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2020

OMB No. 1545-0052

Return of Private Foundation

Department of the Treasury

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

Open to Public

Internal Revenue Service

Form 990-PF

▶ Do not enter social security numbers on this form as it may be made public.

		F Go to <u>w</u>	ww.ns.gov/101111990F1	_ IOI IIISti uctions an	d the latest illion	ation.	Inspection			
		dar year 2020, or tax yea	r beginning 01-01-20)20 , a	nd ending 12-31					
	ne of fou HE JASON	ndation N HAYES FOUNDATION			A Employer is 20-3992133	dentification numbe	r			
		street (or P.O. box number if mail is n JRN LANE	ot delivered to street address	Room/suite	,	B Telephone number (see instructions) (781) 929-4751				
		state or province, country, and ZIP or A 01867	foreign postal code		C If exemption	C If exemption application is pending, check here				
Cł	neck all	that apply:	Amended return	former public charity	2 . Foreign of test, che	rganizations, check horganizations meeting ock here and attach co	the 85% mputation			
_			501(c)(3) exempt private			on 507(b)(1)(A), chec				
Fai of	ir mark year (f <u>ı</u>	4947(a)(1) nonexempt charitable t value of all assets at end from Part II, col. (c),		e private foundation Cash Accru be on cash basis.)		lation is in a 60-mont on 507(b)(1)(B), chec				
Pa	rt I	Analysis of Revenue and of amounts in columns (b), (c), and equal the amounts in column (a) (see	(d) may not necessarily	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)			
	1	Contributions, gifts, grants, etc., schedule)	received (attach	99,930						
	2	Check ► ☐ if the foundation is Sch. B								
	3	Interest on savings and tempora	•							
	4	Dividends and interest from secu	irities	39,600	39,60)				
	5a	Gross rents								
ص	b	Net rental income or (loss)		4 463						
Keverkie	6a	Net gain or (loss) from sale of as	ssets not on line 10	4,462						
	b	Gross sales price for all assets of	<u></u>	2						
ž	7	Capital gain net income (from Pa	•		4,46	2				
	8	Net short-term capital gain .								
	9	Income modifications								
	10a	Gross sales less returns and allo]						
	b	Less: Cost of goods sold	-	<u> </u>						
	C	Gross profit or (loss) (attach sch	edule)							
	11	Other income (attach schedule)								
	12	Total. Add lines 1 through 11		143,992	44,06	2 C				
	13	Compensation of officers, director	· ·	0	1	0	(
	14	Other employee salaries and wa	=							
Š	15	Pension plans, employee benefit								
2	16a	Legal fees (attach schedule) .								
<u> </u>	b	Accounting fees (attach schedule	e)	1,800	1,80	O C	(
u D	С	Other professional fees (attach s	chedule)							
All a ll A	17	Interest								
3	18	Taxes (attach schedule) (see ins	tructions)	1,070	1,07	o c	(
	19	Depreciation (attach schedule) a	nd depletion							
5	20	Occupancy								
	21	Travel, conferences, and meeting	gs							
=	22	Printing and publications								
	23	Other expenses (attach schedule	e)	361) c	(
her at III id	24	Total operating and administ	rative expenses.							
3		Add lines 13 through 23		3,231	2,87	0				
5	25	Contributions, gifts, grants paid		63,310			63,310			
	26	Total expenses and disburser	ments. Add lines 24 and							
		25		66,541	2,87	0	63,310			
	27	Subtract line 26 from line 12:								
	a	Excess of revenue over exper	nses and	77,451						
	b	disbursements Net investment income (if neg	gative, enter -0-)	//,431	41,19	,				
	c	Adjusted net income (if negati	•		41,19.					
					•	. (

Page 2

	2	Savings and temporary cash investments	3,340	252	252
	3	Accounts receivable ▶			
sets		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) ▶			_
		Less: allowance for doubtful accounts ▶			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
As	10a	Investments—U.S. and state government obligations (attach schedule)			
	ь	Investments—corporate stock (attach schedule)	1,146,945	1,226,646	1,471,375
	С	Investments—corporate bonds (attach schedule)	144,664	146,113	157,019
	11	Investments—land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe ►)			
	16	Total assets (to be completed by all filers—see the			
		instructions. Also, see page 1, item I)	1,302,361	1,379,812	1,635,447

1,302,361

1,302,361

1,302,361

1.379.812

1,379,812

1,379,812

1

2

3 4

5

6

1,302,361

1,379,812

1,379,812 Form **990-PF** (2020)

77,451

0

instructions. Also, see page 1, item I) 17 Accounts payable and accrued expenses . Grants payable 18

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)

Add lines 1, 2, and 3 Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Other liabilities (describe .

