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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
CAMBRIDGE SAVINGS CHARITABLE FOUNDATION INC

A Employer identification number
48-1307731

Number and street (or P.O. box number if mail is not delivered to street address)
1374 MASSACHUSETTS AVENUE

Room/suite

B Telephone number (see instructions)
(617) 864-7000

City or town, state or province, country, and ZIP or foreign postal code
CAMBRIDGE, MA 02138

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)* ▶$ 1,704,275

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)	1,410,800			
	2	Check ▶ ☐ if the foundation is **not** required to attach Sch. B				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	55,215	55,215		
	5a	Gross rents				
	b	Net rental income or (loss) _____				
	6a	Net gain or (loss) from sale of assets not on line 10	-122,216			
	b	Gross sales price for all assets on line 6a 484,320				
	7	Capital gain net income (from Part IV, line 2)		112,263		
	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)	86,500	0		
	12	**Total.** Add lines 1 through 11	1,430,299	167,478		
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc.	33,000	0		33,000
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
	16a	Legal fees (attach schedule)				
	b	Accounting fees (attach schedule)	1,900	0		1,900
	c	Other professional fees (attach schedule)				
	17	Interest				
	18	Taxes (attach schedule) (see instructions)	4,000	0		0
	19	Depreciation (attach schedule) and depletion				
	20	Occupancy				
	21	Travel, conferences, and meetings				
	22	Printing and publications				
	23	Other expenses (attach schedule)	500	0		500
	24	**Total operating and administrative expenses.** Add lines 13 through 23	39,400	0		35,400
	25	Contributions, gifts, grants paid	2,013,586			2,013,586
	26	**Total expenses and disbursements.** Add lines 24 and 25	2,052,986	0		2,048,986
	27	Subtract line 26 from line 12:				
	a	**Excess of revenue over expenses and disbursements**	-622,687			
	b	**Net investment income** (if negative, enter -0-)		167,478		
	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 (a) Book Value	End of year (b) Book Value	End of year (c) Fair Market Value
Assets	1 Cash—non-interest-bearing			
	2 Savings and temporary cash investments	77,911	61,761	61,761
	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) ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U.S. and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)			
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	2,661,600	1,642,514	1,642,514
	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)	2,739,511	1,704,275	1,704,275
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	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)	0	0	
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			
	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	0	0	
	27 Paid-in or capital surplus, or land, bldg., and equipment fund	0	0	
	28 Retained earnings, accumulated income, endowment, or other funds	2,739,511	1,704,275	
	29 **Total net assets or fund balances** (see instructions)	2,739,511	1,704,275	
	30 **Total liabilities and net assets/fund balances** (see instructions)	2,739,511	1,704,275	

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	2,739,511
2	Enter amount from Part I, line 27a	2	-622,687
3	Other increases not included in line 2 (itemize) ▶ _____	3	0
4	Add lines 1, 2, and 3	4	2,116,824
5	Decreases not included in line 2 (itemize) ▶ _____	5	412,549
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29	6	1,704,275

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	BROOKLINE BANCORP	D		2020-12-23
b	PEOPLE'S UNITED FINANCIAL	D		2020-03-26
c	PEOPLE'S UNITED FINANCIAL	D		2020-02-24
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	234,588		201,793	32,795
b	107,237		85,132	22,105
c	142,495		85,132	57,363
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			32,795
b			22,105
c			57,363
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	112,263
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	2,328
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	2,328
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	2,328
6	Credits/Payments:		
a	2020 estimated tax payments and 2019 overpayment credited to 2020 — 6a: 4,692		
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	4,692
8	Enter any **penalty** for underpayment of estimated tax. Check here ☑ if Form 2220 is attached.	8	0
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	2,364
11	Enter the amount of line 10 to be: **Credited to 2021 estimated tax** ▶ 2,364 **Refunded** ▶	11	0

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 ▶ N/A

14 The books are in care of ▶ DANA PHILBROOK Telephone no. ▶ (617) 864-8700

Located at ▶ 1374 MASSACHUSETTS AVENUE CAMBRIDGE MA ZIP+4 ▶ 02138

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		No
	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	1,785,745
b	Average of monthly cash balances	1b	43,904
c	Fair market value of all other assets (see instructions)	1c	0
d	**Total** (add lines 1a, b, and c)	1d	1,829,649
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	1,829,649
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	27,445
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,802,204
6	**Minimum investment return.** Enter 5% of line 5	6	90,110

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	90,110
2a	Tax on investment income for 2020 from Part VI, line 5	2a	2,328		
b	Income tax for 2020. (This does not include the tax from Part VI.)	2b			
c	Add lines 2a and 2b			2c	2,328
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	87,782
4	Recoveries of amounts treated as qualifying distributions			4	0
5	Add lines 3 and 4			5	87,782
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	87,782

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	2,048,986
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	2,048,986
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	2,048,986

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				87,782
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. 319,039				
b From 2016. 399,135				
c From 2017. 276,176				
d From 2018. 890,066				
e From 2019. 951,897				
f **Total** of lines 3a through e.	2,836,313			
4 Qualifying distributions for 2020 from Part XII, line 4: ▶ $ 2,048,986				
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.				87,782
e Remaining amount distributed out of corpus	1,961,204			
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	4,797,517			
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) . . .	319,039			
9 **Excess distributions carryover to 2021.** Subtract lines 7 and 8 from line 6a	4,478,478			
10 Analysis of line 9:				
a Excess from 2016. . . . 399,135				
b Excess from 2017. . . . 276,176				
c Excess from 2018. . . . 890,066				
d Excess from 2019. . . . 951,897				
e Excess from 2020. . . . 1,961,204				

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:

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

c Any submission deadlines:

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

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**				2,013,586
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					
4 Dividends and interest from securities. . . .			14	55,215	
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	-122,216	
9 Net income or (loss) from special events:					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a CITC STATE TAX CREDIT					86,500
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e). .		0		-67,001	86,500
13 **Total.** Add line 12, columns (b), (d), and (e).				13	19,499

(See worksheet in line 13 instructions to verify calculations.)

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.)
11A	CITC STATE TAX CREDIT

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.

