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2020

OMB No. 1545-0052

Return of Private Foundation

Department of the Treasury Internal Revenue Service

Form 990-PF

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 <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

| For | caler | ndar year 2020, or tax year beginning 01-01-20 |)20 , ar | nd end | ling 12-31- | 2020 | |
|--------------------|-----------|--|------------------------------------|--|--|---|-------------------------|
| | | indation FOUNDATION INC | | | A Employer ide | entification numbe | r |
| | | | | | 04-3409789 | | |
| | | d street (or P.O. box number if mail is not delivered to street address) 9 SUMMER STREET NO 520 | Room/suite | | B Telephone number (see instructions) | | |
| | | | | | (617) 236-8098 | | |
| | | i, state or province, country, and ZIP or foreign postal code A 02110 | | | C If exemption | application is pendin | g, check here |
| G Ch | eck al | I that apply: | former public charity | | D 1. Foreign ord | janizations, check he | ere |
| | | Final return Amended return | , o, | | | ganizations meeting | ▶ ⊔ |
| | | Address change Name change | | | test, check | k here and attach co | mputation 🕨 🔝 |
| H Ch | eck ty | pe of organization: $lacksquare$ Section 501(c)(3) exempt private t | foundation | | | ndation status was t n 507(b)(1)(A), chec | |
| | ection | $1.4947(a)(1)$ nonexempt charitable trust \Box Other taxable | e private foundation | | | | |
| | | xet value of all assets at end if all assets at end | ☑ Cash ☐ Accru | ıal | | tion is in a 60-month n 507(b)(1)(B), chec | |
| | | ↑ Other (specify) _ (Part I, column (d) must | be on cash basis.) | | under section | 1 307(b)(1)(b), chec | K Here |
| Pa | rt I | Analysis of Revenue and Expenses (The total | | | | | (d) Disbursements |
| | | 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) Ne | et investment income | (c) Adjusted net income | for charitable purposes |
| | 1 | Contributions, gifts, grants, etc., received (attach | I | | | | (cash basis only) |
| | • | schedule) | | | | | |
| | 2 | Check \blacktriangleright $lacksquare$ if the foundation is not required to attach | | | | | |
| | 3 | Sch. B Interest on savings and temporary cash investments | | | | | |
| Revenue | 4 | Dividends and interest from securities | 58,241 | | 58,241 | | |
| | 5а | Gross rents | , | | , | | |
| | b | Net rental income or (loss) | | | | | |
| | 6a | Net gain or (loss) from sale of assets not on line 10 | 337,014 | | | | |
| | b | Gross sales price for all assets on line 6a | | | | | |
| | 7 | 2,884,254 Capital gain net income (from Part IV, line 2) | | | 331,449 | | |
| _ | 8 | Net short-term capital gain | | | 332,113 | | |
| | 9 | Income modifications | | | | | |
| | 10a | Gross sales less returns and allowances | | | | | |
| | b | Less: Cost of goods sold | | | | | |
| | С | Gross profit or (loss) (attach schedule) | | | | | |
| | 11 | Other income (attach schedule) | | | | | |
| | 12 | Total. Add lines 1 through 11 | 395,255 | 5 | 389,690 | | |
| | 13 | Compensation of officers, directors, trustees, etc. | 0 | | 0 | | 0 |
| _ | 14 | Other employee salaries and wages | | | | | |
| ses | 15 16a | Legal fees (attach schedule) | | | | | |
| Expenses | ь | Accounting fees (attach schedule) | 11,000 |) | 5,500 | | 5,500 |
| EX | c | Other professional fees (attach schedule) | 36,139 | | 36,139 | | 0 |
| tive | 17 | Interest | 5 | | 5 | | 0 |
| and Administrative | 18 | Taxes (attach schedule) (see instructions) | 72 | | 72 | | 0 |
| iris | 19 | Depreciation (attach schedule) and depletion | | | | | |
| ᄩ | 20 | Occupancy | | | | | |
| ΡÞ | 21 | Travel, conferences, and meetings | | | | | |
| a | 22 | Printing and publications | | | | | |
| ing | 23 | Other expenses (attach schedule) | 6,314 | l l | 6,279 | | 35 |
| Operating | 24 | Total operating and administrative expenses. | | | ,= | | |
| 9 0 | 25 | Add lines 13 through 23 | 53,530 | | 47,995 | | 5,535 |
| _ | 25 | Contributions, gifts, grants paid | 1,737,500 | <u>'</u> | | | 1,737,500 |
| | 26 | Total expenses and disbursements. Add lines 24 and 25 | 1,791,030 | | 47,995 | | 1,743,035 |
| | 27 | Subtract line 26 from line 12: | | | | | |
| | а | Excess of revenue over expenses and disbursements | -1,395,775 | 5 | | | |
| | b | Net investment income (if negative, enter -0-) | | | 341,695 | | |
| | С | Adjusted net income (if negative, enter -0-) | | | | | |
| For | Paper | work Reduction Act Notice, see instructions. | | Ca | t. No. 11289X | For | m 990-PF (2020) |

