efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491110010141

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

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.**

OMB No. 1545-0052

2020

Open to Public Inspection

For calendar year 2020, or tax year beginning 01-01-2020 , and ending 12-31-2020

Name of foundation
FRANKLIN SQUARE HOUSE FOUNDATION INC

A Employer identification number
04-2103780

Number and street (or P.O. box number if mail is not delivered to street address)
PO BOX 78037

Room/suite

B Telephone number (see instructions)
(617) 312-3400

City or town, state or province, country, and ZIP or foreign postal code
BELMONT, MA 02478

C If exemption application is pending, check here ▶ ☐

G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

D 1. Foreign organizations, check here..... ▶ ☐
2. Foreign organizations meeting the 85% test, check here and attach computation ... ▶ ☐

H Check type of organization: ☑ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ..... ▶ ☐

I Fair market value of all assets at end of year (from Part II, col. (c), *line 16)* ▶$ 26,397,882

J Accounting method: ☐ Cash ☑ Accrual ☐ Other (specify) _____
(Part I, column (d) must be on cash basis.)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ..... ▶ ☐

Part I **Analysis of Revenue and Expenses** *(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)*

			(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1	Contributions, gifts, grants, etc., received (attach schedule)				
	2	Check ▶ ☑ if the foundation is **not** required to attach Sch. B				
	3	Interest on savings and temporary cash investments	903	903		
	4	Dividends and interest from securities	640,730	640,730		
	5a	Gross rents				
	b	Net rental income or (loss) _____				
	6a	Net gain or (loss) from sale of assets not on line 10	1,231,288			
	b	Gross sales price for all assets on line 6a 14,170,938				
	7	Capital gain net income (from Part IV, line 2)		1,231,288		
	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b	Less: Cost of goods sold				
	c	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)				
	12	**Total.** Add lines 1 through 11	1,872,921	1,872,921		
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc.	172,105	0		172,105
	14	Other employee salaries and wages	8,375	0		8,375
	15	Pension plans, employee benefits	12,552	0		12,552
	16a	Legal fees (attach schedule)				
	b	Accounting fees (attach schedule)	25,243	0		25,243
	c	Other professional fees (attach schedule)	134,070	132,570		1,500
	17	Interest				
	18	Taxes (attach schedule) (see instructions)	18,955	0		0
	19	Depreciation (attach schedule) and depletion				
	20	Occupancy				
	21	Travel, conferences, and meetings				
	22	Printing and publications				
	23	Other expenses (attach schedule)	18,332	0		18,332
	24	**Total operating and administrative expenses.** Add lines 13 through 23	389,632	132,570		238,107
	25	Contributions, gifts, grants paid	1,143,075			1,143,075
	26	**Total expenses and disbursements.** Add lines 24 and 25	1,532,707	132,570		1,381,182
	27	Subtract line 26 from line 12:				
	a	**Excess of revenue over expenses and disbursements**	340,214			
	b	**Net investment income** (if negative, enter -0-)		1,740,351		
	c	**Adjusted net income** (if negative, enter -0-)				

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	255,274	178,826	178,826
	2 Savings and temporary cash investments	1,743,631	1,035,800	1,035,800
	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 (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ 14,648			
	Less: allowance for doubtful accounts ▶ 0	20,893	14,648	14,648
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	7,520	1,696	1,696
	10a Investments—U.S. and state government obligations (attach schedule)	1,440,733	806,579	838,050
	b Investments—corporate stock (attach schedule)	10,084,792	11,464,289	15,399,698
	c Investments—corporate bonds (attach schedule)	6,220,623	4,766,966	5,027,426
	11 Investments—land, buildings, and equipment: basis ▶			
	Less: accumulated depreciation (attach schedule) ▶			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	1,847,772	3,713,276	3,837,921
	14 Land, buildings, and equipment: basis ▶			
	Less: accumulated depreciation (attach schedule) ▶			
	15 Other assets (describe ▶)	92,950	63,817	63,817
	16 **Total assets** (to be completed by all filers—see the instructions. Also, see page 1, item I)	21,714,188	22,045,897	26,397,882
Liabilities	17 Accounts payable and accrued expenses	20,164	38,280	
	18 Grants payable	50,000	50,000	
	19 Deferred revenue	65,297	59,928	
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶)			
	23 **Total liabilities**(add lines 17 through 22)	135,461	148,208	
Net Assets or Fund Balances	**Foundations that follow FASB ASC 958, check here ▶ ☑ and complete lines 24, 25, 29 and 30.**			
	24 Net assets without donor restrictions	21,578,727	21,897,689	
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
	29 **Total net assets or fund balances** (see instructions)	21,578,727	21,897,689	
	30 **Total liabilities and net assets/fund balances** (see instructions)	21,714,188	22,045,897	

Part III Analysis of Changes in Net Assets or Fund Balances

1	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)	1	21,578,727
2	Enter amount from Part I, line 27a	2	340,214
3	Other increases not included in line 2 (itemize) ▶	3	0
4	Add lines 1, 2, and 3	4	21,918,941
5	Decreases not included in line 2 (itemize) ▶	5	21,252
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29	6	21,897,689

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1 a	SALE OF SECURITY	P		
b				
c				
d				
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	14,170,938		12,939,650	1,231,288
b				
c				
d				
e				

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) **or** Losses (from col.(h))
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a				1,231,288
b				
c				
d				
e				

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	1,231,288
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE

1 Reserved

(a) Reserved	(b) Reserved	(c) Reserved	(d) Reserved

2	Reserved	2	
3	Reserved	3	
4	Reserved	4	
5	Reserved	5	
6	Reserved	6	
7	Reserved	7	
8	Reserved	8	

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter: _____ **(attach copy of letter if necessary–see instructions)**		
b	Reserved	1	24,191
c	All other domestic foundations enter 1.39% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2	3	24,191
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	**Tax based on investment income.** Subtract line 4 from line 3. If zero or less, enter -0-	5	24,191
6	Credits/Payments:		
a	2020 estimated tax payments and 2019 overpayment credited to 2020 — 6a: 5,821		
b	Exempt foreign organizations—tax withheld at source — 6b: 0		
c	Tax paid with application for extension of time to file (Form 8868) — 6c: 0		
d	Backup withholding erroneously withheld — 6d: 0		
7	Total credits and payments. Add lines 6a through 6d	7	5,821
8	Enter any **penalty** for underpayment of estimated tax. Check here ☐ if Form 2220 is attached.	8	133
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	18,503
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	
11	Enter the amount of line 10 to be: **Credited to 2021 estimated tax** ▶ **Refunded** ▶	11	