****** | 2021-10-07 | ******

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
HARRY A KALAJIAN JR CPA		2021-10-07		P00464296
Firm's name ▶ WOLF & COMPANY PC				Firm's EIN ▶04-2689883
Firm's address ▶ 255 STATE STREET BOSTON, MA 02109				Phone no. (617) 439-9700

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
ANNE ADAMS CUSHMAN 1374 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02138	DIRECTOR 1.00	6,000	0	0
ROBERT P REARDON 1374 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02138	DIRECTOR 1.00	7,000	0	0
ROBERT RAMSEY 1374 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02138	DIRECTOR 1.00	7,000	0	0
ROBERT M WILSON 1374 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02138	DIRECTOR 1.00	6,000	0	0
WAYNE F PATENAUDE 1374 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02138	PRESIDENT/CEO/DIRECTOR 1.00	0	0	0
JERI FOUTTER 1374 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02138	SVP/ASSISTANT CLERK 1.00	0	0	0
CHARLIE LYONS 1374 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02138	DIRECTOR 1.00	7,000	0	0
STEPHEN J COUKOS 1374 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02138	EVP/GENERAL COUNSEL/CLERK 1.00	0	0	0
MICHAEL GILLES 1374 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02138	EVP/COO/CFO/TREASURER/ASST. CLERK 1.00	0	0	0
DANA PHILBROOK 1374 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02138	SVP/CONTROLLER 1.00	0	0	0

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*				
826 BOSTON3035 WASHINGTON ST ROXBURY, MA 02119	NOT RELATED	PC	EXEMPT PURPOSE	2,500
ACCESSPORTAMERICA119 HIGH STREET ACTON, MA 01720	NOT RELATED	PC	EXEMPT PURPOSE	8,300
ACTION FOR BOSTON COMMUNITY DEVELOPMENT INC 178 TREMONT ST BOSTON, MA 02111	NOT RELATED	PC	EXEMPT PURPOSE	15,000
Total . . . . . ▶ **3a**				2,013,586

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*				
ALEXANDRIA DIPERRI315 TURNPIKE ST NORTH ANDOVER, MA 01845	NOT RELATED	I	SCHOLARSHIP	2,500
ALINA OVSANNA KOUZOUIAN 40 WILLCOCKS ST 1007 TORONTO, ONTARIO M5S 1C6 CA	NOT RELATED	I	SCHOLARSHIP	2,500
ALL NEWTON MUSIC321 CHESTNUT ST WEST NEWTON, MA 02465	NOT RELATED	PC	EXEMPT PURPOSE	-2,000
Total . . . . . ▶ **3a**				2,013,586

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*				
ALLSTON BRIGHTON CDC 20 LINDEN ST SUITE 288 ALLSTON, MA 02134	NOT RELATED	PC	EXEMPT PURPOSE	40,000
ALZHEIMER'S ASSOCIATION 311 ARSENAL STREET WATERTOWN, MA 02472	NOT RELATED	PC	EXEMPT PURPOSE	4,000
ANTHONY DEMARCO 179 LONGWOOD AVE BOSTON, MA 02115	NOT RELATED	I	SCHOLARSHIP	2,500
Total . . . . . ▶ **3a**				2,013,586

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*				
ARLINGTON ARTS3550 WILSON BLVD ARLINGTON, MA 22201	NOT RELATED	PC	EXEMPT PURPOSE	-487
ARLINGTON BOYS & GIRL CLUB SIXTY POND LANE ARLINGTON, MA 024746586	NOT RELATED	PC	EXEMPT PURPOSE	3,000
ARLINGTON CENTER FOR THE ARTS 41 FOSTER STREET ARLINGTON, MA 02474	NOT RELATED	PC	EXEMPT PURPOSE	500
Total . . . . . ▶ **3a**				2,013,586

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*				
ARLINGTON EATS58 MEDFORD ST ARLINGTON, MA 02474	NOT RELATED	PC	EXEMPT PURPOSE	5,000
ARLINGTON FIREMEN'S RELIEF ASSOCIATION 291 PARK AVE ARLINGTON, MA 02476	NOT RELATED	PC	EXEMPT PURPOSE	100
ARLINGTON HEALTH & HUMAN SERVICES CHARITABLE CORP 27 MAPLE ST ARLINGTON, MA 02476	NOT RELATED	PC	EXEMPT PURPOSE	5,000
Total . . . . . ▶ **3a**				2,013,586

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*				
ARLINGTON YOUTH COUNSELING CENTER 670R MASSACHUSETTS AVENUE ARLINGTON, MA 02476	NOT RELATED	PC	EXEMPT PURPOSE	500
ART BECAUSE BREAST CANCER FOUNDATION 230 SCHOOL ST CARLISLE, MA 01741	NOT RELATED	PC	EXEMPT PURPOSE	25,000
AUSTISM SPEAKS88 BROAD ST BOSTON, MA 02110	NOT RELATED	PC	EXEMPT PURPOSE	500
Total . . . . . ▶ **3a**				2,013,586

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*				
BAY COVE HUMAN SERVICES INC PO BOX 45538 SOMERVILLE, MA 02145	NOT RELATED	PC	EXEMPT PURPOSE	19,050
BEDFORD BABE RUTH BASEBALLSOFTBALL PROG PO BOX 136 BEDFORD, MA 01730	NOT RELATED	PC	EXEMPT PURPOSE	300
BELMONT CITIZEN FORUM INC PO BOX 609 BELMONT, MA 02478	NOT RELATED	PC	EXEMPT PURPOSE	100
Total . . . . . ▶ **3a**				2,013,586

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*				
BELMONT FOOD PANTRY 455 CONCORD AVE BELMONT, MA 02478	NOT RELATED	PC	EXEMPT PURPOSE	7,500
BELMONT HILL SCHOOL 350 PROSPECT STREET BELMONT, MA 02478	NOT RELATED	PC	EXEMPT PURPOSE	5,000
BELMONT WOMEN'S CLUB 661 PLEASANT ST BELMONT, MA 02478	NOT RELATED	PC	EXEMPT PURPOSE	250
Total . . . . . ▶ **3a**				2,013,586

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 BOOTSTRAPS35 PARK ST BEVERLY, MA 01915	NOT RELATED	PC	EXEMPT PURPOSE	100
BOSTON AREA RAPE CRISIS CENTER 99 BISHOP ALLEN DRIVE CAMBRIDGE, MA 02139	NOT RELATED	PC	EXEMPT PURPOSE	1,000
BOSTON BUILDING MATERIALS CO-OP CHARITABLE 100 TERRACE ST BOSTON, MA 02120	NOT RELATED	PC	EXEMPT PURPOSE	5,000
Total . . . . . ▶ **3a**				2,013,586

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*				
BOSTON CELTICS SHAMROCK FOUNDATION 266 CAUSEWAY ST BOSTON, MA 02114	NOT RELATED	PC	EXEMPT PURPOSE	-260
BOSTON FOUNDATION INC 75 ARLINGTON ST 300 BOSTON, MA 02116	NOT RELATED	PC	EXEMPT PURPOSE	50
BOSTON PRIDE PARADE 398 COLUMBUS AVE 285 BOSTON, MA 02116	NOT RELATED	PC	EXEMPT PURPOSE	-1,100
Total . . . . . ▶ **3a**				2,013,586

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 CLUBS OF BOSTON 200 HIGH STREET 3RD FLOOR BOSTON, MA 02110	NOT RELATED	PC	EXEMPT PURPOSE	4,200
BREAD OF LIFE INC54 EASTERN AVE MALDEN, MA 02148	NOT RELATED	PC	EXEMPT PURPOSE	30,000
BREAKTIME CAFE INC170 PORTLAND ST BOSTON, MA 02114	NOT RELATED	PC	EXEMPT PURPOSE	5,000
Total . . . . . ▶ **3a**				2,013,586