2,071,211

3,258,934

6,219,399

14,243,755

-1.525.897

-6,498,459

6.219.399

6,219,399

574,360

1,919,787

1,970,750

4,823,624

14,243,755

-1,525,897

-7,894,234

4.823.624

4,823,624

6,219,399

-1,395,775

4,823,624

4.823.624 Form 990-PF (2020)

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2

3

4

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6

578,543

Page 2

7,009,641

2,110,934

10,074,451

599,332

| Assets | |
|--------|---|
| | |
| ď | |
| | Ą |

6

7

8

9

b

Receivables due from officers, directors, trustees, and other

Prepaid expenses and deferred charges

Total assets (to be completed by all filers—see the

Less: allowance for doubtful accounts ▶

Land, buildings, and equipment: basis

instructions. Also, see page 1, item I)

and complete lines 24, 25, 29 and 30.

Net assets without donor restrictions . . .

Net assets with donor restrictions . . .

and complete lines 26 through 30.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize)

Other assets (describe > _

Other liabilities (describe ▶_

Grants payable

disqualified persons (attach schedule) (see instructions)

Other notes and loans receivable (attach schedule) ▶

Investments—U.S. and state government obligations (attach schedule)

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Foundations that do not follow FASB ASC 958, check here 🕨 🗹

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-

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

Analysis of Changes in Net Assets or Fund Balances

Paid-in or capital surplus, or land, bldg., and equipment fund

Foundations that follow FASB ASC 958, check here ▶

Investments—land, buildings, and equipment: basis ▶ _____

Less: accumulated depreciation (attach schedule) ▶

Less: accumulated depreciation (attach schedule) ▶ _____

Form 990-PF (2020)

| As | 10a |
|-------|-----|
| | b |
| | С |
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| ances | |
| Bali | 24 |
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| Ξ | |
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28

30

Part III

2

3

ŏ 26

Assets 27

Net 29

Page **3**

| | | | 1 | | |
|------------------------------|--|--|------------------------------------|-------------------------------------|---|
| | the kind(s) of property sold (e.g., house; or common stock, 200 shs | (b) How acquired P—Purchase D—Donation | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) | |
| 1aSee Additional Data Table | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | Cost or | (g) other basis ense of sale | Gain o | h) r (loss)) minus (g) |
| a See Additional Data Table | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| | | | | | |
| Complete only for assets s | howing gain in column (h) and ow | ned by the foundation | on 12/31/69 | (| |
| (i) | (j) | | (k) | Gains (Col. (| h) gain minus |
| F.M.V. as of 12/31/69 | Adjusted basis | | of col. (i) | | less than -0-) or om col.(h)) |
| a See Additional Data Table | as of 12/31/69 | over co | l. (j), if any | Losses (III | 5111 CO1.(11)) |
| | | | | | |
| b | | | | | |
| | | | | | |
| d | | | | | |
| e | | | | | |
| | (| If gain, also enter in F | Part I line 7 | | |
| 2 Capital gain net income o | r (net capital loss) | If (loss), enter -0- in l | | | |
| 3 3 | (| <i>\ \ \ \ \ \ \ \ \ \</i> | , | 2 | 331,449 |
| 3 Net short-term capital gai | n or (loss) as defined in sections : | 1222(5) and (6): | | | |
| | I, line 8, column (c) (see instructi | ons). If (loss), enter -0 |)- | | |
| in Part I, line 8 | | | } | 3 | |
| Part V Qualification Un | der Section 4940(e) for Re | duced Tay on Net | Investment In | come | |
| _ | ED ON DECEMBER 20, 2019 | | | Come | |
| 1 Reserved | ED ON DECEMBER 20, 2019 | - DO NOT COMPL | <u> </u> | | |
| (a) | (b) | (c) | | (d) | |
| Reserved | Reserved | Reserved | | Reserved | |
| | | | | | |
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| 2 Reserved | | | 2 | | |
| 3 Reserved | | | 3 | | |
| 4 Reserved | | | 4 |] | |
| 5 Reserved | | | 5 | | |
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| | | | | <u> </u> | |
| | | | <u> </u> | <u> </u> | |
| 8 Keserved , | | | 8 | <u> </u> | |
| | | | | | 000 PE (2020) |