Part VII-A Statements Regarding Activities

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		No
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition)	1b		No
	*If the answer is "Yes" to **1a** or **1b,** attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: **(1)** On the foundation. ▶ $ 0 **(2)** On foundation managers. ▶ $ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ $ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities.*	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*	3		No
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T.*	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes	
7	Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col. (c), and Part XV.*	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ MA			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? *If "No," attach explanation*	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2020 or the taxable year beginning in 2020? See the instructions for Part XIV. If "Yes," complete Part XIV	9		No
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses.*	10		No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions.	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	

Website address ▶ WWW.FRANKLINSQUAREHOUSEFOUNDATION.ORG

14 The books are in care of ▶ ROBERT E GOLDSTEIN EXECUTIVE DIRECTOR Telephone no. ▶ (617) 312-3400

Located at ▶ PO BOX 78037 BELMONT MA ZIP+4 ▶ 02478

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** —check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the year ▶ 15

16	At any time during calendar year 2020, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16		No

See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ▶

Part 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.

1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	☐ Yes	☑ No	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	☐ Yes	☑ No	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	☐ Yes	☑ No	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	☑ Yes	☐ No	
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	☐ Yes	☑ 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.)	☐ Yes	☑ No	
b	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	1b		No
	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 2020?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
a	At the end of tax year 2020, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2020?	☐ Yes	☑ No	
	If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect 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.)	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. ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	☐ Yes	☑ No	
b	If "Yes," did it have excess business holdings in 2020 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 dispose of holdings acquired by gift or bequest; or **(3)** the lapse of the 10-, 15-, or 20-year first phase holding period? *(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2020.)*	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2020?	4b		No

Part VII-B **Statements Regarding Activities for Which Form 4720 May Be Required** *(continued)*

			Yes	No
5a	During the year did the foundation pay or incur any amount to:			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☑ No			
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☑ No			
	(3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☑ No			
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions ☐ Yes ☑ No			
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☑ No			
b	If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	5b		
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☐ Yes ☐ 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 a personal benefit contract? ☐ Yes ☑ No			
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b		No
	If "Yes" to 6b, file Form 8870.			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☑ No			
b	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?	7b		
8	Is the foundation subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment during the year? ☐ Yes ☑ No			

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions

(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)** Expense account, other allowances
See Additional Data Table				

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than $50,000	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
NONE				

Total number of other employees paid over $50,000 ▶ 0

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)***

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than $50,000	**(b)** Type of service	**(c)** Compensation
NONE		

Total number of others receiving over $50,000 for professional services. . . . . ▶ 0

Part IX-A **Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
2	
3	
4	

Part IX-B **Summary of Program-Related Investments** (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	
2	
All other program-related investments. See instructions. **3**	
Total. Add lines 1 through 3 . . . . . ▶	0

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	23,303,489
b	Average of monthly cash balances	1b	629,058
c	Fair market value of all other assets (see instructions)	1c	0
d	**Total** (add lines 1a, b, and c)	1d	23,932,547
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	23,932,547
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	358,988
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3. Enter here and on Part V, line 4	5	23,573,559
6	**Minimum investment return.** Enter 5% of line 5	6	1,178,678

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6			1	1,178,678
2a	Tax on investment income for 2020 from Part VI, line 5	2a	24,191		
b	Income tax for 2020. (This does not include the tax from Part VI.)	2b			
c	Add lines 2a and 2b			2c	24,191
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	1,154,487
4	Recoveries of amounts treated as qualifying distributions			4	0
5	Add lines 3 and 4			5	1,154,487
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	1,154,487

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	1,381,182
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	1,381,182
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. See instructions	5	0
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	1,381,182

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
1 Distributable amount for 2020 from Part XI, line 7				1,154,487
2 Undistributed income, if any, as of the end of 2020:				
a Enter amount for 2019 only.			0	
b Total for prior years: 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2020:				
a From 2015.				
b From 2016.				
c From 2017.				
d From 2018.				
e From 2019. 251,711				
f **Total** of lines 3a through e.	251,711			
4 Qualifying distributions for 2020 from Part XII, line 4: ▶ $ 1,381,182				
a Applied to 2019, 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 2020 distributable amount.				1,154,487
e Remaining amount distributed out of corpus	226,695			
5 Excess distributions carryover applied to 2020.	0			0
(If an amount appears in column (d), the same amount must be shown in column (a).)				
6 **Enter the net total of each column as indicated below:**				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	478,406			
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 assessed.		0		
d Subtract line 6c from line 6b. Taxable amount —see instructions		0		
e Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount—see instructions			0	
f Undistributed income for 2021. 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 2015 not applied on line 5 or line 7 (see instructions)	0			
9 **Excess distributions carryover to 2021.** Subtract lines 7 and 8 from line 6a	478,406			
10 Analysis of line 9:				
a Excess from 2016.				
b Excess from 2017.				
c Excess from 2018.				
d Excess from 2019. 251,711				
e Excess from 2020. 226,695				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2020, enter the date of the ruling. . . . . ▶

b Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2020	(b) 2019	(c) 2018	(d) 2017	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test—enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed . . .					
c "Support" alternative test—enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) . . .					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the foundation had $5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $5,000). (See section 507(d)(2).)

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ▶ ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

See Additional Data Table

b The form in which applications should be submitted and information and materials they should include:

See Additional Data Table

c Any submission deadlines:

See Additional Data Table

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

See Additional Data Table

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

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
a *Paid during the year* See Additional Data Table				
Total . . . . . ▶ **3a**				1,143,075
b *Approved for future payment*				
Total . . . . . ▶ **3b**				0

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions.)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue:					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	903	
4 Dividends and interest from securities			14	640,730	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	1,231,288	
9 Net income or (loss) from special events:					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a RETURN OF GRANT FUNDING					
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0		1,872,921	0
13 **Total.** Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations.)				**13**	1,872,921

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions.)