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 VNA GO500 BELMONT ST BROCKTON, MA 02301	NOT RELATED	PC	EXEMPT PURPOSE	-800
BUILDERS OF COLOR COALITION INC PO BOX 381155 CAMBRIDGE, MA 02338	NOT RELATED	PC	EXEMPT PURPOSE	1,000
BURLINGTON EDUCATION FOUNDATION PO BOX 756 BURLINGTON, MA 01803	NOT RELATED	PC	EXEMPT PURPOSE	1,000
Total . . . . . ▶ **3a**				2,013,586

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*				
BURLINGTON YOUTH HOCKEY PO BOX 444 BURLINGTON, MA 01803	NOT RELATED	PC	EXEMPT PURPOSE	250
CAMBRIDGE AND SOMERVILLE PROGRAM FOR ALCOHOL 66 CANAL ST BOSTON, MA 02114	NOT RELATED	PC	EXEMPT PURPOSE	2,955
CAMBRIDGE CAMPING ASSOCIATION 99 BISHOP ALLEN DRIVE CAMBRIDGE, MA 02139	NOT RELATED	PC	EXEMPT PURPOSE	9,000
Total . . . . . ▶ **3a**				2,013,586

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*				
CAMBRIDGE CENTER FOR ADULT EDUCATION 42 BRATTLE ST CAMBRIDGE, MA 02138	NOT RELATED	PC	EXEMPT PURPOSE	2,500
CAMBRIDGE COMMUNITY CENTER 5 CALLENDER ST CAMBRIDGE, MA 02139	NOT RELATED	PC	EXEMPT PURPOSE	35,000
CAMBRIDGE COMMUNITY FOUNDATION 99 BISHOP ALLEN DRIVE CAMBRIDGE, MA 02139	NOT RELATED	PC	EXEMPT PURPOSE	10,500
Total . . . . . ▶ **3a**				2,013,586

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*				
CAMBRIDGE COMMUNITY TELEVISION 438 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02139	NOT RELATED	PC	EXEMPT PURPOSE	6,143
CAMBRIDGE FAMILY & CHILDREN SERVICE 60 GORE STREET CAMBRIDGE, MA 02141	NOT RELATED	PC	EXEMPT PURPOSE	35,400
CAMBRIDGE FAMILY YMCA 820 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02139	NOT RELATED	PC	EXEMPT PURPOSE	10,000
Total . . . . . ▶ **3a**				2,013,586

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*				
CAMBRIDGE HEALTH ALLIANCE FOUNDATION 1493 CAMBRIDGE ST CAMBRIDGE, MA 02139	NOT RELATED	PC	EXEMPT PURPOSE	55,000
CAMBRIDGE HISTORICAL SOCIETY 159 BRATTLE STREET CAMBRIDGE, MA 021383300	NOT RELATED	PC	EXEMPT PURPOSE	5,000
CAMBRIDGE LITTLE BASEBALL LEAGUE 51 INMAN ST CAMBRIDGE, MA 02139	NOT RELATED	PC	EXEMPT PURPOSE	400
Total . . . . . ▶ **3a**				2,013,586

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*				
CAMBRIDGE LOCAL FIRST PO BOX 381701 CAMBRIDGE, MA 02238	NOT RELATED	PC	EXEMPT PURPOSE	9,400
CAMBRIDGE NEIGHBORHOOD APARTMENT HOUSING 280 FRANKLIN ST CAMBRIDGE, MA 02139	NOT RELATED	PC	EXEMPT PURPOSE	15,000
CAREER COLLABORATIVE INC 77 SUMMER STREET 11TH FLOOR BOSTON, MA 02110	NOT RELATED	PC	EXEMPT PURPOSE	2,000
Total . . . . . ▶ **3a**				2,013,586

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*				
CARITAS COMMUNITIES INC 25 BRAINTREE HILL OFFICE PARK SUITE 206 BRAINTREE, MA 02184	NOT RELATED	PC	EXEMPT PURPOSE	54,490
CATHOLIC MEMORIAL253 BAKER ST WEST ROXBURY, MA 021324395	NOT RELATED	PC	EXEMPT PURPOSE	24,800
CENTRAL SQUARE BUSINESS IMPROVEMENT DISTRICT 620 MASSACHUSETTS AVE SUITE 3 CAMBRIDGE, MA 02139	NOT RELATED	PC	EXEMPT PURPOSE	15,000
Total . . . . . ▶ **3a**				2,013,586

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*				
CENTRE STREET FOOD PANTRY 11 HOMER ST NEWTON CENTRE, MA 02459	NOT RELATED	PC	EXEMPT PURPOSE	5,000
CHARLES RIVER COMMUNITY HEALTH INC 495 WESTERN AVE BRIGHTON, MA 02135	NOT RELATED	PC	EXEMPT PURPOSE	30,000
CHELSEA COLLABORATIVE 318 BROADWAY CHELSEA, MA 02150	NOT RELATED	PC	EXEMPT PURPOSE	5,200
Total . . . . . ▶ **3a**				2,013,586

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*				
CHILDREN'S AFTER SCHOOL PROGRAM INC 127 FOREST AVE HUDSON, MA 01749	NOT RELATED	PC	EXEMPT PURPOSE	200
CHRISTMAS REVELS 80 MT AUBURN STREET WATERTOWN, MA 02472	NOT RELATED	PC	EXEMPT PURPOSE	-580
CITIZENS' HOUSING AND PLANNING ASSOCIATION INC 1 BEACON ST 5TH FLOOR BOSTON, MA 02108	NOT RELATED	PC	EXEMPT PURPOSE	1,000
Total . . . . . ▶ **3a**				2,013,586

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*				
CITY MISSION185 COLUMBIA RD BOSTON, MA 02121	NOT RELATED	PC	EXEMPT PURPOSE	15,000
CITY OF CAMBRIDGE 795 MASSACHUSETTS AVE CAMBRIDGE, MA 02139	NOT RELATED	PC	EXEMPT PURPOSE	25,000
CLAB- THE TASTE OF CAMBRIDGE PO BOX 390426 CAMBRIDGE, MA 02139	NOT RELATED	PC	EXEMPT PURPOSE	10,000
Total . . . . . ▶ **3a**				2,013,586

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*				
CLUB PASSIM47 PALMER ST CAMBRIDGE, MA 02138	NOT RELATED	PC	EXEMPT PURPOSE	250
COMMUNITES FOR RESTORATIVE JUSTICE 355 BOYLSTON ST BOSTON, MA 02116	NOT RELATED	PC	EXEMPT PURPOSE	5,000
COMMUNITY ART CENTER INC 119 WINDSOR ST 6 CAMBRIDGE, MA 02139	NOT RELATED	PC	EXEMPT PURPOSE	2,000
Total . . . . . ▶ **3a**				2,013,586

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 COALITION OF MELROSE INC 1 WEST FOSTER ST MELROSE, MA 02176	NOT RELATED	PC	EXEMPT PURPOSE	20,000
COMMUNITY COOKS INC 337 SOMERVILLE AVE SOMERVILLE, MA 02143	NOT RELATED	PC	EXEMPT PURPOSE	5,000
COMMUNITY FARMS OUTREACH INC 240 BEAVER ST WALTHAM, MA 02452	NOT RELATED	PC	EXEMPT PURPOSE	5,000
Total . . . . . ▶ **3a**				2,013,586

