






For calendar year 2020, or tax year beginning 07-01-2020, and ending 06-30-2021

Name of foundation EOS FOUNDATION		A Employer identification number 04-3494831	
Number and street (or P.O. box number if mail is not delivered to street address) 537 MAIN STREET		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code HARWICH PORT, MA 02646		B Telephone number (see instructions) (508) 430-8130	
G Check all that apply: <div><input type="checkbox"/> Initial return</div> <div><input type="checkbox"/> Initial return of a former public charity</div> <div><input type="checkbox"/> Final return</div> <div><input type="checkbox"/> Amended return</div> <div><input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Name change</div>		D 1. Foreign organizations, check here..... 2. Foreign organizations meeting the 85% test, check here and attach computation ...	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> 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) ▶ \$ 36,603,884		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here	
J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)			

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)	124,702			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	15,840	15,840	15,840	
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10 	6,240,031			
	b Gross sales price for all assets on line 6a _____ 8,096,246				
	7 Capital gain net income (from Part IV, line 2)		6,240,031		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances _____				
Operating and Administrative Expenses	b Less: Cost of goods sold				
	c Gross profit or (loss) (attach schedule)	0			
	11 Other income (attach schedule)	0			
	12 Total. Add lines 1 through 11	6,380,573	6,255,871	15,840	
	13 Compensation of officers, directors, trustees, etc.	410,758	41,075		369,075
	14 Other employee salaries and wages	332,503	56,492		266,011
	15 Pension plans, employee benefits	302,348	51,097		251,251
	16a Legal fees (attach schedule)	0			
	b Accounting fees (attach schedule) 	4,025	2,012		2,013
	c Other professional fees (attach schedule) 	365,266			365,266
	17 Interest				
	18 Taxes (attach schedule) (see instructions) 	203,461			203,461
	19 Depreciation (attach schedule) and depletion	1,641			
	20 Occupancy	17,276	1,727		15,549
	21 Travel, conferences, and meetings	15,161			15,161
	22 Printing and publications	19,124			19,124
	23 Other expenses (attach schedule) 	110,627	2,119		108,508
	24 Total operating and administrative expenses. Add lines 13 through 23	1,782,190	154,522		1,615,419
	25 Contributions, gifts, grants paid	3,995,458			3,995,458
	26 Total expenses and disbursements. Add lines 24 and 25	5,777,648	154,522		5,610,877
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	602,925			
	b Net investment income (if negative, enter -0-)		6,101,349		
				15,840	

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	1,266,026	508,524	508,524
	2 Savings and temporary cash investments	14,005,413	12,054,769	12,054,769
	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)		0	
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less: allowance for doubtful accounts ▶ _____		0	
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	750	750	750
	10a Investments—U.S. and state government obligations (attach schedule)	23,011,081	24,039,841	24,039,841
	b Investments—corporate stock (attach schedule)			
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment: basis ▶ _____ 53,850 Less: accumulated depreciation (attach schedule) ▶ _____ 49,659	2,576	4,191	0
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)		0	
	14 Land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____		0	
15 Other assets (describe ▶ _____)	4	0	0	
16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	38,285,850	36,608,075	36,603,884	
Liabilities	17 Accounts payable and accrued expenses	49,388	1,149	
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons		0	
	21 Mortgages and other notes payable (attach schedule)		0	
	22 Other liabilities (describe ▶ _____)	114,702	0	
	23 Total liabilities (add lines 17 through 22)	164,090	1,149	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here ▶ <input type="checkbox"/> 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 ▶ <input checked="" type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds	38,121,760	36,606,926	
	29 Total net assets or fund balances (see instructions)	38,121,760	36,606,926	
30 Total liabilities and net assets/fund balances (see instructions) .	38,285,850	36,608,075		

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	38,121,760
2 Enter amount from Part I, line 27a	2	602,925
3 Other increases not included in line 2 (itemize) ▶ _____	3	
4 Add lines 1, 2, and 3	4	38,724,685
5 Decreases not included in line 2 (itemize) ▶ _____	5	2,117,759
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	6	36,606,926