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

		Yes	No
1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501 (c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a Transfers from the reporting foundation to a noncharitable exempt organization of:			
(1) Cash	1a(1)		No
(2) Other assets	1a(2)		No
b Other transactions:			
(1) Sales of assets to a noncharitable exempt organization	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization	1b(2)		No
(3) Rental of facilities, equipment, or other assets	1b(3)		No
(4) Reimbursement arrangements	1b(4)		No
(5) Loans or loan guarantees	1b(5)		No
(6) Performance of services or membership or fundraising solicitations	1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		No

d If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

(a) Line No.	**(b)** Amount involved	**(c)** Name of noncharitable exempt organization	**(d)** Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☑ No

b If "Yes," complete the following schedule.

(a) Name of organization	**(b)** Type of organization	**(c)** Description of relationship

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

******	2021-04-20	******
Signature of officer or trustee	Date	Title

May the IRS discuss this return with the preparer shown below (see instr.) ☑ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ▶ ☐	PTIN
SANDRA M BROWN CPA		2021-04-20		P01614103

Firm's name ▶ SMITH SULLIVAN & BROWN PC	Firm's EIN ▶43-1985162
Firm's address ▶ 80 FLANDERS ROAD - SUITE 200 WESTBOROUGH, MA 01581	Phone no. (508) 871-7178

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
ROBERT E GOLDSTEIN PO BOX 78037 BELMONT, MA 02478	EXECUTIVE DIRECTOR 40.00	172,105	0	0
ELLEN CHRISTIE PO BOX 78037 BELMONT, MA 02478	BOARD MEMBER 1.00	0	0	0
VANESSA CALDERON-ROSADO PO BOX 78037 BELMONT, MA 02478	CLERK 1.00	0	0	0
JENNIFER GILBERT PO BOX 78037 BELMONT, MA 02478	BOARD MEMBER 1.00	0	0	0
BARRY MILLS PO BOX 78037 BELMONT, MA 02478	BOARD MEMBER 1.00	0	0	0
JANET FRAZIER PO BOX 78037 BELMONT, MA 02478	TREASURER 1.00	0	0	0
HEMMIE CHANG PO BOX 78037 BELMONT, MA 02478	BOARD MEMBER 1.00	0	0	0
MARILYN CRONE PO BOX 78037 BELMONT, MA 02478	BOARD MEMBER 1.00	0	0	0
ANITA HUGGINS PO BOX 78037 BELMONT, MA 02478	BOARD MEMBER 1.00	0	0	0
RUTH ELLEN FITCH PO BOX 78037 BELMONT, MA 02478	VICE PRESIDENT 1.00	0	0	0
AUDREY K WANG PO BOX 78037 BELMONT, MA 02478	PRESIDENT 1.00	0	0	0
LYNDIA DOWNIE PO BOX 78037 BELMONT, MA 02478	BOARD MEMBER 1.00	0	0	0
PATRICIA BELDEN PO BOX 78037 BELMONT, MA 02478	BOARD MEMBER 1.00	0	0	0
CHIP FLOWERS PO BOX 78037 BELMONT, MA 02478	BOARD MEMBER 1.00	0	0	0
DEBORAH CHAUSSE PO BOX 78037 BELMONT, MA 02478	BOARD MEMBER 1.00	0	0	0

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week **(b)** devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	Expense account, **(e)** other allowances
MARK RICKABAUGH PO BOX 78037 BELMONT, MA 02478	BOARD MEMBER 1.00	0	0	0

Form 990PF Part XV Line 2a - 2d - Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

a The name, address, and telephone number of the person to whom applications should be addressed:

ROBERT E GOLDSTEIN
PO BOX 78037
BELMONT, MA 02478
(617) 312-3400

b The form in which applications should be submitted and information and materials they should include:

POTENTIAL GRANTEES ARE REQUIRED TO CONTACT THE EXECUTIVE DIRECTOR AND GO THROUGH AN INITIAL SCREENING PROCESS VIA TELEPHONE TO DETERMINE IF THE ORGANIZATION IS WITHIN THE PARAMETERS OF THE FOUNDATION'S MISSION AND APPROPRIATE FOR FUNDING. THE APPLICATION IS AVAILABLE ON THE FOUNDATION'S WEBSITE. GRANT SUBMISSIONS ARE SUBMITTED VIA MAIL TO THE FOUNDATION'S PO BOX AND ELECTRONICALLY, IN ADVANCE OF THE DEADLINE. THE EXECUTIVE DIRECTOR THEN REVIEWS THE APPLICATIONS FOR COMPLETENESS, WRITES A SUMMARY AND DISTRIBUTES A LIST OF ALL SUBMISSIONS AND THE AMOUNT OF ALL GRANT REQUESTS TO THE BOARD OF DIRECTORS. SITE VISITS ARE CONDUCTED BY BOARD MEMBERS. THE FOLLOWING ITEMS ARE REQUIRED AS PART OF THE APPLICATION PROCESS: A COMPLETED STANDARD APPLICATION FORM, IRS DETERMINATION LETTER, 1ST PAGE OF FORM 990, MOST RECENTLY AUDITED FINANCIAL STATEMENTS, PROJECT BUDGET, LIST OF OTHER FUNDING SOURCES, ORGANIZATION BUDGET AND PROJECT TIMELINE.

c Any submission deadlines:

YES, SUBMISSION DEADLINES ARE SET FOR EACH ANNUAL GRANT CYCLE.