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 SERVINGS INC 18 MARBURY TERRACE JAMAICA PLAIN, MA 02130	NOT RELATED	PC	EXEMPT PURPOSE	39,450
COMMUNITY WORKSHOPS INC 174 PORTLAND ST 2 BOSTON, MA 02114	NOT RELATED	PC	EXEMPT PURPOSE	5,000
CONCORD EDUCATION FUND PO BOX 202 CONCORD, MA 01742	NOT RELATED	PC	EXEMPT PURPOSE	10,000
Total . . . . . ▶ **3a**				2,013,586

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*				
CONCORD MUSEUM 53 CAMBRIDGE TURNPIKE CONCORD, MA 01742	NOT RELATED	PC	EXEMPT PURPOSE	500
CONCORD-CARLISLE COMMUNITY CHEST 19 MAIN STREET CONCORD, MA 01742	NOT RELATED	PC	EXEMPT PURPOSE	10,000
CONNOR RICH220 PAWTUCKET ST LOWELL, MA 01854	NOT RELATED	I	SCHOLARSHIP	2,500
Total . . . . . ▶ **3a**				2,013,586

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*				
COUNCIL OF SOCIAL CONCERN 2 MERRIMAC STREET WOBURN, MA 01801	NOT RELATED	PC	EXEMPT PURPOSE	5,000
DANIELLE BOOTH55 OAKLAND ST WELLESLEY HILLS, MA 02481	NOT RELATED	I	SCHOLARSHIP	2,500
DAVID RILEY HONAN 1844 COMMONWEALTH AVE AUBURNDALE, MA 02466	NOT RELATED	I	SCHOLARSHIP	2,500
Total . . . . . ▶ **3a**				2,013,586

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*				
DOMESTIC VIOLENCE SERVICES NETWORK PO BOX 536 CONCORD, MA 01742	NOT RELATED	PC	EXEMPT PURPOSE	750
EAST END HOUSE INC105 SPRING ST CAMBRIDGE, MA 02141	NOT RELATED	PC	EXEMPT PURPOSE	25,000
ELIZABETH AMARAL 120 TILLSON FARM RD AMHERST, MA 01003	NOT RELATED	I	SCHOLARSHIP	2,500
Total . . . . . ▶ **3a**				2,013,586

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*				
ELLIS MEMORIAL & ELDREDGE HOUSE INC 58 BERKELEY ST BOSTON, MA 02116	NOT RELATED	PC	EXEMPT PURPOSE	2,500
EMERSON HOSPITAL AUXILIARY 133 ORNAC CONCORD, MA 017424169	NOT RELATED	PC	EXEMPT PURPOSE	23,750
FACING CANCER TOGETHER INC PO BOX 600666 NEWTONVILLE, MA 02460	NOT RELATED	PC	EXEMPT PURPOSE	2,700
Total . . . . . ▶ **3a**				2,013,586

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 ACCESS OF NEWTON 492 WALTHAM STREET WEST NEWTON, MA 024651920	NOT RELATED	PC	EXEMPT PURPOSE	10,000
FAMILYAID BOSTON INC 3815 WASHINGTON ST BOSTON, MA 02130	NOT RELATED	PC	EXEMPT PURPOSE	5,000
FIND THE CAUSEPO BOX 2112 FRAMINGHAM, MA 01703	NOT RELATED	PC	EXEMPT PURPOSE	100
Total . . . . . ▶ **3a**				2,013,586

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*				
FIRST CONGREGATIONAL CHURCH OF REVERE 230 BEACH ST REVERE, MA 02151	NOT RELATED	PC	EXEMPT PURPOSE	15,000
FLORIESHA BASTIEN415 SOUTH ST WALTHAM, MA 02453	NOT RELATED	I	SCHOLARSHIP	2,500
FOLLOW YOUR ART COMMUNITY STUDIOS INC 647 MAIN ST MELROSE, MA 02176	NOT RELATED	PC	EXEMPT PURPOSE	5,000
Total . . . . . ▶ **3a**				2,013,586

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*				
FOOD FOR FREE11 INMAN STREET CAMBRIDGE, MA 02139	NOT RELATED	PC	EXEMPT PURPOSE	37,600
FOOD LINK17 BRATTLE STREET UNIT 17 ARLINGTON, MA 02476	NOT RELATED	PC	EXEMPT PURPOSE	5,000
FOUNDATION FOR BELMONT EDUCATION P O BOX 518 BELMONT, MA 02478	NOT RELATED	PC	EXEMPT PURPOSE	500
Total . . . . . ▶ **3a**				2,013,586

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*				
FRANCISCAN HOSPITAL FOR CHILDREN 30 WARREN STREET BRIGHTON, MA 02135	NOT RELATED	PC	EXEMPT PURPOSE	15,000
FRIENDS OF CAMBRIDGE RINDGE AND LATIN SCHOOL PO BOX 391541 CAMBRIDGE, MA 02139	NOT RELATED	PC	EXEMPT PURPOSE	500
FRIENDS OF CCHS TRACK & FIELD 233 INDEPENDENCE ROAD CONCORD, MA 01742	NOT RELATED	PC	EXEMPT PURPOSE	3,000
Total . . . . . ▶ **3a**				2,013,586

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*				
FRIENDS OF MT AUBURN CEMETERY 580 MOUNT AUBURN STREET CAMBRIDGE, MA 02138	NOT RELATED	PC	EXEMPT PURPOSE	-1,800
FRIENDS OF THE MARLBOROUGH SENIORS 186 MAIN STREET SUITE 23 MARLBOROUGH, MA 01752	NOT RELATED	PC	EXEMPT PURPOSE	100
FRIENDS OF THE MIDDLESEX FELLS RESERVATION INC 235 WEST FOSTER ST MELROSE, MA 02176	NOT RELATED	PC	EXEMPT PURPOSE	5,000
Total . . . . . ▶ **3a**				2,013,586

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*				
FRIENDS OF WATERTOWN COUNCIL ON AGING INC 149 MAIN ST WATERTOWN, MA 02472	NOT RELATED	PC	EXEMPT PURPOSE	7,500
FURNISHING HOPE OF MASSACHUSETTS 131 MT AUBURN ST LEVEL B CAMBRIDGE, MA 02138	NOT RELATED	PC	EXEMPT PURPOSE	1,760
GENESIS FOUNDATION 60 TEMPLE PLACE 2ND FLOOR BOSTON, MA 02111	NOT RELATED	PC	EXEMPT PURPOSE	5,000
Total . . . . . ▶ **3a**				2,013,586

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*				
GLAD18 TREMONT STREET STE 950 BOSTON, MA 02108	NOT RELATED	PC	EXEMPT PURPOSE	3,000
GRACE CLARK120 TILLSON FARM RD AMHERST, MA 01003	NOT RELATED	I	SCHOLARSHIP	2,500
GREATER BOSTON FOOD BANK 70 SOUTH BAY AVE BOSTON, MA 02118	NOT RELATED	PC	EXEMPT PURPOSE	2,900
Total . . . . . ▶ **3a**				2,013,586

