tal loss) { If gain, also ente If (loss), enter -0	r ın Part I, line I- ın Part I, line	7 7	}[	2				
3 Net short-term capital gain or (loss)	as defined in sections 1222(5) ar			5					
If gain, also enter in Part I, line 8, co If (loss), enter -0- in Part I, line 8	iumn (c).			١١	ا ء				
	der Section 4940(e) for	Reduced	Tax on Net	Inve	estm	ent Inco	me		
Was the foundation liable for the section of "Yes," the foundation doesn't qualify the founda	ınder section 4940(e). Do not cor	mplete this par	t						Yes X No
1 Enter the appropriate amount in each		nstructions be	tore making any e				_		74)
Base period years Calendar year (or tax year beginning	• 1		Net value of no	(c) nchari				Dıstrıb (col (b) dıvı	(d) ution ratio ded by col. (c))
2018		7,820.				6,869.			.541472
2017	8	4,020.			41	0,603.			.204626
2016		5,157.				6,114.			.139245
2015		9,598.				4,042.	1		.218651
2014		0,033.			33	1,997.	<del>                                     </del>		.090462
2 Total of line 1, column (d)							2		1.194456
3 Average distribution ratio for the 5-y the foundation has been in existence	•	on line 2 by 5	0, or by the numb	er of y	ears		3		.238891
4 Enter the net value of noncharitable	use assets for 2019 from Part X	line 5					4		244,257.
	and another for Early month array								
5 Multiply line 4 by line 3							5		58,351.
6 Enter 1% of net investment income	(1% of Part I, line 27b)						6		115.
7 Add lines 5 and 6							7		58,466.
8 Enter qualifying distributions from F	Part XII, line 4						8		17,327.
If line 8 is equal to or greater than hi See the Part VI instructions.	ne 7, check the box in Part VI, line	t 1b, and comp	olete that part usin	g a 1%	6 tax r	ate.			

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Form	990-PF (2019) THE LPM CHARITABLE FOUNDATION					<u>3316</u>			age 4
	t VI Excise Tax Based on Investment Income (Section 4940			40(e), or 4	948 ·	see i	nstru	ctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔲 and en	iter "N/A	A" on line 1.						$\overline{}$
	Date of ruling or determination letter. (attach copy of letter if nec	essary-	see instruction	ıs)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here		and enter 1%	<b> </b>	1			2	31.
	of Part I, line 27b								
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4%	of Par	t I, line 12, col.	(b) J				_	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; oth	ners, en	ter -0-)		2				0.
3	Add lines 1 and 2			Ī	3			2	31.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; of	hers, ei	nter -0-)		4				0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-				5			2	31.
6	Credits/Payments.								$\overline{}$
	2019 estimated tax payments and 2018 overpayment credited to 2019	6a		0.					-
	Exempt foreign organizations - tax withheld at source	6b		0.					
	Tax paid with application for extension of time to file (Form 8868)	6c		0.					
	Backup withholding erroneously withheld	6d		0.					
	Total credits and payments. Add lines 6a through 6d	\			7				0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attac	ched		ţ	8				0.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			<b>▶</b> †	9			2	31.
	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		1	Refunded	11	-			
	t VII-A   Statements Regarding Activities		I		•				
	During the tax year, did the foundation attempt to influence any national, state, or local legisl	ation of	r did it participa	te or intervene i	n			Yes	No
	any political campaign?		ола по разглютро				1a		X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purpos	es? Se	e the instructio	ns for the definit	tron		16		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies o						<del>                                     </del>		<del></del> -
	distributed by the foundation in connection with the activities.	. uny m	atorialo poblici				1 1		- 1
	Did the foundation file Form 1120-POL for this year?						1c -		<u></u>
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the	voar:					<del>- '-</del> -		<del></del> -
	(1) On the foundation. > \$ 0. (2) On foundation managers.	-		0.			1 1		
	· · · · · · · · · · · · · · · · · · ·						1 1		ŀ
	Enter the reimbursement (if any) paid by the foundation during the year for political expendit managers. $ ightharpoonup$ $ ightharpoonup$ $ ightharpoonup$ .	uie lax	iiiposeu oii io	unuation			1 1		
	managers. ► \$	en.					2		$\overline{\mathbf{x}}$
		101					<del>- ^ +</del>		<u>~</u>
	If "Yes," attach a detailed description of the activities.						1 1		
	Has the foundation made any changes, not previously reported to the IRS, in its governing in	istrume	ent, articles of i	ncorporation, of			<del></del>  -		$\overline{\mathbf{x}}$
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	.0					3	_	X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year	,			N	/A	4a		
	If "Yes," has it filed a tax return on Form 990-T for this year?				1/4	/ A	4b		X
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?						5	-	<u>~</u>
	If "Yes," attach the statement required by General Instruction T						1 1		ŀ
	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eit	mer:							- 1
	By language in the governing instrument, or								
	By state legislation that effectively amends the governing instrument so that no mandatory	/ airecti	ons that confli	t with the state	iaw		- <u>-</u> - -	<del></del> -	
	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," compl	iete Par	τ II, col. (c), an	D Part XV			7	Х	
8a	Enter the states to which the foundation reports or with which it is registered. See instruction	ns. 🕨							ļ
	MA								[
	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the At	torney	General (or des	signate)			.		
	of each state as required by General Instruction G? If "No," attach explanation						8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of sec	ction 49	142(j)(3) or 494	2(j)(5) for caler	ndar		.		
	year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," com	plete Pa	art XIV				9		_X_
10	Did any persons become substantial contributors during the tax year? if "Yes," attach a schedul	le listing	their names and a	ddresses			10		X
						For	m <b>990</b> -	-PF	(2019)