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 13,613.09 SHARES - PDT PARTNERS INVESTMENT FUND	P	2013-01-01	2021-01-01
b 12,145.36 SHARES OF CHALKSTREAM INVESTMENT	P	2008-12-01	2020-07-01
c 7,690.88 SHARES OF CHALKSTREAM INVESTMENT	P	2008-12-01	2020-10-01
d 387,557.69 SHARES OF CHALKSTREAM INVESTMENT	P	2008-12-01	2021-01-01
e 12,982.55 SHARES OF CHALKSTREAM INVESTMENT	P	2008-12-01	2021-03-31

(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 7,000,000	0	1,361,309	5,638,691
b 30,219	0	14,800	15,419
c 18,513	0	9,001	9,512
d 1,010,758	0	458,123	552,635
e 36,757	0	12,983	23,774

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 0	0	0	5,638,691
b 0	0	0	15,419
c 0	0	0	9,512
d 0	0	0	552,635
e 0	0	0	23,774

2 Capital gain net income or (net capital loss) $\left\{ \begin{array}{l} \text{If gain, also enter in Part I, line 7} \\ \text{If (loss), enter -0- in Part I, line 7} \end{array} \right\}$	2	6,240,031
	3	
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		

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 <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		
b	Reserved.	1	84,809
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	84,809
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	84,809
6	Credits/Payments:		
a	2020 estimated tax payments and 2019 overpayment credited to 2020	6a	95,345
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d.	7	95,345
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.	8	
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	10,536
11	Enter the amount of line 10 to be: Credited to 2021 estimated tax 10,536 Refunded	11	

Part VII-A Statements Regarding Activities

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?	Yes	No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). <i>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.</i>		No
c	Did the foundation file Form 1120-POL for this year?		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ► \$ _____ (2) On foundation managers. ► \$ _____		
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ _____		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>	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? <i>If "Yes," attach a conformed copy of the changes</i>	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? <i>If "Yes," attach the statement required by General Instruction T.</i>	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? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	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? <i>If "No," attach explanation.</i>	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. <i>If "Yes," complete Part XIV</i>	9	No
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>	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? Website address ► <u>N/A</u>	13	Yes	
14	The books are in care of ► <u>BRENNAN & FOURNIER INC</u> Telephone no. ► <u>(774) 216-9270</u>			

Located at ► 56 OLIVER DRIVE BREWSTER MA ZIP+4 ► 02631

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here	<input type="checkbox"/>		
	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	Yes	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.

		Yes	No
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	
	Organizations relying on a current notice regarding disaster assistance check here. ► <input type="checkbox"/>		
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)

5a	During the year did the foundation pay or incur any amount to:		Yes	No
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions		5b	
	Organizations relying on a current notice regarding disaster assistance check here.	<input type="checkbox"/>		
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<i>If "Yes," attach the statement required by Regulations section 53.4945–5(d).</i>			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		6b	No
	<i>If "Yes" to 6b, file Form 8870.</i>			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
KENNETH NICKERSON 537 MAIN STREET HARWICH PORT, MA 02646	TRUSTEE 10.00	0	0	0
KATHERINE DEYST 537 MAIN STREET HARWICH PORT, MA 02646	TRUSTEE 10.00	0	0	0
ANDREA SILBERT 537 MAIN STREET HARWICH PORT, MA 02646	PRESIDENT 40.00	272,690	23,867	31,378
KELLIE MARCHANT 537 MAIN STREET HARWICH PORT, MA 02646	VICE PRESIDENT 40.00	138,068	68,676	0
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
CHRISTY M DUBE 537 MAIN STREET SUITE 12 HARWICH PORT, MA 02646	DIRECTOR 40.00	141,873	77,167	0
MAGDALENA PUNTY 537 MAIN STREET SUITE 12 HARWICH PORT, MA 02646	STAFF 40.00	71,467	65,167	0
Total number of other employees paid over \$50,000.				2

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
MARTA T ROSA 1025 REVERE BEACH PARKWAY REVERE, MA 02151	PROGRAM CONSULTING	109,000
SAQQARA CONSULTING 99 HIGH STREET WINCHESTER, MA 01890	PROGRAM CONSULTING	80,700
DANIELLE MCPHEE 28 BAKERS POND ROAD SOUTH DENNIS, MA 02660	IT CONSULTING	75,929
Total number of others receiving over \$50,000 for professional services. ▶		3

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 N/A - GRANTMAKING	0
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 N/A	0
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3 ▶	0