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*				
GREATER BOSTON STAGE COMPANY 395 MAIN ST STONEHAM, MA 02180	NOT RELATED	PC	EXEMPT PURPOSE	5,000
HABITAT FOR HUMANITY OF THE GREATER WORCESTER METR 640 LINCOLN STREET SUITE 100 WORCESTER, MA 01605	NOT RELATED	PC	EXEMPT PURPOSE	7,500
HAI GUIN SCHOLARSHIP ASSOCIATION PO BOX 509 BELMONT, MA 02478	NOT RELATED	PC	EXEMPT PURPOSE	100
Total . . . . . ▶ **3a**				2,013,586

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*				
HARRISON BROWN601 COLLEGE ST CLARKSVILLE, TN 37044	NOT RELATED	I	SCHOLARSHIP	2,500
HARVARD SQUARE BUSINESS ASSOC 18 BRATTLE STREET SUITE 352 CAMBRIDGE, MA 02138	NOT RELATED	PC	EXEMPT PURPOSE	24,000
HARVEST ON VINE PANTRY49 VINE ST BOSTON, MA 02129	NOT RELATED	PC	EXEMPT PURPOSE	15,000
Total . . . . . ▶ **3a**				2,013,586

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*				
HAYMAKERS FOR HOPE INC 501 BOYLSTON ST 10TH FLOOR BOSTON, MA 02116	NOT RELATED	PC	EXEMPT PURPOSE	2,500
HEALTHY WALTHAM INC510 MOODY ST WALTHAM, MA 02453	NOT RELATED	PC	EXEMPT PURPOSE	10,000
HILDEBRAND FAMILY SELF HELP CENTER INC 614 MASSACHUSETTS AVENUE 3RD FLOOR CAMBRIDGE, MA 02139	NOT RELATED	PC	EXEMPT PURPOSE	10,000
Total . . . . . ▶ **3a**				2,013,586

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*				
HOMEOWNERS OPTIONS FOR MASS ELDERS 87 HALE STREET LOWELL, MA 01851	NOT RELATED	PC	EXEMPT PURPOSE	8,500
HOMESTART INC105 CHAUNCY ST 502 BOSTON, MA 02111	NOT RELATED	PC	EXEMPT PURPOSE	30,000
HONOR HICKMAN290 HUNTINGTON AVE BOSTON, MA 02115	NOT RELATED	I	SCHOLARSHIP	3,000
Total . . . . . ▶ **3a**				2,013,586

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*				
HORIZONS FOR HOMELESS CHILDREN 1785 COLUMBUS AVE ROXBURY, MA 02119	NOT RELATED	PC	EXEMPT PURPOSE	50
HOUSING CORPORATION OF ARLINGTON 20 ACADEMY STREET ARLINGTON, MA 02476	NOT RELATED	PC	EXEMPT PURPOSE	45,000
HOUSING FAMILIES INC 919 EASTERN AVE MALDEN, MA 02148	NOT RELATED	PC	EXEMPT PURPOSE	5,000
Total . . . . . ▶ **3a**				2,013,586

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*				
INTERFAITH SOCIAL SERVICES INC 105 ADAMS ST QUINCY, MA 02169	NOT RELATED	PC	EXEMPT PURPOSE	5,000
INTERISE INC197 PORTLAND ST BOSTON, MA 02114	NOT RELATED	PC	EXEMPT PURPOSE	5,000
JASHA RODRIGUEZ 550 HUNTINGTON AVE BOSTON, MA 02115	NOT RELATED	I	SCHOLARSHIP	2,500
Total . . . . . ▶ **3a**				2,013,586

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*				
JASON REYES105 MAIN ST DURHAM, NH 03824	NOT RELATED	I	SCHOLARSHIP	2,500
JEWISH ARTS COLLABORATIVE 1320 CENTRE STREET NEWTON, MA 02459	NOT RELATED	PC	EXEMPT PURPOSE	5,000
JILLIAN STEINBERG 184 SOUTH PROSPECT ST BURLINGTON, VT 05401	NOT RELATED	I	SCHOLARSHIP	2,500
Total . . . . . ▶ **3a**				2,013,586

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*				
JOHN BARRY BOYS & GIRLS CLUB OF NEWTON 675 WATERTOWN ST NEWTON, MA 02460	NOT RELATED	PC	EXEMPT PURPOSE	9,000
JOHN F KENNEDY FAMILY SERVICES CENTER 23 MOULTON ST BOSTON, MA 02129	NOT RELATED	PC	EXEMPT PURPOSE	10,000
JONATHAN LUCAS131 SUMMER ST BRIDGEWATER, MA 02324	NOT RELATED	I	SCHOLARSHIP	2,500
Total . . . . . ▶ **3a**				2,013,586

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*				
JORDAN BOYS & GIRLS CLUB 30 WILLOW ST CHELSEA, MA 02150	NOT RELATED	PC	EXEMPT PURPOSE	5,000
JUST-A-START CORPORATION 1035 CAMBRIDGE STREET 12 CAMBRIDGE, MA 02141	NOT RELATED	PC	EXEMPT PURPOSE	90,000
KARA ROWAN1 COLLEGE ST WORCESTER, MA 01610	NOT RELATED	I	SCHOLARSHIP	2,500
Total . . . . . ▶ **3a**				2,013,586

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*				
KYLE IMBODY315 TURNPIKE ST NORTH ANDOVER, MA 01845	NOT RELATED	I	SCHOLARSHIP	2,500
LAHEY HOSPITAL 41 BURLINGTON MALL RD BURLINGTON, MA 01805	NOT RELATED	PC	EXEMPT PURPOSE	10,000
LAWYERS CLEARINGHOUSE 7 WINTHROP SQUARE BOSTON, MA 02110	NOT RELATED	PC	EXEMPT PURPOSE	4,790
Total . . . . . ▶ **3a**				2,013,586

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*				
LEXINGTON EDUCATION FOUNDATION 594 MARRETT ROAD SUITE 7 LEXINGTON, MA 02421	NOT RELATED	PC	EXEMPT PURPOSE	500
LEXINGTON INTERFAITH OUTREACH FOOD PANTRY 6 MERIAM ST LEXINGTON, MA 02420	NOT RELATED	PC	EXEMPT PURPOSE	7,500
LYNN COMMUNITY HEALTH CENTER 269 UNION ST LYNN, MA 01901	NOT RELATED	PC	EXEMPT PURPOSE	10,000
Total . . . . . ▶ **3a**				2,013,586

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*				
MA ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN PO BOX 146 WEST BRIDGEWATER, MA 02379	NOT RELATED	PC	EXEMPT PURPOSE	400
MA COVID-19 RELIEF FUND 640 LINCOLN STREET SUITE 100 WORCESTER, MA 01605	NOT RELATED	PC	EXEMPT PURPOSE	200
MADISON METZDORF 4501 NORTH CHARLES ST BALTIMORE, MD 21210	NOT RELATED	I	SCHOLARSHIP	2,500
Total . . . . . ▶ **3a**				2,013,586