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 🕨 🗀

Total net assets or fund balances (see instructions)

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

Analysis of Changes in Net Assets or Fund Balances

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

Foundations that follow FASB ASC 958, check here

Capital stock, trust principal, or current funds

Paid-in or capital surplus, or land, bldg., and equipment fund Retained earnings, accumulated income, endowment, or other funds

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Liabilities

Assets or Fund Balances

Net

2

3

19

20 21

22

23

24 25

26 27

28

29

30

Part III

Page **3**

		cind(s) of property sold (e.g., se; or common stock, 200 sh			(b) How acqui P—Purcha D—Donat	ase	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1 a E	BROOKLINE BANCORP				D		2008-12-16	2020-12-24
b E	BROOKLINE BANCORP				D		2009-12-30	2020-12-24
c (CAPITAL GAINS DIVIDENDS				Р			
d								
e								
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		(g) Cost or other basis plus expense of sale			Gain o	h) r (loss)) minus (g)
a	10,944					9,624		1,320
b	b 12,096				1	.0,403		1,693
с	1,449							1,449
d								
e								
	Complete only for assets showi	• • • • • • • • • • • • • • • • • • • •	ned by				(C.)	<u></u>
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		Excess	(k) of col. (i) . (j), if any		col. (k), but not	h) gain minus less than -0-) or om col.(h))
a								1,320
b								1,693
с								1,449
d								
e								
	Capital gain net income or (net short-term capital gain or If gain, also enter in Part I, lin in Part I, line 8	(loss) as defined in sections	If (los 1222(5 ions). I	If (loss), enter -0	Part İ, line 7	}	3	4,462
	ON 4940(e) REPEALED					IIC IIIC	Joine	
	Reserved	on begen ben eo, eon	, ,	1101 00111 2				
	(a) Reserved	(b) Reserved		(c) Reserved			(d) Reserved	
	Reserved					ادا		
	Reserved					2		
						3		
	Reserved					4		
5 R	Reserved					5		
6 R	Reserved					6		
7 R	Reserved					7		
8 F	Reserved ,					8		
	•					ا_ئے		

Form	990-PF (20	020)							F	Page 6
Pai	rt VII-B	Statements Regard	ling	Activities for Which	Form 4720 May Be	Required (continued	1)			
5a	During the	year did the foundation p	рау о	r incur any amount to:					Yes	No
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?									
	(2) Influe	nce the outcome of any sp	ecifi	c public election (see sec	tion 4955); or to carry	□ les	<u> </u>	''		
	on, directly or indirectly, any voter registration drive?									
	(3) Provid	le a grant to an individual	for t	ravel, study, or other sim	ilar purposes?	Yes		10		
	(4) Provid	le a grant to an organizati	on ot	her than a charitable, etc	, organization described		<u>ш</u> п	.		
	in sect	tion 4945(d)(4)(A)? See ir	nstru	ctions		· · 🗌 Yes	✓ N	ا ما		
	(5) Provid	le for any purpose other t	han r	eligious, charitable, scien	tific, literary, or	1cs		.		
	educa	tional purposes, or for the	prev	ention of cruelty to child	ren or animals?	· · 🔲 Yes	✓ N			
b	If any ans	wer is "Yes" to $5a(1)-(5)$,	did a	any of the transactions fa	il to qualify under the ex	ceptions described in		.		
	Regulation	ns section 53.4945 or in a	curre	ent notice regarding disas	ter assistance? See instr	uctions		5b		
	Organizations relying on a current notice regarding disaster assistance check here									
С	If the ansv	wer is "Yes" to question 5a	a(4),	does the foundation clair	n exemption from the					
	tax becaus	se it maintained expenditu	ıre re	sponsibility for the grant	?	· · 🔲 Yes	\square	lo		
	If "Yes," attach the statement required by Regulations section 53.4945–5(d).									
6a	Did the fo	undation, during the year,	rece	ive any funds, directly or	indirectly, to pay premi	ums on				
	a personal benefit contract?									
b	Did the fo	undation, during the year,	pay	premiums, directly or inc	lirectly, on a personal be	nefit contract?		6b		No
	If "Yes" to 6b, file Form 8870.									
7a	'a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?									
b If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?								7b		
8	Is the four	ndation subject to the sect	tion 4	1960 tax on payment(s) o	of more than \$1,000,000	in remuneration or				
	excess par	rachute payment during th	ne ye	ar?		· · 🔲 Yes	▽ N	ـــا ما		
Pai	tt VIII	Information About C and Contractors ficers, directors, trustee					ı emļ	pioyees	•	
	(a) Na	me and address	(b) Title, and average hours per week devoted to position 	(c) Compensation (If not paid, enter -0-) (d) Contributions employee benefit plan deferred compensation		and	(e) Exper		
DORC	THY M HAYES	5	TRUS	•	0	· ·	0			
97 SA	NBORN LANE		8.00							
	ING, MA 018	67								
	AEL G HAYES		TRUS 2.00	STEE	0		0			0
	NBORN LANE ING, MA 018									
		ation of five highest-pa	id en	nployees (other than t	hose included on line :	l—see instructions). If	none	e, enter "	NONE	."
(a)		address of each employee ore than \$50,000	paid	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation		e) Expen		
NON										
Tota	I number of	other employees paid ov	er \$5	0,000						0
								Form 99	0-PF ((2020)