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities.	1a	23,525,461
b	Average of monthly cash balances.	1b	13,917,366
c	Fair market value of all other assets (see instructions).	1c	750
d	Total (add lines 1a, b, and c).	1d	37,443,577
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	
3	Subtract line 2 from line 1d.	3	37,443,577
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	561,654
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	36,881,923
6	Minimum investment return. Enter 5% of line 5.	6	1,844,096

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

1	Minimum investment return from Part X, line 6.	1	1,844,096
2a	Tax on investment income for 2020 from Part VI, line 5.	2a	84,809
b	Income tax for 2020. (This does not include the tax from Part VI.).	2b	
c	Add lines 2a and 2b.	2c	84,809
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	1,759,287
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	1,759,287
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	1,759,287

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	5,610,877
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	5,610,877
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	5,610,877

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
1 Distributable amount for 2020 from Part XI, line 7				1,759,287
2 Undistributed income, if any, as of the end of the 2020:				
a Enter amount for 2019 only.				
b Total for prior years: 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2020:				
a From 2015.	2,019,916			
b From 2016.	1,458,244			
c From 2017.	719,315			
d From 2018.	1,095,754			
e From 2019.	2,855,492			
f Total of lines 3a through e.	8,148,721			
4 Qualifying distributions for 2020 from Part XII, line 4: ► \$ <u>5,610,877</u>				
a Applied to 2019, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2020 distributable amount.				1,759,287
e Remaining amount distributed out of corpus	3,851,590			
5 Excess distributions carryover applied to 2020. (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	12,000,311			
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.				
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).				
8 Excess distributions carryover from 2015 not applied on line 5 or line 7 (see instructions).	2,019,916			
9 Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a.	9,980,395			
10 Analysis of line 9:				
a Excess from 2016.	1,458,244			
b Excess from 2017.	719,315			
c Excess from 2018.	1,095,754			
d Excess from 2019.	2,855,492			
e Excess from 2020.	3,851,590			

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

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.)

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.

NONE

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

- 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	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
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total			▶ 3a	3,995,458
b <i>Approved for future payment</i>				
Total			▶ 3b	

Enter gross amounts unless otherwise indicated.

	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) (See instructions.)
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	0	15,840
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			41	0	6,240,031
9 Net income or (loss) from special events:					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
12 Subtotal. Add columns (b), (d), and (e).				0	6,255,871
13 Total. Add line 12, columns (b), (d), and (e).					6,255,871

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

[illegible]

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

	Yes	No
--	-----	----

--	--	--

1a(1)		No
1a(2)		No

--	--	--

1b(1)	No
--------------	-----------

1b(2)		No
--------------	--	-----------

1b(3)		No
--------------	--	-----------

1b(4)		No
--------------	--	-----------

1b(5)		No
--------------	--	-----------

1b(6)		No
--------------	--	-----------

1c		No
----	--	----

value
ue

[illegible]

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

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.
--

**Sign
Here**

2022-05-11

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 JAMES R GAUDREAU CPA	Preparer's Signature	Date 2022-05-16	Check if self-employed <input checked="checked" type="checkbox"/>	PTIN P01374894
Firm's name ▶ JAMES R GAUDREAU CPA				Firm's EIN ▶
Firm's address ▶ 29 HARLEY DRIVE DRACUT, MA 01826				Phone no. (781) 820-4423

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

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
INDIVISIBLE FUNDPO BOX 43884 WASHINGTON, DC 20010		PUBLIC CHARITY	CIVIC ENGAGEMENT WORK	250,000
VOTER PARTICIPATION CENTER 1707 L STREET NW SUITE 700 WASHINGTON, DC 20036		PUBLIC CHARITY	CIVIC ENGAGEMENT WORK	600,000
ASSEMBLY OF GOD HUDSON MINISTRIES INC 188 CANAL STREET HUDSON, MA 01749		PUBLIC CHARITY	COVID 19 EMERGENCY ASSISTANCE	45,000
Total ▶ 3a				3,995,458

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
BERKSHIRE IMMIGRANT CENTER 67 EAST STREET PITTSFIELD, MA 01201		PUBLIC CHARITY	COVID 19 EMERGENCY ASSISTANCE	80,000
BILLERICA SCHOOLS NUTRITION SERVICES 35 RIVER STREET BILLERICA, MA 01821		PUBLICCHARITY	COVID 19 EMERGENCY ASSISTANCE	10,000
BOSTON EDUCATIONAL DEV FOUNDATION 7 PALMER STREET ROXBURY, MA 02119		PUBLIC CHARITY	COVID 19 EMERGENCY ASSISTANCE	60,000
Total ▶ 3a				3,995,458