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*				
MALDEN YMCA99 DARTMOUTH STREET MALDEN, MA 02148	NOT RELATED	PC	EXEMPT PURPOSE	40,000
MARGARET MURPHY419 BOSTON AVE MEDFORD, MA 02155	NOT RELATED	I	SCHOLARSHIP	2,500
MARTIN LUTHER KING OBSERVANCE COMMITTEE P O BOX 320 ARLINGTON, MA 02476	NOT RELATED	PC	EXEMPT PURPOSE	50
Total . . . . . ▶ **3a**				2,013,586

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*				
MASSACHUSETTS NONPROFIT NETWORKTSNE 89 SOUTH STREET SUITE 603 BOSTON, MA 02111	NOT RELATED	PC	EXEMPT PURPOSE	3,750
MASSCREATIVE 15 CHANNEL CENTER STREET SUITE 103 BOSTON, MA 02210	NOT RELATED	PC	EXEMPT PURPOSE	-1,500
MATERIAL AID AND ADVOCACY PROGRAM 5 LONGFELLOW PARK CAMBRIDGE, MA 02138	NOT RELATED	PC	EXEMPT PURPOSE	1,500
Total . . . . . ▶ **3a**				2,013,586

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*				
MBA CHARITABLE FOUNDATION INC ONE WASHINGTON MALL 8TH FLOOR BOSTON, MA 021082603	NOT RELATED	PC	EXEMPT PURPOSE	3,000
MEDFORD COMMUNITY HOUSING PO BOX 575 MEDFORD, MA 02155	NOT RELATED	PC	EXEMPT PURPOSE	1,800
MELROSE AFFORDABLE HOUSING CORPORATION 910 MAIN ST MELROSE, MA 02176	NOT RELATED	PC	EXEMPT PURPOSE	5,000
Total . . . . . ▶ **3a**				2,013,586

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*				
MELROSE ALLIANCE AGAINST VIOLENCE INC 235 WEST FOSTER ST MELROSE, MA 02176	NOT RELATED	PC	EXEMPT PURPOSE	15,000
MELROSE FAMILY YMCA497 MAIN ST MELROSE, MA 02176	NOT RELATED	PC	EXEMPT PURPOSE	30,000
MELROSE ORCHESTRAL ASSOCIATION PO BOX 760715 MELROSE, MA 02176	NOT RELATED	PC	EXEMPT PURPOSE	5,000
Total . . . . . ▶ **3a**				2,013,586

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*				
MELROSEWAKEFIELD HEALTHCARE INC 585 LEBANON ST MELROSE, MA 02176	NOT RELATED	PC	EXEMPT PURPOSE	5,000
METRO WEST COLLABORATIVE DEVELOPMENT 79 CHAPEL ST NEWTON, MA 02458	NOT RELATED	PC	EXEMPT PURPOSE	20,000
MIDDLESEX HUMAN SERVICE AGENCY INC 50 PROSPECT STREET 3A WALTHAM, MA 02453	NOT RELATED	PC	EXEMPT PURPOSE	5,000
Total . . . . . ▶ **3a**				2,013,586

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*				
MILAGROS ORTIZ591 SPRINGS RD BEDFORD, MA 01730	NOT RELATED	I	SCHOLARSHIP	2,500
MINGYUE LAO8 ASHBURTON PLACE BOSTON, MA 02108	NOT RELATED	I	SCHOLARSHIP	2,500
MINUTEMAN SENIOR SERVICES 26 CROSBY DRIVE BEDFORD, MA 01730	NOT RELATED	PC	EXEMPT PURPOSE	17,500
Total . . . . . ▶ **3a**				2,013,586

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*				
MITIKU HOYT-ROUSE 120 TILLSON FARM RD AMHERST, MA 01003	NOT RELATED	I	SCHOLARSHIP	2,500
MOLLY HANKINSON953 DANBY RD ITHACA, NY 14850	NOT RELATED	I	SCHOLARSHIP	2,500
MOUNT AUBURN HOSPITAL 330 MOUNT AUBURN ST CAMBRIDGE, MA 02138	NOT RELATED	PC	EXEMPT PURPOSE	40,000
Total . . . . . ▶ **3a**				2,013,586

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*				
MYSTIC VALLEY ELDER SERVICES 300 COMMERCIAL STREET 19 MALDEN, MA 02148	NOT RELATED	PC	EXEMPT PURPOSE	10,000
NATIONAL FEDERATION FOR THE BLIND 200 EAST WELLS ST BALTIMORE, MD 21230	NOT RELATED	PC	EXEMPT PURPOSE	500
NATIONAL MULTIPLES SCLEROSIS SOCIETY 101A 1ST ST WALTHAM, MA 02451	NOT RELATED	PC	EXEMPT PURPOSE	5,000
Total . . . . . ▶ **3a**				2,013,586

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*				
NEIGHBORHOOD OF AFFORDABLE HOUSING 143 BORDER STREET EAST BOSTON, MA 02128	NOT RELATED	PC	EXEMPT PURPOSE	25,000
NEW BOSTON PRIDE COMMITTEE INC 398 COLUMBUS AVE 285 BOSTON, MA 02116	NOT RELATED	PC	EXEMPT PURPOSE	1,100
NEWTON COMMUNITY PRIDE 225 NEVADA ST NEWTON, MA 024601212	NOT RELATED	PC	EXEMPT PURPOSE	2,500
Total . . . . . ▶ **3a**				2,013,586

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*				
NEWTON-WELLESLEY HOSPITAL CHARITABLE 2014 WASHINGTON ST NEWTON, MA 02462	NOT RELATED	PC	EXEMPT PURPOSE	5,000
NICOLE PERRY120 TILLSON FARM RD AMHERST, MA 01003	NOT RELATED	I	SCHOLARSHIP	2,500
NORTH END COMMUNITY HEALTH COMMITTEE INC 332 HANOVER ST BOSTON, MA 02113	NOT RELATED	PC	EXEMPT PURPOSE	15,000
Total . . . . . ▶ **3a**				2,013,586

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*				
NUPATH INC147 NEW BOSTON STREET WOBURN, MA 01801	NOT RELATED	PC	EXEMPT PURPOSE	10,700
OLIVIA CARPENTER124 RAYMOND AVE POUGHKEEPSIE, NY 12604	NOT RELATED	I	SCHOLARSHIP	2,500
ON THE RISE INC341 BROADWAY CAMBRIDGE, MA 02139	NOT RELATED	PC	EXEMPT PURPOSE	10,500
Total . . . . . ▶ **3a**				2,013,586

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*				
OPEN TABLE INCPO BOX 42 CONCORD, MA 01742	NOT RELATED	PC	EXEMPT PURPOSE	7,500
OPERATION ABLE 174 PORTLAND STREET BOSTON, MA 02114	NOT RELATED	PC	EXEMPT PURPOSE	2,700
OUTDOOR CHURCH OF CAMBRIDGE 39 BROWN RD HARVARD, MA 01451	NOT RELATED	PC	EXEMPT PURPOSE	5,000
Total . . . . . ▶ **3a**				2,013,586