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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		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory private forms.	/ileges?	_		
	If "Yes," attach statement. See instructions	_	12		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		13	Х	
	Website address LPMCHARITY.ORG	'			
14	The books are in care of ► AMANDA MURPHY  Telephone no. ►	978-89	7-0	660	
		ZIP+4 ▶01			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	·			$\cdot \Box$
	and enter the amount of tax-exempt interest received or accrued during the year	15	N	/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		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the				
	foreign country				
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.			Yes	No
18	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?	X No			1
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)				
	· · ·	X No			
		X No			1 1
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	X No			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)?	X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"				
	if the foundation agreed to make a grant to or to employ the official for a period after				
	termination of government service, if terminating within 90 days.)	X No			
t	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations				
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	N/A	1b		
	Organizations relying on a current notice regarding disaster assistance, check here				
(	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected				لــــــا
	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)):				
ä	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines	<b>₩</b>			
	, , , , ,	X No			
	If "Yes," list the years , , , , , , , , , , , , , , , , , , ,				
ľ	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect				
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	N/A	<u></u>	—	
	statement - see instructions )	М/А	2b		<del></del> ,
(	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.				
2,	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time				1 1
30		X No			1
,	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after				
•	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to disp				
	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,	.550			
	Schedule C, to determine if the foundation had excess business holdings in 2019.)	N/A	3b		
4:	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	, <b></b>	' 4a		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose ti	hat			
	had not been removed from jeopardy before the first day of the tax year beginning in 2019?		4b		<u>-x</u> -
_		For		-PF	(2019)