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

MUST BE HOUSING RELATED AND IN SUPPORT OF THE FOUNDATION'S MISSION

Form 990PF Part XV Line 2a - 2d - Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

a The name, address, and telephone number of the person to whom applications should be addressed:

ROBERT E GOLDSTEIN
PO BOX 78037
BELMONT, MA 02478
(617) 312-3400

b The form in which applications should be submitted and information and materials they should include:

POTENTIAL GRANTEES ARE REQUIRED TO CONTACT THE EXECUTIVE DIRECTOR AND GO THROUGH AN INITIAL SCREENING PROCESS VIA TELEPHONE TO DETERMINE IF THE ORGANIZATION IS WITHIN THE PARAMETERS OF THE FOUNDATION'S MISSION AND APPROPRIATE FOR FUNDING. THE APPLICATION IS AVAILABLE ON THE FOUNDATION'S WEBSITE. GRANT SUBMISSIONS ARE SUBMITTED VIA MAIL TO THE FOUNDATION'S PO BOX AND ELECTRONICALLY, IN ADVANCE OF THE DEADLINE. THE EXECUTIVE DIRECTOR THEN REVIEWS THE APPLICATIONS FOR COMPLETENESS, WRITES A SUMMARY AND DISTRIBUTES A LIST OF ALL SUBMISSIONS AND THE AMOUNT OF ALL GRANT REQUESTS TO THE BOARD OF DIRECTORS. SITE VISITS ARE CONDUCTED BY BOARD MEMBERS. THE FOLLOWING ITEMS ARE REQUIRED AS PART OF THE APPLICATION PROCESS: A COMPLETED STANDARD APPLICATION FORM, IRS DETERMINATION LETTER, 1ST PAGE OF FORM 990, MOST RECENTLY AUDITED FINANCIAL STATEMENTS, PROJECT BUDGET, LIST OF OTHER FUNDING SOURCES, ORGANIZATION BUDGET AND PROJECT TIMELINE.

c Any submission deadlines:

YES, SUBMISSION DEADLINES ARE SET FOR EACH ANNUAL GRANT CYCLE.

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

IN ADDITION TO BEING A 501(C)(3) ORGANIZATION, GRANTEE MUST BE RACIALLY AND ECONOMICALLY MIXED AND HAVE A HEALTHY MIX OF SUBSIDIZED STUDENTS.

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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
a *Paid during the year*				
ACTION INC180 MAIN ST GLOUCESTER, MA 01930	NONE	PUBLIC CHARITY	COVID EMERGENCY GRANT	5,000
ASCENTRIA COMMUNITY SERVICE 14 E WORCESTER ST WORCESTER, MA 01604	NONE	PUBLIC CHARITY	HOUSING - CAPITAL GRANT	50,000
ASCENTRIA COMMUNITY SERVICE 14 E WORCESTER ST WORCESTER, MA 01604	NONE	PUBLIC CHARITY	COVID EMERGENCY GRANT	5,000
Total . . . . . ▶ **3a**				1,143,075

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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
a *Paid during the year*				
ASPIRE DEVELOPMENTAL SERVICES 176 FRANKLIN ST LYNN, MA 01904	NONE	PUBLIC CHARITY	COVID EMERGENCY GRANT	5,000
ATASK - ASIAN TASK FORCE PO BOX 120108 BOSTON, MA 02112	NONE	PUBLIC CHARITY	COVID EMERGENCY GRANT	5,000
ATASK - ASIAN TASK FORCE PO BOX 120108 BOSTON, MA 02112	NONE	PUBLIC CHARITY	HOUSING GRANT - DOMESTIC VIOLENCE SHELTER	24,850
Total . . . . . ▶ **3a**				1,143,075

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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
a *Paid during the year*				
BEVERLY CHILDREN'S LEARNING CENTER 550 CABOT STREET BEVERLEY, MA 01915	NONE	PUBLIC CHARITY	CHILDCARE CAPITAL GRANT - CAPITAL IMPROVEMENTS	9,965
BEVERLY CHILDREN'S LEARNING CENTER 550 CABOT STREET BEVERLEY, MA 01915	NONE	PUBLIC CHARITY	CHILDCARE CAPITAL GRANT - COVID EMERGENCY GRANT	5,000
BOSTON CHINATOWN NEIGHBORHOOD ASSOCIATION 885 WASHINGTON STREET BOSTON, MA 02111	NONE	PUBLIC CHARITY	COVID EMERGENCY GRANT	5,000
Total . . . . . ▶ **3a**				1,143,075

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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
a *Paid during the year*				
BOYS AND GIRLS CLUB OF DORCHESTER 1135 DORCHESTER AVE DORCHESTER, MA 02125	NONE	PUBLIC CHARITY	COVID EMERGENCY GRANT	5,000
BRIDGEWELL10 DEARBORN ROAD PEABODY, MA 01960	NONE	PUBLIC CHARITY	HOUSING GRANT	37,300
BRIDGEWELL10 DEARBORN ROAD PEABODY, MA 01960	NONE	PUBLIC CHARITY	COVID EMERGENCY GRANT	5,000
Total . . . . . ▶ **3a**				1,143,075

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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
a *Paid during the year*				
BROCKTON DAY NURSERY 243 CRESCENT STREET BROCKTON, MA 02302	NONE	PUBLIC CHARITY	COVID EMERGENCY GRANT	5,000
CASA ESPERANZA302 EUSTIS STREET ROXBURY, MA 02119	NONE	PUBLIC CHARITY	HOUSING CAPITAL GRANT - RECOVERY HOME FOR WOMEN AND CHILDREN	43,950
CASA ESPERANZA302 EUSTIS STREET ROXBURY, MA 02119	NONE	PUBLIC CHARITY	COVID EMERGENCY GRANT - RECOVERY HOME FOR WOMEN AND CHILDREN	5,000
Total . . . . . ▶ **3a**				1,143,075

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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
a *Paid during the year*				
CASA MYRNA VAZQUEZ 451 BLUE HILL AVE BOSTON, MA 02121	NONE	PUBLIC CHARITY	COVID EMERGENCY GRANT	1,850
CASA MYRNA VAZQUEZ 451 BLUE HILL AVE BOSTON, MA 02121	NONE	PUBLIC CHARITY	COVID EMERGENCY GRANT	5,000
CASA NUEVA VIDA53 GLEN RD BOSTON, MA 02130	NONE	PUBLIC CHARITY	COVID EMERGENCY GRANT	5,000
Total . . . . . ▶ **3a**				1,143,075