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*				
PAN MASSACHUSETTS CHALLENGE 77 4TH AVE NEEDHAM, MA 02494	NOT RELATED	PC	EXEMPT PURPOSE	20,000
PEOPLE HELPING PEOPLE INC 10 ST MARKS RD BURLINGTON, MA 01803	NOT RELATED	PC	EXEMPT PURPOSE	7,500
PHILLIPS BROOKS HOUSE HARVARD SQUARE BUSINESS ASSOCIATION 18 BRATTLE STREET CAMBRIDGE, MA 02138	NOT RELATED	PC	EXEMPT PURPOSE	1,000
Total . . . . . ▶ **3a**				2,013,586

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*				
PINE STREET INN444 HARRISON AVE BOSTON, MA 02118	NOT RELATED	PC	EXEMPT PURPOSE	5,000
PLAY AMONG THE STARS THEATER GROUP PO BOX 2222 SALEM, NH 03079	NOT RELATED	PC	EXEMPT PURPOSE	500
PROVISION MINISTRY 7 THOMAS NEWTON DRIVE WESTBORO, MA 01581	NOT RELATED	PC	EXEMPT PURPOSE	5,000
Total . . . . . ▶ **3a**				2,013,586

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*				
REACH BEYOND DOMESTIC VIOLENCE INC PO BOX 540024 WALTHAM, MA 02454	NOT RELATED	PC	EXEMPT PURPOSE	2,500
RESPOND INC DIR OF DEVELOPMENT & COMMUNICATIONS PO BOX 555 SOMERVILLE, MA 02143	NOT RELATED	PC	EXEMPT PURPOSE	500
REVELS INC80 MT AUBURN ST 1 WATERTOWN, MA 02472	NOT RELATED	PC	EXEMPT PURPOSE	2,500
Total . . . . . ▶ **3a**				2,013,586

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*				
SALVADOR JARAMILLO86 BRATTLE ST CAMBRIDGE, MA 02138	NOT RELATED	I	SCHOLARSHIP	2,500
SCIENCE CLUB FOR GIRLS PO BOX 390544 CAMBRIDGE, MA 02139	NOT RELATED	PC	EXEMPT PURPOSE	2,500
SECOND CHANCESPO BOX 441328 SOMERVILLE, MA 02144	NOT RELATED	PC	EXEMPT PURPOSE	5,000
Total . . . . . ▶ **3a**				2,013,586

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*				
SELF ESTEEM BOSTONPO BOX 301155 JAMAICA PLAIN, MA 02130	NOT RELATED	PC	EXEMPT PURPOSE	1,000
SOLUTIONS AT WORKP O BOX 391349 CAMBRIDGE, MA 02139	NOT RELATED	PC	EXEMPT PURPOSE	1,000
SOMERVILLE COMMUNITY CORPORATION 337 SOMERVILLE AVENUE 2ND FLOOR SOMERVILLE, MA 02143	NOT RELATED	PC	EXEMPT PURPOSE	58,500
Total . . . . . ▶ **3a**				2,013,586

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*				
SOMERVILLE HOMELESS COALITION INC PO BOX 440436 SOMERVILLE, MA 02144	NOT RELATED	PC	EXEMPT PURPOSE	10,225
SOMERVILLE-CAMBRIDGE ELDER SERVICES 61 MEDFORD ST SOMERVILLE, MA 02143	NOT RELATED	PC	EXEMPT PURPOSE	10,000
SOPHIA DISARONNO 100 WILLIAM T MORRISSEY BLVD BOSTON, MA 02125	NOT RELATED	I	SCHOLARSHIP	2,500
Total . . . . . ▶ **3a**				2,013,586

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*				
SOUTH COVE COMMUNITY HEALTH CENTER INC 885 WASHINGTON ST BOSTON, MA 02111	NOT RELATED	PC	EXEMPT PURPOSE	15,000
SOUTH EASTERN ECONOMIC DEVELOPMENT 80 DEAN ST TAUNTON, MA 02780	NOT RELATED	PC	EXEMPT PURPOSE	7,000
SOUTH SHORE YMCA 91 LONGWATER CIRCLESUITE 100 NORWELL, MA 02061	NOT RELATED	PC	EXEMPT PURPOSE	4,160
Total . . . . . ▶ **3a**				2,013,586

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*				
SPIRIT OF ADVENTURE COUNCIL 411 UNQUITY ROAD MILTON, MA 02186	NOT RELATED	PC	EXEMPT PURPOSE	10,000
SPRINGWELL INC 307 WAVERLEY OAKS RD SUITE 205 WALTHAM, MA 02452	NOT RELATED	PC	EXEMPT PURPOSE	10,000
ST LUKE'S EPISCOPAL CHURCH 921 PLEASANT ST WORCESTER, MA 01602	NOT RELATED	PC	EXEMPT PURPOSE	17,500
Total . . . . . ▶ **3a**				2,013,586

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*				
SUZUKI SCHOOL OF NEWTON INC PO BOX 66022 AUBURNDALE, MA 02466	NOT RELATED	PC	EXEMPT PURPOSE	300
SYDNEY ENG800 LANCASTER AVE VILLANOVA, PA 19085	NOT RELATED	I	SCHOLARSHIP	2,500
TCNE INC30 GUINAN ST WALTHAM, MA 02454	NOT RELATED	PC	EXEMPT PURPOSE	250
Total . . . . . ▶ **3a**				2,013,586

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*				
TECH GOES HOME INC 867 BOYLSTON ST 5TH FLOOR BOSTON, MA 02116	NOT RELATED	PC	EXEMPT PURPOSE	50,000
TEMPLE BETH SHALOM 670 HIGHLAND AVE NEEDHAM, MA 02494	NOT RELATED	PC	EXEMPT PURPOSE	250
THE ARC OF MASSACHUSETTS 217 SOUTH ST WALTHAM, MA 02453	NOT RELATED	PC	EXEMPT PURPOSE	500
Total . . . . . ▶ **3a**				2,013,586

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 CARROLL CENTER FOR THE BLIND 770 CENTRE STREET NEWTON, MA 02458	NOT RELATED	PC	EXEMPT PURPOSE	1,000
THE CONCORD CONSERVATORY OF MUSIC PO BOX 1258 CONCORD, MA 01742	NOT RELATED	PC	EXEMPT PURPOSE	1,350
THE GUIDANCE CENTER INC 5 SACRAMENTO ST CAMBRIDGE, MA 02138	NOT RELATED	PC	EXEMPT PURPOSE	1,500
Total . . . . . ▶ **3a**				2,013,586