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Part VII-B	Statements Regarding Activities for Which I	Form 4720 May Be F	Requirea (contin	ued)			
5a During the	year, did the foundation pay or incur any amount to:				Υ	es	No
(1) Carry (	on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Yo	es 🗶 No [			
(2) Influen	ce the outcome of any specific public election (see section 4955); o	or to carry on, directly or indire	• • • • • • • • • • • • • • • • • • • •				- [
any vo	ter registration drive?		Yo	es 🗶 No	-		- 1
(3) Provid	e a grant to an individual for travel, study, or other similar purposes	?	Y	es 🗶 No			ļ
(4) Provid	e a grant to an organization other than a charitable, etc., organizatio	n described in section					
4945(	d)(4)(A)? See instructions		Y	es 🗓 No			- 1
(5) Provid	e for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f					1
the pre	evention of cruelty to children or animals?		Y	es 🗶 No			- 1
<b>b</b> If any answ	er is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni	der the exceptions described i	n Regulations				
section 53.	4945 or in a current notice regarding disaster assistance? See instr	uctions		N/A	5b		
Organizatio	ns relying on a current notice regarding disaster assistance, check	here					
c if the answ	er is "Yes" to question 5a(4), does the foundation claim exemption f	rom the tax because it maintai	ined				- 1
	e responsibility for the grant?			es 🔲 No			1
If "Yes," atta	ach the statement required by Regulations section 53.4945-5(d)		•				]
	ndation, during the year, receive any funds, directly or indirectly, to	pay premiums on					- {
	benefit contract?		Y	es X No			
•	ndation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?			6b -		X
	b, file Form 8870.				<del>- 1</del>	$\neg$	
	during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?	Y	es 🛣 No			- 1
•	the foundation receive any proceeds or have any net income attribit			N/A	7b		
•	dation subject to the section 4960 tax on payment(s) of more than \$		r	,		_	
	achute payment(s) during the year?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		es 🗓 No			- 1
Part VIII	Information About Officers, Directors, Trust	ees. Foundation Ma					<del></del>
	Paid Employees, and Contractors			,			
1 List all office	cers, directors, trustees, and foundation managers and t	heir compensation.					
		(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e)	Expe	nse other
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	acco	owan	otner ces
			,	companadon	<del> </del>		
SEE STA	rement 5		0.	l 0	.		0.
					1		
		1					
					+		
		1					
	1.72.4.1	1					
					+		
		1					
			ł				
2 Compensa	tion of five highest-paid employees (other than those inc	luded on line 1). If none.	enter "NONE."	ı	Ц		
-		(b) Title, and average		(d) Contributions to employee benefit plans and deferred	(e)	Expe	nse other
(a) Nar	ne and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	acco	ount, ( owan	other ces
No	ONE	dovoted to position		compensation	+		
	511.0	1					
					+		
		1					
	Ph	<del></del>	<del> </del>	<del> </del>	+		
		1					
			-		<del> </del> -		
		1					
	4 h h h h h		L	L			
Total number o	f other employees paid over \$50,000			▶			0

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Form **990-PF** (2019)

		•
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Total. Add lines 1 through 3

All other program-related investments. See instructions.

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, se	e instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	160,251.
	Average of monthly cash balances	1b	87,726.
	Fair market value of all other assets	1c	<u> </u>
d	Total (add lines 1a, b, and c)	1d	247,977.
e	Reduction claimed for blockage or other factors reported on lines 1a and	<del>-</del> -	
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	247,977.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	3,720.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	244,257.
6	Minimum investment return. Enter 5% of line 5	6	12,213.
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.)	id certain	·
1	Minimum investment return from Part X, line 6	1	12,213.
2a	Tax on investment income for 2019 from Part VI, line 5		<u> </u>
b	Income tax for 2019. (This does not include the tax from Part VI.)		
c	Add lines 2a and 2b	2c	231.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	11,982.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	11,982.
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	11,982.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		45.005
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	17,327.
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:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	17,327.
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	17,327.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	qualifies for th	e section

Form **990-PF** (2019)

Page 9

# Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
Distributable amount for 2019 from Part XI,	COTPUS	rears prior to 2010	2010	2013
line 7			,	11,982.
2 Undistributed income, if any, as of the end of 2019				
a Enter amount for 2018 only			0.	
ь Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2019:				
a From 2014 13,640. b From 2015 61,536.				
35 435				
c From 2016 35, 485. d From 2017 63, 640.				
eFrom 2018 170,797.				
f Total of lines 3a through e	345,098.			
4 Qualifying distributions for 2019 from	0.23 / 0.50 1			
Part XII, line 4: ►\$ 17,327.				
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				11,982.
e Remaining amount distributed out of corpus	5,345.			
5 Excess distributions carryover applied to 2019 (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:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	350,443.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'		-		
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously		0		
assessed		0.		
d Subtract line 6c from line 6b. Taxable		0.		
amount - see instructions e Undistributed income for 2018. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2019. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2020				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	_			
may be required - see instructions)	0.			
8 Excess distributions carryover from 2014	12 640			
not applied on line 5 or line 7	13,640.			
9 Excess distributions carryover to 2020	336,803.			
Subtract lines 7 and 8 from line 6a	330,003.	<u> </u>		
10 Analysis of line 9: a Excess from 2015 61,536.				
b Excess from 2016 35,485.				
c Excess from 2017 63,640.				
d Excess from 2018 170,797.				
e Excess from 2019 5, 345.				
923581 12-17-19				Form <b>990-PF</b> (2019)