Form 990-PF (2020)		Page 7
Part VIII Information About Officers, Directors, Trustees, Foundary and Contractors (continued)	oundation Managers, Highly Paid E	Employees,
3 Five highest-paid independent contractors for professional services	s (see instructions). If none, enter "NO	NE".
(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		<u> </u>
List the foundation's four largest direct charitable activities during the tax year. Include releva organizations and other beneficiaries served, conferences convened, research papers produce		Expenses
1 TO PROVIDE SUPPORT PRIMARILY FOR THE ENRICHMENT OF THE LIVES OF		
EDUCATIONALLY, ACADEMICALLY, AND CULTURALLY, WITH SPECIAL EMPHA		62.670
AND MENTAL HANDICAPS WHO HAVE BEEN ADOPTED AND/OR ARE IN OR H	AVE BEEN IN, THE FOSTER CARE SYSTEM.	63,670
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see ins		T .
Describe the two largest program-related investments made by the foundation during the	tax year on lines 1 and 2.	Amount
<u>-</u>		
		_
2		
All other program-related investments. See instructions.		
3		
		4
Total. Add lines 1 through 3		0

1a

1b

2

3a 3b

4

5

63,310

63.310

63.310

Form 990-PF (2020)

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

Amounts set aside for specific charitable projects that satisfy the:

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

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

1

2

3

4

5

b

a Excess from 2016. **b** Excess from 2017. c Excess from 2018. d Excess from 2019. e Excess from 2020.

Forn	m 990-PF (2020)				Page 9
P	art XIII Undistributed Income (see instruct	tions)			<u> </u>
		(a) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
	Distributable amount for 2020 from Part XI, line 7				71,274
2	Undistributed income, if any, as of the end of 2020:	,		,	1
а	· · · · · · · · · · · · · · · · · · ·		1	28,944	<u> </u>
	· · · · · · · · · · · · · · · · · · ·		0		1
3	Excess distributions carryover, if any, to 2020:	, 		, 	1
а		, ,	1	,	1
		, ,	1	, 1	1
		, ,	1	, 1	ſ
		, , , , , , , , , , , , , , , , , , , ,	1	,	1
		, ,	1	,	1
	Total of lines 3a through e	0	+	,	+
4	Qualifying distributions for 2020 from Part	, ,	1	, 1	ſ
ı	XII, line 4: ▶ \$ 63,310	, , , , , , , , , , , , , , , , , , , ,	1	, , , , ,	1
	Applied to 2019, but not more than line 2a		1	28,944	1
	Applied to undistributed income of prior years (Election required—see instructions)		0		1
С	Treated as distributions out of corpus (Election	0	1	, I	ſ
	required—see instructions)	,	+	,	24 366
	Applied to 2020 distributable amount	0	+		34,366
	Remaining amount distributed out of corpus	-			1 0
5	Excess distributions carryover applied to 2020.	0	4	,	0
İ	(If an amount appears in column (d), the same amount must be shown in column (a).)	,	1	, 1	1
	Enter the net total of each column as indicated below:	, 1	1	1	1
	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0	1		1
	Prior years' undistributed income. Subtract line 4b from line 2b		0		1
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) tay have been proviously accessed.		0		
a	tax has been previously assessed	,	+	,	
u	—see instructions	, , , , , , , , , , , , , , , , , , , ,	0	,	1
	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				36,908
	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			<u> </u>
9	Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a	0	,		
10	Analysis of line 9:	,	$\overline{\Box}$,	1