Page **6**

| Par | rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required | (continued | d) |
|-----|---|------------|------|
| 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 s | | | | | _ | | | | |
|-------|--|-------|--|--------------------------------------|-----------------------|-----------------------------|------------|------------------|----------|--|
| | on, directly or indirectly, any vo (3) Provide a grant to an individual | | - | | | Yes | <u> </u> | No | | |
| | (4) Provide a grant to an organizati | | * | • • | | ☐ Yes | ✓ 1 | No | | |
| | in section 4945(d)(4)(A)? See ii | | | · - | | \Box , | ✓ N | . | | |
| | (5) Provide for any purpose other t | | | | | ⊔ Yes | <u> </u> | NO | | |
| | educational purposes, or for the | prev | ention of cruelty to childre | en or animals? | | Yes | ✓ , | Ma | | |
| b | If any answer is "Yes" to $5a(1)-(5)$, | did a | iny of the transactions fai | il to qualify under the ex | ceptions des | | ۱۰ | 10 | | |
| | Regulations section 53.4945 or in a | curre | nt notice regarding disast | er assistance? See instru | uctions | | | 5b | | |
| | Organizations relying on a current r | otice | regarding disaster assista | ance check here | | ▶ | | | | |
| C | | | | | | | | | | |
| | tax because it maintained expenditu | | - | | | ☐ Yes | | No | | |
| | If "Yes," attach the statement requi | red b | y Regulations section 53.4 | 1945–5(d). | | | | | | |
| 6a | Did the foundation, during the year | | , , , , | | | | | | | |
| | a personal benefit contract? | | | | | ☐ Yes | ✓ N | No | | |
| b | Did the foundation, during the year, | , pay | premiums, directly or indi | irectly, on a personal ber | nefit contract | t? | • | 6 b | | No |
| _ | If "Yes" to 6b, file Form 8870. | | | | | | | | | |
| 7a | At any time during the tax year, wa | | | | | _ | ✓ , | | | |
| | If "Yes", did the foundation receive Is the foundation subject to the sec | | • | | | | • | 7b | + | |
| 8 | excess parachute payment during the | | | | | | | | | |
| | | | | | | | <u> </u> | | | |
| Pa | rt VIII and Contractors | JITIC | ers, Directors, Trust | ees, roundation ma | nagers, n | igniy Pai | a Em | pioyee | 5, | |
| 1 | List all officers, directors, truste | | | · | | | | | | |
| | (a) Name and address | ' | (b) Title, and average hours per week | (c) Compensation (If not paid, enter | (d) Con employee b | tributions t | | (e) Expe | | |
| | (a) Name and dadress | | devoted to position | -0-) | | compensat | | other | allowan | ces |
| WILLI | AM N BUFFETT | | IDENT/DIRECTOR | 0 | | | 0 | | | 0 |
| | EVENS TERRACE | 1.00 | | | | | | | | |
| | IGTON, MA 02476 N KENNEDY | TREA | SURER/DIRECTOR | 0 | | | 0 | | | |
| | EVENS TERRACE | 0.25 | SOREIGHIRECTOR | ١ | | | ٩ | | | U |
| | IGTON, MA 02476 | | | | | | | | | |
| _2_ | Compensation of five highest-pa | id en | ployees (other than th | ose included on line 1 | | | | e, enter | "NONE | <u>." </u> |
| (2) | Name and address of each employee | naid | (b) Title, and average | | | tributions t yee benefit | | (e) Expe | nce acc | ount |
| (4) | more than \$50,000 | para | hours per week devoted to position | (c) Compensation | | nd deferred | | | allowanc | |
| | | | devoted to position | | comp | ensation | | | | |
| NON | Ē | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | 1 | | | | | |
| | | | | | | | | | | |
| Tota | I number of other employees paid ov | or ¢E | n nnn | | | . • | | | | |
| 1018 | i number of other employees paid ov | ei 30 | 0,000 | | · · · · | | | Form 99 | 00-BE | (2020) |
| | | | | | | | | FORM 93 | 20-PF | (2020) |

| Form 990-PF (2020) | Page 7 |
|--|------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid and Contractors (continued) | Employees, |
| 3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "No | ONE". |
| (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 | 4 |
| | - |
| Total. Add lines 1 through 3 | 0 |
| | 5 000 DE (2020) |

1a

1b

2

3a 3b

4

5

1,743,035

1,743,035

1,743,035

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Part XII

1

2

3

4

5

b

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

the section 4940(e) reduction of tax in those years.

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

income. Enter 1% of Part I, line 27b. See instructions.

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

a From 2015.

b From 2016. c From 2017. . . d From 2018.

e From 2019.