3 Grants and Contributions Paid During the	If recipient is an individual,	aymont_	<del>-1 ···  </del>	·
Recipient  Name and address (home or business)	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
a Paid during the year				
ASHLAND POLICE ASSOCIATION			ANNUAL FUND	
P.O. BOX 192				
ASHLAND, MA 01721			+	61
			}	
BIKES NOT BOMBS			ANNUAL FUND	
18 BARTLETT SQ.				
JAMAICA PLAIN, MA 02130			1	1,00
BOSTON ELKS POST			ANNUAL FUND	
1 MORRELL STREET				
WEST ROXBURY, MA 02132				56
CAMP WING			ANNUAL FUND	
742 KEENE ST				
DUXBURY, MA 02332	-			26
DCU FOR KIDS		~	ANNUAL FUND	
220 DONALD LYNCH BLVD.				
MARLBOROUGH, MA 01752	NAME TO A CALLED	m/a\		2,00
Total SEE CO  b Approved for future payment	ONTINUATION SHEE	T(S)	<b>▶</b> 3a	17,32
NONE				
Total			► 3b	rm <b>990-PF</b> (20

# THE LPM CHARITABLE FOUNDATION Supplementary Information

Part XV Supplementary Information 3 Grants and Contributions Paid During the		<del>-</del>		
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (nome of business)	or substantial contributor	recipient		
DELRAY CITIZENS FOR DELRAY POLICE			ANNUAL FUND	
40 S. OCEAN BLVD.				1 000
DELRAY BEACH, FL 33483	†			1,000
FIRST TEE OF MASSACHUSETTS			ANNUAL FUND	
300 ARNOLD PALMER BLVD.			INORD TOND	
NORTON, MA 02766				1,000
FOUNDATION FOR CATHOLIC EDUCATION			ANNUAL FUND	
1373 ENTERPRISE DR.				
WEST CHESTER, PA 19380				1,000
FRANCIS DRAKE ELEMENTARY			ANNUAL FUND	
95 VISCOLOID AVE.				1 000
LEOMINSTER, MA 01453				1,000
FRIENDS OF CARITAS CUBANA			ANNUAL FUND	
81 WASHINGTON AVENUE				
CAMBRIDGE, MA 02140				250
HOPE WORLDWIDE			ANNUAL FUND	
4231 BALBOA AVE #330				
SAN DIEGO, CA 92117				1,016
Wantaman (1997)			ANDTINI EIDID	
KRISTEN SULLIVAN 101 TURNPIKE ROAD			ANNUAL FUND	
ASHBY, MA 01431				250
MASON CHAPELLE			ANNUAL FUND	
855 JEFFERSON AVENUE				
REDWOOD CITY, CA 94063		· · · · · · · · · · · · · · · · · · ·		1,650
MAURA RYLE WEADICK			ANNUAL FUND	
40 PARKWOOD DRIVE				1,000
PEPPERELL, MA 01463				1,000
MICHAEL J FOX FOUNDATION			ANNUAL FUND	
P.O. BOX 4777				
NEW YORK, NY 10163				1,000
Total from continuation sheets	<del></del>			12,966

# THE LPM CHARITABLE FOUNDATION

3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
SAVE THE CHILDREN			ANNUAL FUND	
501 KINGS HIGHWAY EAST, SUITE 400				
FAIRFIELD, CT 06825				1,00
				,
SWAROVSKI NO. AMERICA 1 KENNEY DRIVE			ANNUAL FUND	
CRANSTON, RI 02920				50
EXAMPLEX, RI VEZZO				30
THE BETSY MAE DEWALLACE FUND			ANNUAL FUND	
25 BENJAMIN FRANKLIN WAY			10112	
HYANNIS, MA 02061				1,30
			<b>\$</b>	
THE HOME FOR LITTLE WANDERERS			ANNUAL FUND	
10 GUEST STREET				
BOSTON, MA 02135				1,00
		· · · · · · · · · · · · · · · · · · ·		