Page **10**

	Private Operating Found	ations (see msur	uccions and Part V	11-A, question 9)		
1a	If the foundation has received a ruling or del foundation, and the ruling is effective for 20					
b	Check box to indicate whether the organizati	ion is a private opera	ating foundation des	cribed in section \Box	│ 4942(j)(3) or □] 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for each	(a) 2020	(b) 2019	(c) 2018	(d) 2017	(6) 10141
	year listed					
b	85% of line 2a					
С	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					
е	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: "Assets" alternative test—enter:					
a	(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					
С	"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					
Pa	Supplementary Information assets at any time during th			toundation had	\$5,000 or more	ın
=	Information Regarding Foundation Mana		ructions.)			
_	List any managers of the foundation who hav before the close of any tax year (but only if	e contributed more				n
	See Additional Data Table					
b	List any managers of the foundation who own ownership of a partnership or other entity) of				arge portion of the	
2	Information Regarding Contribution, Gra	ant, Gift, Loan, Scl	holarship, etc., Pro	ograms:		
	Check here ▶ ☐ if the foundation only mak unsolicited requests for funds. If the founda other conditions, complete items 2a, b, c, at	tion makes gifts, gra	ants, etc. to individu			

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

DOROTHY M HAYES 97 SANBORN LANE

READING, MA 01867 (781) 929-4751 **b** The form in which applications should be submitted and information and materials they should include:

ORGANIZATIONS SEEKING SUPPORT SHOULD FIRST SUBMIT A LETTER OF INTRODUCTION AND ATTACH THEIR PROOF OF 501(C)(3) STATUS.

c Any submission deadlines: LETTERS OF INTRODUCTION ARE ACCEPTED AT ANY TIME.

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

THE FOUNDATION MAKES GIFTS TO ORGANIZATIONS AND CAMPS WHO MEET OUR MISSION AND OPERATE IN EASTERN MASSACHUSETTS.

Form 990-PF (2020)				Page 11	
Part XV Supplementary Informa	ation (continued)				
3 Grants and Contributions Paid	d During the Year or Appro	oved for Futur	e Payment		
Recipient	If recipient is an individual, show any relationship to			Amount	
Name and address (home or business)	and address (home or business) any foundation manager or substantial contributor		contribution	Amount	
a Paid during the year		'			
See Additional Data Table		·		·	
Total			▶ 3a	63,310	
b Approved for future payment					
					
	'	(L			
	'	(
	'	(
	'	(
	'	(
	,	(l			
			▶ 3b		

	I-A Analysis of Income-Producing	Activities				rage 12
	s amounts unless otherwise indicated.		usiness income	Excluded by sectio	n 512, 513, or 514	(e) Related or exempt
1 Program	m service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions.)
_	and contracts from government agencies					
	ership dues and assessments sst on savings and temporary cash					
investr	, ,					
4 Divide	nds and interest from securities			14	39,600	
	ntal income or (loss) from real estate:					
	-financed property.					
	debt-financed property					
	investment income					
8 Gain o	r (loss) from sales of assets other than					
invent	•			18	4,462	
	come or (loss) from special events:					
10 Gross	profit or (loss) from sales of inventory revenue: a					
b						
с						
	tel Add selver of (b) (d) and (c)		_			
	tal. Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e).		0		44,062 . 3	0 44,062
	vorksheet in line 13 instructions to verify calcu					11,002
Part XV	I-B Relationship of Activities to th	ie Accomplisi	hment of Exem	pt Purposes		
Line No. ▼	Explain below how each activity for which the accomplishment of the foundation's exinstructions.)					