2020

Page 9

483,650

483.650

Form 990-PF (2020)

| Form | 990-PF | (202 |
|------|---------|------|
| Pa | rt XIII | |

| 19 | 0- | PF | (2 | 02 | (|
|----|----|----|----|----|---|
| | | | | | |

| -PF (20 | 020) | | |
|---------|---------------------|---------------|--------|
| (III | Undistributed Incom | e (see | instru |

Distributable amount for 2020 from Part XI, line 7

2 Undistributed income, if any, as of the end of 2020: a Enter amount for 2019 only. Excess distributions carryover, if any, to 2020:

f Total of lines 3a through e.

d Applied to 2020 distributable amount. . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a).)

5 Excess distributions carryover applied to 2020. (If an amount appears in column (d), the

a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5

6 Enter the net total of each column as

b Prior years' undistributed income. Subtract 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. **d** Subtract line 6c from line 6b. Taxable amount —see instructions e Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount—see instructions f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2015 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2021.

10 Analysis of line 9: a Excess from 2016.

b Excess from 2017. .

d Excess from 2019. . e Excess from 2020. .

c Excess from 2018. . . .

Subtract lines 7 and 8 from line 6a

indicated below:

4 Qualifying distributions for 2020 from Part XII, line 4: ► \$ 1,743,035 a Applied to 2019, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions).

| F (2 | 020) | |
|------|----------------------|--------------------|
| П | Undistributed Income | (see instructions) |

| (2 | 020) | |
|----|-----------------------------------|---|
| | Undistributed Income (see instruc | t |
| | | |

(a)

Corpus

5,415,683

1,259,385

6,675,068

6,675,068

3,429,416

1.006.039 980,228

3,429,416

1.006.039

1.259.385

980.228

(b)

Years prior to 2019

(c)

2019

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

c Any submission deadlines:

factors:

| | | _ |
|--|--|---|

| Form 990-PF (2020) | | | | Page 11 |
|---|---|-------------------------|---------------------|----------------|
| Part XV Supplementary Informa | ation (continued) | | | |
| 3 Grants and Contributions Paid | d During the Year or Appr | oved for Futur | e Payment | |
| Recipient | If recipient is an individual, show any relationship to | Foundation status of | Purpose of grant or | Amount |
| Name and address (home or business) | any foundation manager or substantial contributor | recipient | contribution | Amount |
| a <i>Paid during the year</i> See Additional Data Table | | | | |
| Total | | <u></u> | ▶ 3a | 1,737,500 |
| b Approved for future payment | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total | | <u></u> | ▶ 3b | 0 |