Line No. ▼	Explain be the found	elow how each activity for whic ation's exempt purposes (othe	h income is reported in co r than by providing funds	olumn (e) of Part XVI-A c for such purposes).	ontributed importantly to t	he accomplishment	of
8	SALE O	F SECURITIES					
						-	
						_	
						_	
						**	
				-			
				<u>-</u>			
		•					

Form **990-PF** (2019)

923621 12-17-19

01111 000 1 1 (20				001101111011			
Part XVII	Information	Regarding	Transfers to a	and Transactions and	Relationships W	/ith Nonchari	table
	Exempt Ora						

	e organization directly or indir					(ion 501(c)		165	INO
(other t	than section 501(c)(3) organ	uzations) or in sectio	n 527, relatınç	g to political organizations?					1
<b>a</b> Transfe	ers from the reporting founda	ation to a noncharitat	ole exempt or	ganization of				_	
(1) Ca	ish						1a(1)		X
(2) Ot	her assets						1a(2)		X
<b>b</b> Other to	ransactions:								
(1) Sa	iles of assets to a noncharital	ble exempt organizat	ion				1b(1)		X 1
(2) Pu	ırchases of assets from a noi	ncharitable exempt o	rganization				1b(2)		х
	ental of facilities, equipment,		-				1b(3)		х
	eimbursement arrangements						1b(4)		X
	oans or loan guarantees						1b(5)		X
	erformance of services or me	mherchin or fundrais	una enlicitatio	ne			1b(6)		X
٠.	g of facilities, equipment, ma		-				1c		X
	nswer to any of the above is			•	wave chow the fair i	market value of the goods, of		oto	
	rices given by the reporting fo							cis,	
	n (d) the value of the goods,			su 1655 tilali iali iliaiket vait	ie ili aliy transactioi	TO SHAINING ATTAINGCHICHT, SH	OW III		
(a)Line no	(b) Amount involved			exempt organization	(d) Description	n of transfers, transactions, and sl	aring co	200000	
12/2410110	(b) / iiii Odiit iii voived	(o) Name of	N/A	ocompt organization	(u) Description	ii oi uansiers, uansactions, and si	ு பழ கூ	андете	1113
		<del>                                     </del>	M/W		<del>                                     </del>	<del></del>			
-									
		<del>                                     </del>			<del>                                     </del>				
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						<del> </del>			
						<del></del>			
2a Is the f	oundation directly or indirect	tly affiliated with, or r	elated to, one	or more tax-exempt organi	zations described				
ın secti	ion 501(c) (other than section	n 501(c)(3)) or in ser	ction 527?				Yes	X	No
b If "Yes,	" complete the following sch	edule.							
	(a) Name of org	janization		(b) Type of organization		(c) Description of relationship	р		
	N/A								
	·								
<del></del>									
Un	nder penalties of perjury, I declare	that I have examined this	return, includin	g accompanying schedules and	statements, and to the	best of my knowledge	iba IIIIki'a		
Sign and	d belief, it is true_correct, and con	nplete Declaration of pre	eparer (other that	n taxpayer) is based on all inform	nation of which prepare	return	the IRS o	prepar	er
Here		<b>S</b>		1	DIREC	31.01	Yes		No
	Signature of officer or trustee			Date	Title		<u> </u>		J 140
	Print/Type preparer's na		Preparer's si		Date	Check   if PTIN			
	JEFFREY D.		Jel I	· //		self- employed			
Paid	C.P.A., C.	-	July J	· April conjust	1/13/20	POO	ሀሪወ	505	
Prepare			+ SOL	OMON, P.C.	L	Firm's EIN ▶ 04 – 28			
Use Onl		T, INTINITY	+ POT	OPION, F.C.		FIIIII S CIN > U4-20	0/2		
333 OH		U COLLEG	mp p p m	CIITME 250		<del>                                     </del>			
	Firm's address > 80					701 45	2 0	700	
	. L WA	LTHAM, MA	02433	-1400		Phone no. 781-45			(00:10:
						For	m <b>990</b>	,-PF	(2019)