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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
a *Paid during the year*				
CASPARBAYCOVEPO BOX 45538 SOMERVILLE, MA 02145	NONE	PUBLIC CHARITY	HOUSING CAPITAL GRANT - RECOVERY HOME FOR WOMEN	69,829
CASPARBAYCOVEPO BOX 45538 SOMERVILLE, MA 02145	NONE	PUBLIC CHARITY	COVID EMERGENCY GRANT - RECOVERY HOME FOR WOMEN	5,000
CENTERBOARD16 CITY HALL SQUARE LYNN, MA 01901	NONE	PUBLIC CHARITY	COVID EMERGENCY GRANT - TEEN LIVING PROGRAM	5,000
Total . . . . . ▶ **3a**				1,143,075

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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
a *Paid during the year*				
CITIZENS FOR ADEQUATE HOUSING 32 HANSON ST SALEM, MA 01970	NONE	PUBLIC CHARITY	COVID EMERGENCY GRANT	5,000
COMMUNITY ACTION OF CAPE COD & THE ISLANDS 88 NORTH STREET HYANNIS, MA 02601	NONE	PUBLIC CHARITY	HOUSING CAPITAL GRANT - DOMESTIC VIOLENCE SHELTER	52,612
COMMUNITY ACTION OF CAPE COD & THE ISLANDS 88 NORTH STREET HYANNIS, MA 02601	NONE	PUBLIC CHARITY	COVID EMERGENCY GRANT - DOMESTIC VIOLENCE SHELTER	5,000
Total . . . . . ▶ **3a**				1,143,075

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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
a *Paid during the year*				
COMMUNITY HEALTHLINK 72 JAQUES AVENUE WORCESTER, MA 01610	NONE	PUBLIC CHARITY	HOUSING & SHELTER - COVID EMERGENCY GRANT	5,000
COMMUNITY TEAMWORK 155 MERRIMACK STREET LOWELL, MA 01852	NONE	PUBLIC CHARITY	COVID EMERGENCY GRANT - 8 NOTRE DAME STREET	5,000
EAST BOSTON SOCIAL CENTERS 68 CENTRAL SQUARE EAST BOSTON, MA 02128	NONE	PUBLIC CHARITY	COVID EMERGENCY GRANT - EARLY CHILDHOOD CENTER	5,000
Total . . . . . ▶ **3a**				1,143,075

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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
a *Paid during the year*				
EAST END HOUSE105 SPRING ST CAMBRIDGE, MA 02141	NONE	PUBLIC CHARITY	COVID EMERGENCY GRANT	5,000
EDWINA MARTIN HOUSE 870 NORTH MAIN STREET BROCKTON, MA 02301	NONE	PUBLIC CHARITY	COVID EMERGENCY GRANT - WOMEN'S SOBER HOUSING	5,000
ELLIS MEMORIAL58 BERKELEY STREET BOSTON, MA 02116	NONE	PUBLIC CHARITY	COVID EMERGENCY GRANT - EARLY CHILDHOOD CENTER	5,000
Total . . . . . ▶ **3a**				1,143,075

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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
a *Paid during the year*				
EMMAUS127 HOW STREET HAVERHILL, MA 01830	NONE	PUBLIC CHARITY	HOUSING & SHELTER - COVID EMERGENCY GRANT	5,000
EMPATHONE WASHINGTON MALL BOSTON, MA 02108	NONE	PUBLIC CHARITY	HOUSING & SHELTER - COVID EMERGENCY GRANT	5,000
EPIPHANY SCHOOL154 CENTRE STREET DORCHESTER, MA 02124	NONE	PUBLIC CHARITY	COVID EMERGENCY GRANT - EARLY CHILDHOOD CENTER	5,000
Total . . . . . ▶ **3a**				1,143,075

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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
a *Paid during the year*				
FAMILY AID BOSTON 3815 WASHINGTON STREET BOSTON, MA 02130	NONE	PUBLIC CHARITY	COVID EMERGENCY GRANT - 136-138 PLEASANT STREET	5,000
FATHER BILLS & MAINSPRING 430 BELMONT STREET BROCKTON, MA 02301	NONE	PUBLIC CHARITY	COVID EMERGENCY GRANT - RUST HOUSE	5,000
FOCUS INC27 MICA LANE 3RD FLOOR WELLESLEY, MA 02481	NONE	PUBLIC CHARITY	HOUSING CAPITAL GRANT	59,373
Total . . . . . ▶ **3a**				1,143,075

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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
a *Paid during the year*				
FOCUS INC27 MICA LANE 3RD FLOOR WELLESLEY, MA 02481	NONE	PUBLIC CHARITY	COVID EMERGENCY GRANT	5,000
FRIENDS OF BOSTON'S HOMELESS 12 WISE STREET JAMAICA PLAIN, MA 02130	NONE	PUBLIC CHARITY	CAPITAL GRANT - SUPPORTIVE HOUSING	21,440
FRIENDS OF BOSTON'S HOMELESS 12 WISE STREET JAMAICA PLAIN, MA 02130	NONE	PUBLIC CHARITY	COVID EMERGENCY GRANT - SUPPORTIVE HOUSING	5,000
Total . . . . . ▶ **3a**				1,143,075

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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
a *Paid during the year*				
HATTIE B COOPER COMMUNITY CENTER 1891 WASHINGTON ST BOSTON, MA 02118	NONE	PUBLIC CHARITY	COVID EMERGENCY GRANT	5,000
HAWC27 CONGRESS ST SALEM, MA 01970	NONE	PUBLIC CHARITY	HOUSING CAPITAL GRANT	32,000
HAWC27 CONGRESS ST SALEM, MA 01970	NONE	PUBLIC CHARITY	COVID EMERGENCY GRANT	5,000
Total . . . . . ▶ **3a**				1,143,075

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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
a *Paid during the year*				
HEADING HOME529 MAIN STREET CHARLESTOWN, MA 02129	NONE	PUBLIC CHARITY	COVID EMERGENCY GRANT - DEVON FAMILY SHELTER	5,000
HEALTH IMPERATIVES 942 W CHESTNUT ST BROCKTON, MA 02301	NONE	PUBLIC CHARITY	COVID EMERGENCY GRANT	5,000
HORIZONS FOR HOMELESS CHILDREN 1705 COLUMBUS AVENUE ROXBURY, MA 02119	NONE	PUBLIC CHARITY	HOUSING & SHELTER - COVID EMERGENCY GRANT	5,000
Total . . . . . ▶ **3a**				1,143,075