orm 99	90-PF (2	<u> </u>									Pa	ge 13
Part	XVII	Information Re Exempt Organia		ransi	fers To a	nd Transact	tions a	nd Relatio	nships With Non	charitable		
		anization directly or inchan section 501(c)(3)								n 501	Yes	No
	•	rom the reporting foun	-	•				•				
(1)	Cash.									. 1a(1)		No
		assets								. 1a(2)		No
b Oth	er trans	sactions:										
(1)	Sales	of assets to a nonchari	table exempt	t orga	nization.					. 1b(1)		No
(2)	Purcha	ases of assets from a n	oncharitable	exem	pt organiz	ation				. 1b(2)		No
(3)	Renta	l of facilities, equipmer	nt, or other a	ssets.						. 1b(3)		No
(4)	Reimb	ursement arrangemen	ts							. 1b(4)		No
(5)	Loans	or loan guarantees.								. 1b(5)		No
(6)	Perforn	mance of services or m	embership or	r fundi	raising soli	citations				. 1b(6)		No
c Sha	ring of	facilities, equipment, n	nailing lists, d	other a	assets, or _l	paid employees	s			. 1c		No
of tl in a	ne good ny tran:	er to any of the above ls, other assets, or serv saction or sharing arra	vices given b ngement, sho	y the ow in	reporting f column (d	oundation. If t) the value of t	he found the good	dation receive ds, other asse	d less than fair mark ts, or services receiv	et value ed.		
(a) Line	No.	(b) Amount involved	(c) Name of	noncha	aritable exen	npt organization	(a) Description of	transfers, transactions,	and sharing arra	ngemen	its
							1					
							<u> </u>					
	_						-					
	_						1					
							1					
2a Is t	ne foun	dation directly or indire	ectly affiliated	d with	, or related	to, one or mo	ore tax-e	exempt organ	zations			
des	cribed in	n section 501(c) (other	than section	า 501(c)(3)) or ii	n section 527?			□Ye	s 🔽 No		
b If "\	es," co	mplete the following so	chedule.									
		(a) Name of organization	n		(b) Type of organiz	zation		(c) Description	of relationship		
<u></u>	ofmy	r penalties of perjury, / knowledge and belief n preparer has any kno	, it is true, co									
Sign	*	****				2021-07-08		*****		May the IRS di return	scuss th	nis
Here								.		with the prepa	rer shov	wn
	S	ignature of officer or to	rustee			Date		Title		below (see instr.)	Yes	□ _{No}
		Print/Type preparer's	name	Prepa	arer's Sign	ature	Dat	ce		TIN		
									Check if self-	P00529	9034	
		DAVID J MCCAUGH	IIN				2	2021-07-08	employed ▶ ☐		•	
Paid												
Prep Use (Firm's name ► HUG	HES AND CO	MPAN	Y PC		•		F	Firm's EIN ▶04-2842388		
	-	Firm's address ▶ ON	IE WEST FOS	STER S	STREET							
		MELROSE, MA 02176							P	Phone no. (781) 665-7100		7100

Form 990PF Part XV Line 1a - 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).

DOROTHY M HAYES

MICHAEL G HAYES

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 (home or business) or substantial contributor

a Paid during the year

a Falu during the year				
ALL OUR KIDSPO BOX 155 S HADLEY, MA 01075	NONE	501 (C)(3)	TO SUPPORT ORGANIZATION WHOSE GOAL IS TO UNLEASH THE POTENTIAL OF YOUNG PEOPLE	2,000
BOYS AND GIRLS CLUB OF THE	NONE	501 (C)(3)	CAMP SCHOLARSHIPS FOR	330

			PEOPLE	
BOYS AND GIRLS CLUB OF THE BERKSHIRES 16 MELVILLE ST PITTSFIELD, MA 01201	NONE	501 (C)(3)	CAMP SCHOLARSHIPS FOR YOUTH	330
CAMBRIDGE CAMPING ASSOC 99 BISHOP ALLEN DRIVE CAMBRIDGE, MA 02139	NONE	501 (C)(3)	GRANT TO SUPPORT A CAMP WHICH ALLOWS CHILDREN WHO NEED A SMALLER PROGRAM AND EXTRA SUPPORT TO FULLY	3,250

16 MELVILLE ST PITTSFIELD, MA 01201			100111	
CAMBRIDGE CAMPING ASSOC 99 BISHOP ALLEN DRIVE CAMBRIDGE, MA 02139	NONE	501 (C)(3)	GRANT TO SUPPORT A CAMP WHICH ALLOWS CHILDREN WHO NEED A SMALLER PROGRAM AND EXTRA SUPPORT TO FULLY EXPERIENCE THE BENEFITS OF SUMMER CAMP.	3,250

CAMBRIDGE CAMPING ASSOC 99 BISHOP ALLEN DRIVE CAMBRIDGE, MA 02139	NONE	501 (C)(3)	GRANT TO SUPPORT A CAMP WHICH ALLOWS CHILDREN WHO NEED A SMALLER PROGRAM AND EXTRA SUPPORT TO FULLY EXPERIENCE THE BENEFITS OF SUMMER CAMP.	3,250
Total	63,310			

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of

Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
CROSSROADS FOR KIDS119 MYRTLE ST	NONE	501 (C)(3)	TO SUPPORT CAMP	5,000