| | I-A Analysis of Income-Producing | | usiness income | Evaluded by costic | n E12 E12 or E14 | (e) |
|-----------------|--|---------------|---------------------------------------|--------------------|---------------------|-----------------------------------|
| Enter gros | s amounts unless otherwise indicated. | (a) | (b) | (c) | n 512, 513, or 514 | Related or exempt function income |
| 1 Progra | m service revenue: | Business code | Amount | Exclusion code | Amount | (See instructions.) |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| е | | | | | | |
| | | | | | | |
| _ | and contracts from government agencies ership dues and assessments | | | | | |
| | st on savings and temporary cash | | | | | |
| invest | | | | | | |
| | nds and interest from securities | | | 14 | 58,241 | |
| | ntal income or (loss) from real estate: | | | | | |
| | -financed property | | | | | |
| | ntal income or (loss) from personal property | | | | | |
| | investment income. | | | | | |
| | r (loss) from sales of assets other than | | | | | |
| invent | · | 900099 | 5,565 | 18 | 331,449 | |
| | come or (loss) from special events: profit or (loss) from sales of inventory | | | | | |
| 11 Other | revenue: a | | | | | |
| b | | | | | | |
| | | | | | | |
| | | | | | | |
| | tal. Add columns (b), (d), and (e). | | 5,565 | | 389,690 | C |
| | Add line 12, columns (b), (d), and (e) | | · · · · · · · · · · · · · · · · · · · | | L 3 | 395,255 |
| | orksheet in line 13 instructions to verify calcu | lations.) | | | | , |
| Part XV | Explain below how each activity for which | • | | - | uted importantly to | |
| Line No. ▼ | the accomplishment of the foundation's exinstructions.) | | | | | |
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| or | m 990-PF | · / | | | | | | | | | Pa | ge 13 |
|-----|-------------------|--|----------------|----------|-------------|---------------------|--------------|-------------|-----------------------------|-------------------------|----------|--------------|
| Ŀ | art XVII | Information Re Exempt Organi | | ansfe | ers To a | nd Transaction | ons and I | Relatio | nships With Noncl | haritable | | |
| 1 | | rganization directly or in than section 501(c)(3) | | | | | | | | 501 | Yes | No |
| а | Transfers | from the reporting foun | dation to a no | ncharit | table exe | mpt organization | of: | | | | | |
| | (1) Cash | | | | | | | | | 1a(1) | | No |
| | (2) Othe | er assets | | | | | | | | 1a(2) | | No |
| b | Other tran | | | | | | | | | | | |
| | | s of assets to a nonchar | • | - | | | | | | . 1b(1) | | No |
| | | hases of assets from a r | | | _ | | | | | . 1b(2) | | No |
| | | al of facilities, equipmen | • | | | | | | | . 1b(3) | | No No |
| | ` ' | nbursement arrangemen Is or loan guarantees. | | | | | | | | 1b(4) 1b(5) | | No |
| | | rmance of services or m | | | | | | | | 1b(6) | | No |
| С | | f facilities, equipment, r | · | | - | | | | | 1c | | No |
| d | of the goo | wer to any of the above ods, other assets, or ser nsaction or sharing arra | vices given by | the re | porting f | oundation. If the | foundation | n receive | d less than fair market | t value | • | |
| (a) | Line No. | (b) Amount involved | (c) Name of r | onchari | itable exen | npt organization | (d) Desc | cription of | transfers, transactions, ar | nd sharing arra | ngemer | nts |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| 2a | | ndation directly or indire | • | | | • | | | _ | | | |
| | | in section 501(c) (other | | 501(c) |)(3)) or ir | n section 527? . | | | ШYes | ✓ No | | |
| b | If "Yes," c | complete the following s | | | (1- | N T 6 | | | (-) December of | | | |
| | | (a) Name of organization | on | - | (D |) Type of organizat | ion | | (c) Description of | relationship | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | Und | ler penalties of perjury, | I declare that | I have | e examine | ed this return, in | cluding acc | ompanyi | ng schedules and state | ements, and | to the | best |
| | | ny knowledge and belief ch preparer has any kno | | rrect, a | and comp | lete. Declaration | of prepare | er (other | than taxpayer) is base | ed on all info | rmatio | n of |
| Si | an | , , | wieuge. | | I | | | | ı | May the IRS di | ecuse th | nie |
| | ere L | ***** | | | | 2021-10-20 | * | **** | | return | | |
| | | | | | I | _ | —) - | | | with the prepa below | rer snov | wn |
| | | Signature of officer or t | rustee | | | Date | ′ T | itle | | (see instr.) 🔽 | Yes | □No |
| | | Print/Type preparer's | name | Prepar | er's Sign | ature | Date | <u> </u> | PTI | IN | | |
| | | | | | | | | | Check if self- | P00435 | 5727 | |
| _ | | DAVID DESMARAIS | s | | | | 2021- | 10-20 | employed ▶ ☐ | . 20.0 | | |
| | nid | | | | | | | | | | | |
| | eparer se Only | | N LITWIN REN | IZA & C | CO LTD | | | | Fire | m's EIN ▶05 | -04093 | 384 |
| | - | Firm's address ▶ 95 | 1 NORTH MAI | N STRI | EET | | | | | | | |
| | | PR | OVIDENCE, R | I 0290 | 04 | | | | Pho | one no. (401 |) 274- | 2001 |
| | | | | | | | | | | | | |

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (b) (d) (c) (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) Date sold How acquired Date acquired P-Purchase (mo., day, yr.) (mo., day, yr.) D-Donation Р FIDELITY INVESTMENTS - DETAILS AVAILABLE UPON REQUEST 2020-12-31 SCS OPPORTUNITIES FUND - MTM Р 2020-12-31 SOUND POINT FLOATING RATE FUND Ρ 2020-12-31 MORGAN CREEK PARTNERS Р 2020-12-31 DAVIS INV VENTURES FUND II-B Ρ 2020-12-31 MORGAN CREEK PARTNERS - UBTI Р 2020-12-31 Р DAVIS INV VENTURES FUND II-B - UBTI 2020-12-31 CAPITAL GAINS DIVIDENDS Р Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h Depreciation allowed Cost or other basis Gain or (loss) (e) Gross sales price (f) (or allowable) (q) plus expense of sale (h) (e) plus (f) minus (g) 2,433,731 2,189,507 244,224 125,787 125,787 302,077 339,361 -37,284 10.947 -10,9478,061 7,425 636 260 260 0 5,305 5,305 9,033 9,033 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col. (h) gain minus col. (k), but not less than -0-) or (i) F.M.V. as of 12/31/69 Adjusted basis Excess of col. (i) **(I)** Losses (from col.(h)) (k) over col. (j), if any (j) as of 12/31/69 244,224 125,787 -37,284 -10,947 636 0 0 9,033

Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year ABOUT-FACE1446 MARKET STREET NONE PUBLIC: 500 GENERAL PURPOSE SAN FRANCISCO, CA 94102 CHARITY

| ALZEIMHER'S ASSOCIATION 480 PLEASANT STREET WATERTOWN, MA 02472 | NONE | PUBLIC CHARITY | GENERAL PURPOSE | 500 |
|---|------|-------------------|-----------------|--------|
| ARLINGTON CENTER FOR THE ARTS GIBBS CENTER 41 FOSTER STREET ARLINGTON, MA 02474 | NONE | PUBLIC CHARITY | GENERAL PURPOSE | 10,000 |

Total

1,737,500

■ 3a

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

| · | or substantial contributor | | | |
|---|----------------------------|-------------------|-----------------|--------|
| a Paid during the year | | | | |
| BOSTON CHILDREN'S MUSEUM 308 CONGRESS STREET | NONE | PUBLIC CHARITY | GENERAL PURPOSE | 10,000 |

| BOSTON, MA 02210 | | | | |
|--|------|-------------------|-----------------|-----------|
| CARLETON COLLEGE DNE NORTH COLLEGE STREET NORTHFIELD, MN 55057 | NONE | PUBLIC CHARITY | GENERAL PURPOSE | 1,250,000 |

| ONE NORTH COLLEGE STREET NORTHFIELD, MN 55057 | | CHARITY | | |
|--|------|-------------------|-----------------|--------|
| CHILDREN'S ROOM 1210 MASSACHUSETTS AVE | NONE | PUBLIC CHARITY | GENERAL PURPOSE | 10,000 |

1,737,500

▶ 3a

| NORTH ILLES, THE SOOS | | | | |
|--|------|-------------------|-----------------|--------|
| CHILDREN'S ROOM 1210 MASSACHUSETTS AVE ARLINGTON, MA 02476 | NONE | PUBLIC CHARITY | GENERAL PURPOSE | 10,000 |
| | | | | |

Total .

Recipient
Recipient
Recipient
If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Recipient

Amount
Show any relationship to any foundation manager or substantial contributor

Recipient

Foundation status of recipient

recipient

Purpose of grant or contribution

recipient

Amount

a Paid during the year

NICKIE

NONE

FRIENDS OF BOSTON'S HOMELESS

PO BOX 220648

BOSTON, MA 02122

| | 161 NORTH CLARK STREET SUITE 700 CHICAGO, IL 60601 | NONE | CHARITY | GENERAL PURPOSE | 9,000 |
|---|--|------|-------------------|-----------------|-------|
| 1 | FOOD FOR THE POOR6401 LYONS ROAD COCONUT CREEK, FL 33073 | NONE | PUBLIC CHARITY | GENERAL PURPOSE | 1,000 |

DUDLEC

PUBLIC

CHARITY

GENERAL PURPOSE

■ 3a

0 000

500

1,737,500

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient

| Name and address (nome or business) | or substantial contributor | , | | |
|-------------------------------------|----------------------------|--------|-----------------|--------|
| a Paid during the year | | | | |
| GREATER BOSTON FOOD BANK | NONE | PUBLIC | GENERAL PURPOSE | 30,000 |

| 70 SOUTH BAY AVE BOSTON, MA 02118 | NONE | CHARITY | GENERAL FURFUSE | 30,000 |
|--------------------------------------|------|---------|-----------------|--------|
| GRUB ST INC | NONE | PUBLIC | GENERAL PURPOSE | 75,000 |

| ı | B0510N,11/(02110 | | | | |
|---|--|------|-------------------|-----------------|--------|
| | GRUB ST INC 160 BOYLSTON STREET 4TH FLOOR BOSTON, MA 02116 | NONE | PUBLIC CHARITY | GENERAL PURPOSE | 75,000 |
| 1 | HABITAT FOR HUMANITY | NONE | PLIBLIC | GENERAL PURPOSE | 500 |

| BOSTON, MA 02116 | | CIACIT | | |
|---|------|-------------------|-----------------|-----|
| HABITAT FOR HUMANITY 322 WEST LAMAR STREET AMERICUS, GA 31709 | NONE | PUBLIC CHARITY | GENERAL PURPOSE | 500 |

1,737,500

| BOSTON, MA 02110 | | | | |
|---|------|-------------------|-----------------|-----|
| HABITAT FOR HUMANITY 322 WEST LAMAR STREET AMERICUS, GA 31709 | NONE | PUBLIC CHARITY | GENERAL PURPOSE | 500 |

Total.

Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager recipient

or substantial contributor

Name and address (home or business)

Total .

| a Paid during the year | | | | |
|--|------|-------------------|-----------------|--------|
| INTERNATIONAL FUND FOR ANIMAL WELFARE 290 SUMMER STREET YARMOUTH PORT, MA 02675 | NONE | PUBLIC CHARITY | GENERAL PURPOSE | 500 |
| METROPOLITAN OPERA | NONE | PUBLIC | GENERAL PURPOSE | 40.000 |

| • | | | | |
|--|------|-------------------|-----------------|---------|
| METROPOLITAN OPERA LINCOLN CENTER NEW YORK, NY 10023 | NONE | PUBLIC CHARITY | GENERAL PURPOSE | 40,000 |
| MUSICA SACRAR O ROV 201226 | NONE | DUBLIC | CENERAL DURDOSE | 120.000 |

| LINCOLN CENTER NEW YORK, NY 10023 | | CHARITY | | |
|--------------------------------------|------|-------------------|-----------------|--------|
| MUSICA SACRAP O BOX 381336 | NONE | PUBLIC CHARITY | GENERAL PURPOSE | 120,00 |

| NEW YORK, NY 10023 | | | | |
|---|------|-------------------|-----------------|---------|
| MUSICA SACRAP O BOX 381336 CAMBRIDGE, MA 02238 | NONE | PUBLIC CHARITY | GENERAL PURPOSE | 120,000 |

▶ 3a

1,737,500

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

or substantial contributor

Total .

| a Paid during the year | | | | |
|---|------|-------------------|-----------------|-----|
| NATIONAL PARKS CONSERVATION ASSOCIATION 256 W 36TH ST | NONE | PUBLIC CHARITY | GENERAL PURPOSE | 100 |

| NEW YORK, NY 10018 | | | | |
|---|------|-------------------|-----------------|--------|
| NISGUAPO BOX 70494 OAKLAND, CA 94612 | NONE | PUBLIC CHARITY | GENERAL PURPOSE | 70,000 |
| OLD CAMBRIDGE BAPTIST CHURCH | NONE | PUBLIC | GENERAL PURPOSE | 17,500 |

| OAKLAND, CA 94612 | NONE | CHARITY | GENERAL PURPOSE | 70,000 |
|---|------|-------------------|-----------------|--------|
| OLD CAMBRIDGE BAPTIST CHURCH 1151 MASSACHUSETTS AVE CAMBRIDGE, MA 02138 | NONE | PUBLIC CHARITY | GENERAL PURPOSE | 17,500 |

1,737,500

Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

| PUBLIC CHARITY | GENERAL PURPOSE | 500 |
|-------------------|-----------------|-----|
| _ | | |

| PEN AMERICA 588 BROADWAY SUITE 303 NEW YORK, NY 10012 NONE PUBLIC CHARITY GENERAL PURPOSE CHARITY | | | | |
|--|------------------------|------|---------------------|-----|
| | 588 BROADWAY SUITE 303 | NONE | GENERAL PURPOSE | 300 |

| NEW YORK, NY 10012 | | CHARITT | | |
|---|------|-------------------|-----------------|-------|
| PINE STREET INN444 HARRISON AVE BOSTON, MA 02118 | NONE | PUBLIC CHARITY | GENERAL PURPOSE | 7,000 |

1,737,500

| , | | | | |
|---|------|-------------------|-----------------|-------|
| PINE STREET INN444 HARRISON AVE BOSTON, MA 02118 | NONE | PUBLIC CHARITY | GENERAL PURPOSE | 7,000 |
| | | | | |

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

| | or substantial contributor | | | |
|------------------------|----------------------------|--------|-----------------|--------|
| a Paid during the year | | | | |
| RCWMS1202 WATTS ST | NONE | PUBLIC | GENERAL PURPOSE | 80,000 |

| CT DONAL (ENTURE INDIAN MICCION | NONE | DUDI TO | CENEDAL BURBOCE | 1 000 |
|--|------|-------------------|-----------------|-------|
| SOUTHERN POVERTY LAW CENTER 400 WASHINGTON AVENUE MONTGOMERY, AL 36104 | NONE | PUBLIC CHARITY | GENERAL PURPOSE | 500 |
| | | | | |

| MONTGOMERY, AL 36104 | | | | |
|---|------|-------------------|-----------------|-------|
| ST BONAVENTURE INDIAN MISSION AND SCHOOL 25 W NAVARRE BLVD THOREAU, NM 87323 | NONE | PUBLIC CHARITY | GENERAL PURPOSE | 1,000 |

| ST BONAVENTURE INDIAN MISSION AND SCHOOL 25 W NAVARRE BLVD THOREAU, NM 87323 | NONE | PUBLIC CHARITY | GENERAL PURPOSE | 1,000 |
|---|------|-------------------|-----------------|-------|
| | | | | |

1,737,500

Total .

Recipient Foundation If recipient is an individual, Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year THE NATIONAL GEOGRAPHIC SOCIETY NONE PUBLIC GENERAL PURPOSE 100 1145 17TH STREET NW CHARITY WASHINGTON, DC 20036

| THE VALLEY CHILD DEVELOPMENT | NONE | PUBLIC | GENERAL PURPOSE | 3,000 |
|------------------------------|------|---------|-----------------|-------|
| CENTER | | CHARITY | | |
| 500 W A AVE | | | | |
| RED CLOUD, NE 68970 | | | | |

Total .