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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
a *Paid during the year*				
HOUSE OF HOPE 812 MERRIMACK STREET LOWELL, MA 01854	NONE	PUBLIC CHARITY	COVID EMERGENCY GRANT - HOMELESS FAMILY SHELTER	5,000
HOUSING ASSISTANCE CORPORATION 460 WEST MAIN STREET HYANNIS, MA 02601	NONE	PUBLIC CHARITY	COVID EMERGENCY GRANT - ANGEL HOUSE	5,000
HOUSING FAMILIES354 CROSS STREET MALDEN, MA 02148	NONE	PUBLIC CHARITY	COVID EMERGENCY GRANT - PERMANENT HOUSING FOR HOMELESS FAMILIES	5,000
Total . . . . . ▶ **3a**				1,143,075

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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
a *Paid during the year*				
IBA405 SHAWMUT AVENUE BOSTON, MA 02118	NONE	PUBLIC CHARITY	COVID EMERGENCY GRANT - EARLY CHILDHOOD CENTER	5,000
INTERNATIONAL INSTITUTE OF GREATER LAWRENCE 25 AMESBURY STREET LAWRENCE, MA 01840	NONE	PUBLIC CHARITY	COVID EMERGENCY GRANT - EARLY CHILDHOOD CENTER	5,000
LAZARUS HOUSEPO BOX 408 LAWRENCE, MA 01842	NONE	PUBLIC CHARITY	COVID EMERGENCY GRANT - ISHAH HOUSE	5,000
Total . . . . . ▶ **3a**				1,143,075

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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
a *Paid during the year*				
LITTLE VOICES104 NEEDHAM STREET HYDE PARK, MA 02136	NONE	PUBLIC CHARITY	COVID EMERGENCY GRANT - EARLY CHILDHOOD CENTER	5,000
LYNN SHELTER ASSOCIATION 91 LIBERTY STREET LYNN, MA 01901	NONE	PUBLIC CHARITY	HOUSING - COVID EMERGENCY GRANT	5,000
MERRIMACK VALLEY YMCA 360 MERRIMACK STREET BLDG 9 LAWRENCE, MA 01843	NONE	PUBLIC CHARITY	COVID EMERGENCY GRANT - EARLY CHILDHOOD CENTER	5,000
Total . . . . . ▶ **3a**				1,143,075

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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
a *Paid during the year*				
NEW HOPE140 PARK STREET ATTLEBORO, MA 02703	NONE	PUBLIC CHARITY	COVID EMERGENCY GRANT - DOMESTIC VIOLENCE SHELTER	5,000
NORTHSTAR LEARNING CENTERS INC 53 LINDEN STREET NEW BEDFORD, MA 02740	NONE	PUBLIC CHARITY	CHILDCARE - COVID EMERGENCY GRANT	5,000
NURTURY 2201 WASHINGTON STREET SUITE 306 ROXBURY, MA 02116	NONE	PUBLIC CHARITY	COVID EMERGENCY GRANT - EARLY CHILDHOOD CENTER	5,000
Total . . . . . ▶ **3a**				1,143,075

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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
a *Paid during the year*				
PAIGE ACADEMY26 HIGHLAND AVE BOSTON, MA 02119	NONE	PUBLIC CHARITY	COVID EMERGENCY GRANT	5,000
PINE STREET INN 444 HARRISON AVENUE BOSTON, MA 02118	NONE	PUBLIC CHARITY	HOUSING & SHELTER GRANT - COVID EMERGENCY GRANT	50,770
PLYMOUTH AREA COALITION FOR THE HOMELESS 149 BISHOPS HIGHWAY KINGSTON, MA 02364	NONE	PUBLIC CHARITY	COVID EMERGENCY GRANT - PILGRIM'S HOPE SHELTER	5,000
Total . . . . . ▶ **3a**				1,143,075

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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
a *Paid during the year*				
PROJECT HOPE550 DUDLEY STREET ROXBURY, MA 02119	NONE	PUBLIC CHARITY	COVID EMERGENCY GRANT	5,000
REACHPO BOX 540024 WALTHAM, MA 02454	NONE	PUBLIC CHARITY	COVID EMERGENCY GRANT	5,000
RESPONDPO BOX 555 SOMERVILLE, MA 02143	NONE	PUBLIC CHARITY	COVID EMERGENCY GRANT	5,000
Total . . . . . ▶ **3a**				1,143,075

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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
a *Paid during the year*				
ROSIE'S PLACE889 HARRISON AVE BOSTON, MA 02118	NONE	PUBLIC CHARITY	HOUSING CAPITAL GRANT	16,449
ROSIE'S PLACE889 HARRISON AVE BOSTON, MA 02118	NONE	PUBLIC CHARITY	COVID EMERGENCY GRANT	5,000
SOUTH MIDDLESEX OPPORTUNITY COUNCIL (SMOC) 7 BISHOP STREET FRAMINGHAM, MA 01702	NONE	PUBLIC CHARITY	COVID EMERGENCY GRANT - HOMELESS FAMILY SHELTER	5,000
Total . . . . . ▶ **3a**				1,143,075

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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
a *Paid during the year*				
THE DIMOCK CENTER 55 DIMOCK STREET ROXBURY, MA 02119	NONE	PUBLIC CHARITY	COVID EMERGENCCY GRANT	15,271
THE DIMOCK CENTER 55 DIMOCK STREET ROXBURY, MA 02119	NONE	PUBLIC CHARITY	HOUSING CAPITAL GRANT/DISCRETIONARY GRANT	90,000
THE DIMOCK CENTER 55 DIMOCK STREET ROXBURY, MA 02119	NONE	PUBLIC CHARITY	COVID EMERGENCY GRANT	5,000
Total . . . . . ▶ **3a**				1,143,075

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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
a *Paid during the year*				
THE PSYCOLOGICAL CENTER 11 UNION STREET LAWRENCE, MA 01840	NONE	PUBLIC CHARITY	HOUSING & SHELTER - COVID EMERGENCY GRANT	5,000
THE SECOND STEPPO BOX 600213 NEWTONVILLE, MA 02460	NONE	PUBLIC CHARITY	HOUSING CAPITAL GRANT	49,916
THE SECOND STEPPO BOX 600213 NEWTONVILLE, MA 02460	NONE	PUBLIC CHARITY	COVID EMERGENCY GRANT	5,000
Total . . . . . ▶ **3a**				1,143,075