DUXBURY, MA 02332	NONE	301 (0)(3)	ATTENDANCE FOR 12 CHILDREN	3,000
FEDERATION FOR CHILDREN SPECIAL NEEDS 529 MAIN ST BOSTON, MA 02129	NONE	501 (C)(3)	GRANT TO SUPPORT TRAINING FOR ADVOCATES FOR FOSTER CHILDREN	2,500

FEDERATION FOR CHILDREN SPECIAL NEEDS 529 MAIN ST BOSTON, MA 02129	NONE	501 (C)(3)	GRANT TO SUPPORT TRAINING FOR ADVOCATES FOR FOSTER CHILDREN	2,500
FOSTER KIDS OF MERRIMACK VALLEY PO BOX 2166 METHUEN, MA 01844	NONE	501 (C)(3)	TO SUPPORT PROGRAMS PROVIDING FOR THE NEEDS OF FOSTER KIDS	3,000

529 MAIN ST BOSTON, MA 02129			CHILDREN	
FOSTER KIDS OF MERRIMACK VALLEY PO BOX 2166 METHUEN, MA 01844	NONE	501 (C)(3)	TO SUPPORT PROGRAMS PROVIDING FOR THE NEEDS OF FOSTER KIDS	3,000
Total	63,310			

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment 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 (home or business)	or substantial contributor	recipient		
a Paid during the year				
GENERATIONS INCORPORATED	NONE	501 (C)(3)	TO SUPPORT YOUTH LITERACY	5,000

25 KINGSTON STREET BOSTON, MA 02111			PROGRAMS	
HANOVER PARKS AND REC 48 LEBANON ST HANOVER, NH 03755	NONE	TOWN ENTITY	CAMP SCHOLARSHIPS FOR YOUTH	1,530

HANOVER PARKS AND REC 48 LEBANON ST HANOVER, NH 03755	NONE	TOWN ENTITY	CAMP SCHOLARSHIPS FOR YOUTH	1,530
MASS ADOPTION RESOURCE EXCHANGE 19 NEEDHAM ST NEWTON, MA 02461	NONE	501 (C)(3)	TO SUPPORT ADOPTION PROGRAM	3,000

1	48 LEBANON ST HANOVER, NH 03755		ENTITY	YOUTH	·
	MASS ADOPTION RESOURCE EXCHANGE 19 NEEDHAM ST NEWTON, MA 02461	NONE	501 (C)(3)	TO SUPPORT ADOPTION PROGRAM	3,000

11/4101214/1111 03/33				
MASS ADOPTION RESOURCE EXCHANGE 19 NEEDHAM ST NEWTON, MA 02461	NONE	501 (C)(3)	TO SUPPORT ADOPTION PROGRAM	3,000
Total			▶ 3a	63,310

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 (home or business) or substantial contributor

MASS MENTORING PARTNERSHIP 75 KNEELAND ST BOSTON, MA 02111	NONE	501 (C)(3)	GRANT TO SUPPORT FOSTER CARE WORK	4,000
a Paid during the year				

BUSTON, MA UZITI				
MASSACHUSETTS ADVOCATES FOR CHILDREN 25 KINGSTON STREET BOSTON, MA 02111	NONE	501 (C)(3)	GRANT TO SUPPORT INITIATIVES TO TRAIN SCHOOL PERSONNEL, ETC. TO HELP TRAUMATIZED CHILDREN LEARN	4,000
MSPCC3815 WASHINGTON ST	NONE	501 (C)(3)	GRANT TO SUPPORT THE	2.000

CHILDREN 25 KINGSTON STREET BOSTON, MA 02111		. , , ,	INITIATIVES TO TRAIN SCHOOL PERSONNEL, ETC. TO HELP TRAUMATIZED CHILDREN LEARN	•
MSPCC3815 WASHINGTON ST BOSTON, MA 02130	NONE	501 (C)(3)	GRANT TO SUPPORT THE PREVENTION OF CRUELTY TO CHILDREN	2,000

25 KINGSTON STREET BOSTON, MA 02111			PERSONNEL, ETC. TO HELP TRAUMATIZED CHILDREN LEARN	
MSPCC3815 WASHINGTON ST BOSTON, MA 02130	NONE	501 (C)(3)	GRANT TO SUPPORT THE PREVENTION OF CRUELTY TO CHILDREN	2,000
Total			▶ 3a	63,310

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				
PATHWAYS FOR CHILDREN 29 EMERSON AVE GLOUCESTER, MA 01930	NONE	501 (C)(3)	TO SUPPORT YOUTH AT RISK CONFERENCE	2,000

E04 (C)(3)