#### 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

**2019** 

**Employer identification number** 

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

THE LPM CHARITABLE FOUNDATION 04-3316344 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 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or 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

THE LPM CHARITABLE FO	UNDATION
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04-3316344

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	HEALTHY LIFE INC.  905 TURNPIKE STREET #D2  CANTON, MA 02021	\$5,000.	Person X Payroll				
(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)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Complete Part II for noncash contributions )				

Name of organization

Employer identification number

# THE LPM CHARITABLE FOUNDATION

04-3316344

Part II	Noncash Property (see instructions). Use duplicate copies of P	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
		<b>\$</b>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		s	
(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
-		  \$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Page 4 **Employer identification number** Name of organization 04-3316344 THE LPM CHARITABLE FOUNDATION Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once). Use duplicate copies of Part III if additional space is needed (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 (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 990-PF	DIVIDENDS	AND INTEREST	FROM SECUR	ITIES ST	ATEMENT 1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
CAPITAL GAINS DISTRIBUTION INTEREST INCOME	34. 277.	0.	34. 277.	34. 277.	
SMITH BARNEY - DIVIDENDS	11,227.	0.	11,227.	11,227.	
TO PART I, LINE 4	11,538.	0.	11,538.	11,538.	

FORM 990-PF GAIN OF	(LOSS) F	ROM SALE	OF	ASSETS	ST	TATEMENT	2
(A) DESCRIPTION OF PROPERTY				MANNER ACQUIRED		ED DATE SO	DLI
JOHN DEERE CAP CO				PURCHASED	07/07/1	01/15/	/20
	(C)	(D)		(E)		(F)	
	ST OR R BASIS	EXPENSE SALE	OF.	DEPREC	. GAI	IN OR LOSS	3
10,000.	9,928.		0.		0.		72.
NET GAIN OR LOSS FROM SALE OF	ASSETS					•	72.
CAPITAL GAINS DIVIDENDS FROM	PART IV						0 .
TOTAL TO FORM 990-PF, PART I,	LINE 6A					•	72.
FORM 990-PF	OWDED	EXPENSES	<u> </u>		Ç.	TATEMENT	
FORM 990-PF	OTHER	. EAPENSES			יפ	AIEMENI	_
DESCRIPTION	(A) EXPENSES PER BOOK	NET IN		T- ADJ	C) USTED INCOME	(D) CHARITAI PURPOSI	
GOLF TOURNAMENT EXPENSES	51,50			0.			0 .
OTHER EXPENSE BANK & CREDIT CARD FEES	5,36 3	6. 5.		0. 0.			0.
TO FORM 990-PF, PG 1, LN 23	56,91	0.		0.			0 .
FORM 990-PF	OTHER I	NVESTMENT	rs		sı	PATEMENT	4
				·····			
			т		F <i>1</i>	AIR MARKET	r
DESCRIPTION		VALUATION METHOD	N	BOOK VAL		VALUE	
DESCRIPTION  ETFS & CEFS MUTUAL FUNDS			<b>-</b> -		UE 		

FORM 990-PF	PART VIII - LIST TRUSTEES AND	OF OFFICERS, DIFOUNDATION MANAC		STATI	EMENT 5
NAME AND ADDRESS		TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
ROBERT J. WATSON 427 POND STREET BOSTON, MA 02130		CHAIRMAN, TRUST	0.	0.	0.
LAURIE J. WATSON 427 POND STREET BOSTON, MA 02130		TRES./SEC., TRU	JSTEE 0.	0.	0.
MICHAEL WATSON 35 PINE ROAD GRISWOLD, CT 06351	-	EXECUTIVE DIRECT	CTOR 0.	0.	0.
AMANDA MURPHY 145 C STREET DRACUT, MA 01825		TRUSTEE 5.00	0.	0.	0.
PATRICK WATSON 29 JARMAN ROAD SUDBURY, MA 01776		TRUSTEE 5.00	0.	0.	0.
TOTALS INCLUDED ON	1 990-PF, PAGE 6,	PART VIII	0.	0.	0.
FORM 990-PF		XV - LINE 1A UNDATION MANAGER	RS	STATI	EMENT 6

#### NAME OF MANAGER

ROBERT J. WATSON LAURIE J. WATSON