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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
a *Paid during the year*				
UNITED SOUTH END SETTLEMENTS 48 RUTLAND STREET BOSTON, MA 02118	NONE	PUBLIC CHARITY	HOUSING CAPITAL GRANT	50,000
UNITED SOUTH END SETTLEMENTS 48 RUTLAND STREET BOSTON, MA 02118	NONE	PUBLIC CHARITY	COVID EMERGENCY GRANT	5,000
UUUM10 PUTNAM ST ROXBURY, MA 02119	NONE	PUBLIC CHARITY	HOUSING CAPITAL GRANT	62,500
Total . . . . . ▶ **3a**				1,143,075

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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
a *Paid during the year*				
UUUM10 PUTNAM ST ROXBURY, MA 02119	NONE	PUBLIC CHARITY	COVID EMERGENCY GRANT	5,000
VICTORY PROGRAMS 965 MASSACHUSETTS AVENUE BOSTON, MA 02118	NONE	PUBLIC CHARITY	HOUSING - COVID EMERGENCY GRANT	5,000
VIETAID42 CHARLES ST BOSTON, MA 02122	NONE	PUBLIC CHARITY	COVID EMERGENCY GRANT	5,000
Total . . . . . ▶ **3a**				1,143,075

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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
a *Paid during the year*				
VOLUNTEERS OF AMERICA 441 CENTER STREET JAMAICA PLAIN, MA 02130	NONE	PUBLIC CHARITY	HOUSING - COVID EMERGENCY GRANT	5,000
WESLEY CHILDCARE CENTER 29 STANTON ST BOSTON, MA 02124	NONE	PUBLIC CHARITY	COVID EMERGENCY GRANT	5,000
WOBURN COUNCIL FOR SOCIAL CONCERN 2 MERRIMAC STREET WOBURN, MA 01801	NONE	PUBLIC CHARITY	CHILDCARE - COVID EMERGENCY GRANT	5,000
Total . . . . . ▶ **3a**				1,143,075

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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
a *Paid during the year*				
YMCA METRO NORTH 2 CENTENNIAL DR 4A PEABODY, MA 01960	NONE	PUBLIC CHARITY	COVID EMERGENCY GRANT	5,000
YMCA OF GREATER BOSTON 316 HUNTINGTON AVENUE BOSTON, MA 02115	NONE	PUBLIC CHARITY	COVID EMERGENCY GRANT - EARLY CHILDHOOD CENTER	5,000
YMCA OF NORTHEASTERN MA 38 LAWRENCE STREET LAWRENCE, MA 01840	NONE	PUBLIC CHARITY	COVID EMERGENCY GRANT	5,000
Total . . . . . ▶ **3a**				1,143,075

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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
a *Paid during the year*				
YMCA SOUTHCOAST128 UNION STREET NEW BEDFORD, MA 02740	NONE	PUBLIC CHARITY	COVID EMERGENCY GRANT - EARLY CHILDHOOD PROGRAM	5,000
YWCA OF CENTRAL MA1 SALEM ST WORCESTER, MA 01608	NONE	PUBLIC CHARITY	HOUSING CAPITAL GRANT	50,000
YWCA OF CENTRAL MA1 SALEM ST WORCESTER, MA 01608	NONE	PUBLIC CHARITY	COVID EMERGENCY GRANT	5,000
Total . . . . . ▶ **3a**				1,143,075

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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
a *Paid during the year*				
YWCA OF GREATER NEWBURYPORT 13 MARKET ST NEWBURYPORT, MA 01950	NONE	PUBLIC CHARITY	COVID EMERGENCY GRANT	5,000
YWCA OF NE MA38 LAWRENCE STREET LAWRENCE, MA 01840	NONE	PUBLIC CHARITY	HOUSING & SHELTER - COVID EMERGENCY GRANT	10,000
Total . . . . . ▶ **3a**				1,143,075

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491110010141

TY 2020 Accounting Fees Schedule

Name: FRANKLIN SQUARE HOUSE FOUNDATION INC

EIN: 04-2103780

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	25,243	0		25,243

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491110010141

TY 2020 Investments Corporate Bonds Schedule

Name: FRANKLIN SQUARE HOUSE FOUNDATION INC

EIN: 04-2103780

Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
50000 WYNDHAM DESTINATI	51,116	51,000
100000 BANK OF MONTREA	100,577	104,790
1000000 THE SOUTHERN CO	105,816	105,880
100000 WELLTOWER INC.	112,583	113,003
125000 ISTAR INC	130,381	126,563
125000 WELLS FARGO & CO	136,464	138,545
250000 AUTOZONE INC	252,607	258,853
25000 RADIAN GROUP	25,875	26,156
25000 TRI POINTE GROUP	26,465	27,250
50000 EQM MIDSTREAM	50,430	52,250
75000 SHS THE HOME DEPOT	73,097	75,210
75000 PEPSICO INC	73,147	75,267
75000 PRAXAIR INC.	73,534	76,372
75000 SYSCO CORP	73,544	75,729
150000 TRINITY INDUSTRIES	148,039	157,707
100000 HASBRO INC	100,449	100,479
100000 MAIN STREET CAPITAL	102,920	103,143
125000 BANK OF AMERICA	146,169	145,239
100000 NORTHERN TRUST	106,529	115,600
100000 WALMART INC.	109,575	117,531

Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
125000 SHS THE KROGER CO	125,197	125,129
98000 HEALTHPEAK	98,244	105,252
125000 THE CHARLES SCHWAB	128,517	141,194
125000 US BANCORP	129,051	139,172
125000 SHS CBRE SERVICES	129,880	147,500
125000 OLD REPLUBLIC INC	131,274	142,665
150000 SHS CAMPBELL SOUP CO	148,164	154,798
150000 SHS AT&T INC	148,475	155,159
150000 SHS CITIGROUP INC	165,779	166,481
250000 SHS CAPITAL ONE FINL	246,960	283,290
250000 SHS THE GOLDMAN SACHS	254,067	274,769
250000 SHS ARCH CAPITAL FIN	259,147	289,598
250000 MASCO CORP	261,681	287,594
250000 SHS PRIMERICA INC	257,215	266,235
275000 SHS JCMORGAN CHASE	283,998	302,023