63,310

PROJECT HOME AGAINPO BOX 1236 ANDOVER, MA 01810	NONE	501 (C)(3)	TO SUPPORT PROGRAM PROVIDING THOSE IN NEED WITH HOUSEHOLD GOODS	1,000
SILVER LINING MENTORING 727 ATLANTIC AVENUE 3RD FLOOR BOSTON, MA 02111	NONE	501 (C)(3)	SUPPORT MENTORING YOUTH IN FOSTER CARE	5,000

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

a Paid during the year				
THE HOME FOR LITTLE WANDERERS 10 GUEST ST BOSTON, MA 02135	NONE	501 (C)(3)	TO SUPPORT TRAINING FOR FOSTER PARENTS	4,000
THE WILY NETWORK1920 CENTRE ST	NONE	501 (C)(3)	TO SUPPORT PROGRAM	5,000

HE WILY NETWORK1920 CENTRE ST VEST ROXBURY, MA 02132	NONE	501 (C)(3)	TO SUPPORT PROGRAM ASSISTING YOUTH WITH NAVIGATING POST SECONDARY EDUCATION	
				1

WEST ROXBURY, MA 02132			ASSISTING YOUTH WITH NAVIGATING POST SECONDARY EDUCATION	l
TRAUMA INSTITUTE AND CHILD TRAUMA INSTITUTE 285 PROSPECT ST	NONE	501 (C)(3)	TO SUPPORT ORGANIZATION PROMOTING THE HEALING AND HEALTHY DEVELOPMENT OF	

			EDUCATION	
TRAUMA INSTITUTE AND CHILD TRAUMA INSTITUTE 285 PROSPECT ST NORTHHAMPTON, MA 01060	NONE	501 (C)(3)	TO SUPPORT ORGANIZATION PROMOTING THE HEALING AND HEALTHY DEVELOPMENT OF CHILDREN	1,700

TRAUMA INSTITUTE AND CHILD TRAUMA INSTITUTE 285 PROSPECT ST NORTHHAMPTON, MA 01060	NONE	501 (C)(3)	TO SUPPORT ORGANIZATION PROMOTING THE HEALING AND HEALTHY DEVELOPMENT OF CHILDREN	1,700
Total			▶ 3a	63,310

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 (home or business) or substantial contributor

a Paid during the year				
TREEHOUSE FOUNDATION 1 TREEHOUSE CIRCLE EASTHAMPTON, MA 01027	NONE	501 (C)(3)	SUPPORT HEROES LEADERSHIP PROJECT	2,500
LITEC INC35 WARDEN ST	NONE	501 (C)(3)	TO SUPPORT SOCIAL AND	4 000

EASTHAMPTON, MA 01027				
UTEC INC35 WARREN ST LOWELL, MA 01852	NONE	501 (C)(3)	TO SUPPORT SOCIAL AND ECONOMIC SUCCESS FOR DISCONNECTED YOUTH	4,000
YOUTH VILLAGES 400 W CUMMINGS PARK	NONE	501 (C)(3)	TO SUPPORT PROGRAM FOCUSED ON CHILDREN'S	2,500

LOWELL, MA 01852		(-)(-)	ECONOMIC SUCCESS FOR DISCONNECTED YOUTH	.,
YOUTH VILLAGES 400 W CUMMINGS PARK WOBURN, MA 01801	NONE	501 (C)(3)	TO SUPPORT PROGRAM FOCUSED ON CHILDREN'S MENTAL AND BEHAVIORAL HEALTH	2,500

			DISCONNECTED YOUTH	
YOUTH VILLAGES 400 W CUMMINGS PARK WOBURN, MA 01801	NONE	501 (C)(3)	TO SUPPORT PROGRAM FOCUSED ON CHILDREN'S MENTAL AND BEHAVIORAL HEALTH	2,500
Total			▶ 3a	63,310

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TY 2020 Accounting Fees Schedule							
_							
	Name: THE JAS	ON HAYES FOUNDA	TION				
	EIN: 20-3992	133					
		i					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
ACCOUNTING	1,800	1,800	0	0			

TY 2020	Investments	Corporate	Bonds Sche	edule

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Name: THE JASON HAYES FOUNDATION

FIDELITY SHORT TERM BOND FUND

FIDELITY CAPITAL AND INCOME

FIDELITY INFLATION PROTECTED BOND

FIDELITY US BOND INDEX

EIN: 20-3992133	
Tananatan anta Cannanata Banda Cabadala	

20 0332200	
Investments Corporate Bonds Schedule	
Name of Bond	End o

End of Year Fair **Market Value**

101,100

34,408

5,711

15,800

DLN: 93491208008051

of Year Book

Value

94,413

33,232

5,029

13,439

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TY 2020 Investments Corporate Stock Schedule