1.737.500

| efile GRAPHIC print - DO NOT PROCESS | As Filed Da | ata - | | DLN: 93491308004041 |
|--------------------------------------|---------------------|--------------------------|------------------------|---|
| TY 2020 Accounting Fees Scho | edule | | | |
| _ | | | | |
| | INAVALE 04-34097 | FOUNDATION IN | C | |
| 1 | + | | | Disk as a second |
| Category Amo | ount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
| KLR | 11,000 | 5,50 | 0 | 5,500 |

| efile GRAPHIC print - DO NOT PROCESS As File | d Data - | DLN: 93491308004041 |
|--|----------------|---------------------|
| TY 2020 Investments Corporate Bond | ls Schedule | |
| Name: INAVALE | FOUNDATION INC | |
| EIN: 04-34097 | 789 | |
| Investments Corporate Bonds Schedule | | |

DIN: 02404200004044

599,332

578,543

A STABLITC WARE DO NOT PROCESS. A SELECT DATE

MUTUAL FUNDS

| Investments Corporate Bonds Schedule | | | |
|--------------------------------------|-----|-----------------------|----------------------------------|
| Name of Bond | End | of Year Book Value | End of Year Fair Market Value |
| | | | |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 934 | 91308004041 |
|--------------------------------------|-----------------|----------|-------------|
| TY 2020 Investments Corporat | e Stock Sche | dule | |
| Name: | NAVALE FOUNDA | TION INC | |

6,608,544

401,097

1,622,467

297,320

| Investments Corporation Stock Schedule | |
|--|--|
| EIN: 04-3409789 | |

19 SHS BERKSHIRE HATHAWAY CL A

MUTUAL FUNDS

| | | • | |
|------------|---------------------|----------|--|
| TY 2020 In | vestments - Other S | Schedule | |

Name: INAVALE FOUNDATION INC

FTN: 04-3409789

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

| LIN. 04 3403703 | | | | | |
|---|-----------------------|------------|----------------------------------|--|--|
| Investments Other Schedule 2 | | | | | |
| Category/ Item | Listed at Cost or FMV | Book Value | End of Year Fair Market Value | | |
| ETPS | AT COST | 1,005,733 | 1,290,180 | | |
| MORGAN CREEK PARTNERS | AT COST | 160,591 | 103,646 | | |
| BTG SELECT TIMBERLAND INVESTMENT FUND | AT COST | 165,711 | 60,550 | | |
| DAVIS INVESTMENT VENTURES FUND II-B, LP | AT COST | 96,742 | 114,585 | | |
| SCS OPPORTUNITIES FUND | AT COST | 541,973 | 541,973 | | |

DLN: 93491308004041

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | | DLN | I: 93491308004041 | |
|--------------------------------------|-----------------|----------------|--------------|-------------------|--|
| TY 2020 Other Expenses Schedule | | | | | |
| Name: | INAVALE FOUN | DATION INC | | | |
| EIN: | : 04-3409789 | | | | |
| Other Expenses Schedule | | | | | |
| Description | Revenue and | Net Investment | Adjusted Net | Disbursements for | |

| Other Expenses Schedule | | | | | | |
|-------------------------|--------------------------------------|--------------------------|------------------------|---|--|--|
| Description | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | | |
| PARTNERSHIP EXPENSES | 6,279 | 6,279 | | 0 | | |

MA PC FILING FEES

| Catalana | A | Not Torrestore | Addition to all Notes | Disk | | |
|--|------------------|----------------|-----------------------|-------------------|--|--|
| EIN: 04-3409789 | | | | | | |
| Nar | ne: INAVALE FO | UNDATION INC | | | | |
| TY 2020 Other Professional Fees Schedule | | | | | | |
| efile GRAPHIC print - DO NOT PROCE | SS As Filed Data | - | DLN | N: 93491308004041 | | |

| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|----------|--------|--------------------------|------------------------|---|

36,139

36,139

INVESTMENT MANAGEMENT FEES

| efile GRAPHIC print - DO NOT PROCES | S As Filed Data | - | DL | N: 93491308004041 | | | |
|-------------------------------------|-----------------|--------------------------|------------------------|---|--|--|--|
| TY 2020 Taxes Schedule | | | | | | | |
| | | | | | | | |
| Nam | ne: INAVALE FO | UNDATION INC | | | | | |
| EIN: 04-3409789 | | | | | | | |
| Taxes Schedule | | | | | | | |
| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | | | |
| FOREIGN TAXES PAID | 72 | 72 | | 0 | | | |