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 MASSACHUSETTS COALITION FOR THE HOMELESS 73 BUFFUM ST LYNN, MA 01902	NOT RELATED	PC	EXEMPT PURPOSE	3,250
THE MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT ST BOSTON, MA 02114	NOT RELATED	PC	EXEMPT PURPOSE	15,000
THE MCLEANROCCA CHILDREN'S TRUST 55 COURT ST 4TH FLOOR BOSTON, MA 02108	NOT RELATED	PC	EXEMPT PURPOSE	250
Total . . . . . ▶ **3a**				2,013,586

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 MIDAS COLLABORATIVE 20 LINDEN STREET SUITE 288 ALLSTON, MA 02134	NOT RELATED	PC	EXEMPT PURPOSE	5,000
THE NEIGHBORHOOD DEVELOPERS 4 GERRISH AVE CHELSEA, MA 02150	NOT RELATED	PC	EXEMPT PURPOSE	40,000
THE NEW ENGLAND CENTER FOR CHILDREN 33 TURNPIKE RD SOUTHBOROUGH, MA 01772	NOT RELATED	PC	EXEMPT PURPOSE	500
Total . . . . . ▶ **3a**				2,013,586

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 SALVATION ARMYPO BOX 390647 CAMBRIDGE, MA 021390008	NOT RELATED	PC	EXEMPT PURPOSE	27,500
THE SECOND STEP INCPO BOX 600213 NEWTONVILLE, MA 02460	NOT RELATED	PC	EXEMPT PURPOSE	500
THE URBAN FOOD INITIATIVE INC 2201 WASHINGTON ST ROXBURY, MA 02119	NOT RELATED	PC	EXEMPT PURPOSE	5,000
Total . . . . . ▶ **3a**				2,013,586

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 WEST SUBURBAN YMCA 276 CHURCH ST NEWTON, MA 02458	NOT RELATED	PC	EXEMPT PURPOSE	1,000
THINK OF MICHAEL FOUNDATION PO BOX 1333 LYNNFIELD, MA 01940	NOT RELATED	PC	EXEMPT PURPOSE	100
THREE SQUARES NEW ENGLAND INC PO BOX 31 BELMONT, MA 02478	NOT RELATED	PC	EXEMPT PURPOSE	500
Total . . . . . ▶ **3a**				2,013,586

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 36 RUTLAND ST BOSTON, MA 02118	NOT RELATED	PC	EXEMPT PURPOSE	200
UNITED WAY OF MASS BAY 9 CHANNEL CENTER ST UNIT 500 BOSTON, MA 02210	NOT RELATED	PC	EXEMPT PURPOSE	7,500
URBAN EDGE HOUSING CORPORATION 1542 COLUMBUS AVENUE ROXBURY, MA 02119	NOT RELATED	PC	EXEMPT PURPOSE	40,000
Total . . . . . ▶ **3a**				2,013,586

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*				
USS CONSTITUTION MUSEUM BUILDING 22 CHARLESTOWN NAVY YARD CHARLESTOWN, MA 02129	NOT RELATED	PC	EXEMPT PURPOSE	2,500
VNA HOSPICE & PALLATIVE CARE 100 TRADE CENTER G-500 WOBURN, MA 01801	NOT RELATED	PC	EXEMPT PURPOSE	1,000
WALTHAM BOYS AND GIRLS CLUB 20 EXCHANGE STREET WALTHAM, MA 02451	NOT RELATED	PC	EXEMPT PURPOSE	15,300
Total . . . . . ▶ **3a**				2,013,586

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*				
WANG YMCA OF CHINATOWN 725 LEXINGTON STREET WALTHAM, MA 02452	NOT RELATED	PC	EXEMPT PURPOSE	1,500
WARREN PRESCOTT FOUNDATION 50 SCHOOL ST CHARLESTOWN, MA 02129	NOT RELATED	PC	EXEMPT PURPOSE	100
WATCH CDC 24 CRESCENT STREET SUITE 201 WALTHAM, MA 02453	NOT RELATED	PC	EXEMPT PURPOSE	35,000
Total . . . . . ▶ **3a**				2,013,586

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*				
WATERTOWN BOYS & GIRLS CLUB 25 WHITES AVENUE WATERTOWN, MA 02472	NOT RELATED	PC	EXEMPT PURPOSE	10,690
WEST END HOUSE INC 105 ALLSTON STREET ALLSTON, MA 02134	NOT RELATED	PC	EXEMPT PURPOSE	5,000
WOLIDE YESSUF400 EAST AVE WARWICK, RI 02886	NOT RELATED	I	SCHOLARSHIP	2,500
Total . . . . . ▶ **3a**				2,013,586

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*				
WOMEN'S EDUCATIONAL CENTER INC 46 PLEASANT STREET CAMBRIDGE, MA 021393838	NOT RELATED	PC	EXEMPT PURPOSE	3,000
Y2Y YOUTH HOUSING INITIATIVE 955 MASSACHUSETTS AVE 424 CAMBRIDGE, MA 02139	NOT RELATED	PC	EXEMPT PURPOSE	2,000
Total . . . . . ▶ **3a**				2,013,586

TY 2020 Accounting Fees Schedule

Name: CAMBRIDGE SAVINGS CHARITABLE FOUNDATION INC

EIN: 48-1307731

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
WOLF & COMPANY, P.C.	1,900	0		1,900

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491280010061

TY 2020 Investments - Other Schedule

Name: CAMBRIDGE SAVINGS CHARITABLE FOUNDATION INC

EIN: 48-1307731

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
INVESTMENTS	FMV	1,642,514	1,642,514

TY 2020 Other Decreases Schedule

Name: CAMBRIDGE SAVINGS CHARITABLE FOUNDATION INC

EIN: 48-1307731

Description	Amount
CHANGE IN UNREALIZED GAIN OR LOSS	412,549

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491280010061

TY 2020 Other Expenses Schedule

Name: CAMBRIDGE SAVINGS CHARITABLE FOUNDATION INC

EIN: 48-1307731

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
STATE FILING FEES	500	0		500

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491280010061

TY 2020 Other Income Schedule

Name: CAMBRIDGE SAVINGS CHARITABLE FOUNDATION INC

EIN: 48-1307731

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
CITC STATE TAX CREDIT	86,500		86,500

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491280010061

TY 2020 Taxes Schedule

Name: CAMBRIDGE SAVINGS CHARITABLE FOUNDATION INC

EIN: 48-1307731

Taxes Schedule

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
2020 ESTIMATED TAXES	4,000	0		0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491280010061

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization
CAMBRIDGE SAVINGS CHARITABLE FOUNDATION INC

Employer identification number
48-1307731

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☑ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☑ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . ▶ $ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization	Employer identification number
CAMBRIDGE SAVINGS CHARITABLE FOUNDATION INC	48-1307731

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CAMBRIDGE SAVINGS BANK 81 WYMAN ST WALTHAM, MA 02145	$ 1,410,800	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Name of organization
CAMBRIDGE SAVINGS CHARITABLE FOUNDATION INC

Employer identification number
48-1307731

Part II Noncash Property

(see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

Name of organization	Employer identification number
CAMBRIDGE SAVINGS CHARITABLE FOUNDATION INC	48-1307731

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this information once. See instructions.) ▶ $ ____________**

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

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