Name: THE JASON HAYES FOUNDATION

ETN: 20-3002133

EIN: 20-3992133		
Investments Corporation Stock Schedule Name of Stock	End of Year Book Value	End of Year Fair Market Value
BK OF AMERICA CORP	99,730	100,326
BROOKLINE BANCORP	322,295	384,076
FORD MTR CO	12,790	8,790
ISHARES CORE 500	38,277	110,365
ISHARES TR MSCI EMERGING MKTS	29,684	34,774
ISHARES TR MSCI EAFE INDEX FD	53,079	57,638
ISHARES CORE S&P MIDCAP ETF	6,613	17,467
ISHARES CORE S&P SMALLCAP ETF	2,799	9,190
LENNAR CORP CL A	47,010	76,230
LENNAR CORP CL B	378	1,224
PEOPLES UTD FINL INC	66,838	68,141
STATE STREET CORP	46,314	43,668
WASATCH FRONTIER EMERGING SMALL CO'S	5,000	6,678
AMERICAN TOWER CORPORATION	96,420	224,460
MERIDIAN BANCORP	399,419	328,348

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TY 2020 Other Expenses Schedule							
Name:	THE JASON HAY	YES FOUNDATION	I				
EIN:	20-3992133						
Other Expenses Schedule				<u> </u>			
Description	Revenue and Expenses per	Net Investment Income	Adjusted Net Income	Disbursements for Charitable			

Other Expenses Schedule				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
IT SUPPORT	360	0	0	0

BANK CHARGES

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TY 2020 Taxes Sche	dule				
Taxes Schedule		THE JASON 20-3992133	HAYES FOUNDATI	ON	
Category	Am	nount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE TAX		1,070	1,070	0	0

efile GRAPHIC print - De	NOT PROCESS As Filed Da	ta -		DLN: 93491208008051
Schedule B	Sche	edule of Contributors		OMB No. 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service		ch to Form 990, 990-EZ, or 990-PF. <u>irs.gov/Form990</u> for the latest informa	tion.	2020
Name of the organization THE JASON HAYES FOUND	ATION		Employer id	dentification number
Organization type (chec	cone):		20-3992133	
	,			
Filers of:	Section:			
Form 990 or 990-EZ	501(c)() (enter number	er) organization		
	4947(a)(1) nonexempt	charitable trust not treated as a priv	/ate foundation	
	☐ 527 political organization	on		
Form 990-PF	✓ 501(c)(3) exempt prival	te foundation		
	4947(a)(1) nonexempt	charitable trust treated as a private	foundation	
	501(c)(3) taxable privat	te foundation		
		90-PF that received, during the yea or. Complete Parts I and II. See inst		
Special Rules				
under sections 50 received from any	9(a)(1) and 170(b)(1)(A)(vi), that	filing Form 990 or 990-EZ that met checked Schedule A (Form 990 or , total contributions of the greater of Complete Parts I and II.	990-EZ), Part II, line 13,	, 16a, or 16b, and that
during the year, t	tal contributions of more than \$1	, (8), or (10) filing Form 990 or 990-l ,000 <i>exclusively</i> for religious, charit en or animals. Complete Parts I, II, a	table, scientific, literary, d	
during the year, of If this box is check purpose. Don't co	ontributions <i>exclusively</i> for religic ked, enter here the total contribut mplete any of the parts unless th	, (8), or (10) filing Form 990 or 990-bus, charitable, etc., purposes, but notions that were received during the year General Rule applies to this organ 000 or more during the year	no such contributions tota year for an <i>exclusively</i> re anization because it rece	aled more than \$1,000. eligious, charitable, etc., ived <i>nonexclusively</i>
990-EZ, or 990-PF), but	must answer "No" on Part IV, li	al Rule and/or the Special Rules doe ne 2, of its Form 990; or check the b t meet the filing requirements of Scl	box on line H of its Form	
For Paperwork Reduction A for Form 990, 990-EZ, or 990	t Notice, see the Instructions PF.	Cat. No. 30613X	Schedule B (Form 990	0, 990-EZ, or 990-PF) (2020)

Name of organization THE JASON HAYES FOUNDATION		20-3992133	
Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MICHAEL HAYES 97 SANBORN LANE	\$ 99,930	☐ Person ☐ Payroll ☑ Noncash
	READING, MA 01867		Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)