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491110010141

TY 2020 Investments Corporate Stock Schedule

Name: FRANKLIN SQUARE HOUSE FOUNDATION INC

EIN: 04-2103780

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
822 POOL CORP	216,270	304,530
350 ESTEE LAUDER CO INC	67,363	93,166
4272 CISCO SYSTEMS INC	170,545	191,051
5000 SYNCHRONY FI 5.625% PFD	126,664	133,500
1578 L3HARRIS TECHNOLOGIES INC	281,379	297,506
1575 HUNTINGTON INGALLS	269,520	267,164
6433 BANK OF NY	266,353	271,293
6000 CAPITAL ONE FI	149,214	156,000
2214 IBM CORP	278,823	277,663
6000 DIGITAL REALTY	153,574	163,800
7000 BANK OF AMERICA	174,749	177,030
1717 IDEX CORP	323,998	340,372
3363 SYSCO CORP	245,578	249,128
8395 TRUIST FINL CO 5.2% PFD	209,486	213,233
10000 NTNL STORAGE AFF 6% PFD	232,454	263,900
2392 SHS BROADRIDGE FINL SOL	199,838	365,469
1229 SHS AIR PROD	177,211	334,604
775 JOHNSON & JOHNSON	180,743	270,379
2210 SHS AUTO DATA PROCESSING	218,359	387,777
2398 SHS ANALOG DEVICES	294,253	353,393
2145 SHS DOMINION RESOURCES	137,254	160,370
2180 ACCENTURE PLC	310,558	566,749
3950 SHS MICROSOFT CORP	382,409	879,469
1510 SHS HOME DEPOT INC	241,249	401,426
6015 SHS NEXTERA ENERGY INC	283,541	461,152
2275 PROCTER & GAMBLE	206,174	315,912
4090 VALERO ENERGY CORP	266,683	231,046
1595 SHS UNION PACIFIC CORP	233,140	330,213
8395 TRUIST FINL CORP	209,486	213,233
1610 SHS ABBVIE INC	223,775	298,823

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
3080 SHS MARCH & MC LENNAN CO	259,715	357,878
1953 SHS FIDELITY NATL INFO	211,756	275,224
2970 SHS JPMORGAN CHASE & CO	261,684	376,975
4274 SHS ABBOTT LABORATORIES	223,865	467,074
2864 SHS WALT DISNEY CO	413,537	518,666
1423 SHS VISA INC	197,977	312,100
2408 SHS APPLE INC	281,155	634,724
4920 SHS TAUBMAN CENTE	181,104	185,500
2250 SHS HONEYWELL INTL INC	332,517	476,807
3898 LAS VEGAS SANDS CORP	229,615	231,299
3230 SHS INTERCONTINENTAL	264,037	369,531
3995 SHS MERCK & CO INC	273,302	325,642
2025 SHS MEDTRONIC PLC	257,174	365,712
6000 SHS STAG INDUSTR	160,517	152,100
1251 SHS ANTHEM INC.	366,313	399,138
7000 SHS BOSTON PROPER	172,320	181,650
4725 SHS COMCAST CORP	265,310	378,304
1896 SHS PEPSICO INCORPORATED	240,682	280,957
200 SHS EQUINIX	141,066	141,066

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491110010141

TY 2020 Investments Government Obligations Schedule

Name:	FRANKLIN SQUARE HOUSE FOUNDATION INC
EIN:	04-2103780
US Government Securities - End of Year Book Value:	806,579
US Government Securities - End of Year Fair Market Value:	838,050
State & Local Government Securities - End of Year Book Value:	0
State & Local Government Securities - End of Year Fair Market Value:	0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491110010141

TY 2020 Investments - Other Schedule

Name: FRANKLIN SQUARE HOUSE FOUNDATION INC

EIN: 04-2103780

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
445 EQUINIX INC	AT COST	304,801	316,040
8800 PS BUSINESS	AT COST	212,035	241,032
2495 VANGUARD MID CAP ETF	AT COST	499,433	515,891
11840 SCHWAB US DIVIDEND	AT COST	747,409	759,418
6615 ISHARES MSCI USA QLTY	AT COST	750,995	768,729
ISHARES CORE S&P 500	AT COST	1,092,588	1,128,625
1300 SHS LAMAR ADVERTISING	AT COST	106,015	108,186

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491110010141

TY 2020 Other Assets Schedule

Name: FRANKLIN SQUARE HOUSE FOUNDATION INC

EIN: 04-2103780

Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
DIVIDENDS RECEIVABLE	82,492	57,542	57,542
INTANGIBLE ASSETS - SOFTWARE	10,458	6,275	6,275

TY 2020 Other Decreases Schedule

Name: FRANKLIN SQUARE HOUSE FOUNDATION INC

EIN: 04-2103780

Description	Amount
ADJUSTMENT TO COST BASIS	21,252

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491110010141

TY 2020 Other Expenses Schedule

Name: FRANKLIN SQUARE HOUSE FOUNDATION INC

EIN: 04-2103780

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
DUES, FEES AND SUBSCRIPTION	1,030	0		1,030
WEBSITE EXPENSES	627	0		627
OFFICE EXPENSES	6,828	0		6,828
INSURANCE	2,735	0		2,735
TELEPHONE	1,179	0		1,179
MISCELLANEOUS DONATIONS	1,750	0		1,750
AMORTIZATION	4,183	0		4,183

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491110010141

TY 2020 Other Professional Fees Schedule

Name: FRANKLIN SQUARE HOUSE FOUNDATION INC

EIN: 04-2103780

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OTHER CONSULTANTS	1,500	0		1,500
INVESTMENT ADVISORY FEES	132,570	132,570		0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491110010141

TY 2020 Taxes Schedule

Name: FRANKLIN SQUARE HOUSE FOUNDATION INC

EIN: 04-2103780

Taxes Schedule

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE TAX ON INVESTMENT INCOME	18,955	0		0