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

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
BOSTON PUBLIC SCHOOLS FOOD SERVICE DEPT 370 COLUMBIA ROAD DORCHESTER, MA 02125		PUBLIC CHARITY	COVID 19 EMERGENCY ASSISTANCE	25,000
BROCKTON WORKERS ALLIANCE INC 52 GARFIELD AVENUE HYDE PARK, MA 02136		PUBLIC CHARITY	COVID 19 EMERGENCY ASSISTANCE	85,000
CAMBODIAN MUTUAL ASSISTANCE ASSOC 465 SCHOOL STREET LOWELL, MA 01851		PUBLICCHARITY	COVID 19 EMERGENCY ASSISTANCE	105,000
Total ▶ 3a				3,995,458

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

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
CAPE COD COUNCIL ON CHURCHES 320 MAIN STREET HYANNIS, MA 02601		PUBLIC CHARITY	COVID 19 EMERGENCY ASSISTANCE	55,000
CAPE VERDEAN ASSOC 128 UNION STREET NEW BEDFORD, MA 02740		PUBLIC CHARITY	COVID 19 EMERGENCY ASSISTANCE	95,000
CENTRO COMUNITARIO DE TRABAJADORES PO BOX 1210 NEW BEDFORD, MA 02740		PUBLIC CHARITY	COVID 19 EMERGENCY ASSISTANCE	159,500
Total ► 3a				3,995,458

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

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
DRACUT HIGH SCHOOL DRACUT FOOD SERVICE 1540 LAKEVIEW AVE DRACUT, MA 01826		PUBLICCHARITY	COVID 19 EMERGENCY ASSISTANCE	4,228
EBEN-EZER FAMLIES AND CHILDREN 427A BROADWAY EVERETT, MA 02149		PUBLICCHARITY	COVID 19 EMERGENCY ASSISTANCE	50,000
FAMILY INDEPENDENCE INITIATIVE 663 13TH STREET OAKLAND, CA 94612		PUBLICCHARITY	COVID 19 EMERGENCY ASSISTANCE	7,000
Total ▶ 3a				3,995,458

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

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
FOOD BANK OF WESTERN MA PO BOX 160 HATFIELD, MA 01038		PUBLICCHARITY	COVID 19 EMERGENCY ASSISTANCE	25,000
GREATER LAWRENCE COMMUNITY ACTION COUNCIL 305 ESSEX STREET LAWRENCE, MA 01840		PUBLICCHARITY	COVID 19 EMERGENCY ASSISTANCE	150,000
LA COLABORATIVOPO BOX 505114 CHELSEA, MA 02150		PUBLIC CHARITY	COVID 19 EMERGENCY ASSISTANCE	160,000
Total ▶ 3a				3,995,458

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
LA COMUNIDAD INC471 BROADWAY EVERETT, MA 02149		PUBLIC CHARITY	COVID 19 EMERGENCY ASSISTANCE	60,000
MA ALLIANCE OF PORTUGUESE 1046 CAMBRIDGE STREET CAMBRIDGE, MA 02139		PUBLIC CHARITY	COVID 19 EMERGENCY ASSISTANCE	80,000
MALDEN YMCA99 DARTMOUTH STREET MALDEN, MA 02148		PUBLICCHARITY	COVID 19 EMERGENCY ASSISTANCE	5,238
Total ▶ 3a				3,995,458

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

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
MIRA COALITION FOR BIC 67 EAST STREET PITTSFIELD, MA 01201		PUBLICCHARITY	COVID 19 EMERGENCY ASSISTANCE	84,000
NEW NORTH CITIZENS COUNCIL 2455 MAIN STREET SPRINGFIELD, MA 01107		PUBLICCHARITY	COVID 19 EMERGENCY ASSISTANCE	105,000
NORFOLK PUBLIC SCHOOLS 70 BROADMAN STREET NORFOLK, MA 02056		PUBLIC CHARITY	COVID 19 EMERGENCY ASSISTANCE	4,222
Total ► 3a				3,995,458

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

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
PIONEER VALLEY WORKERS CTR 20 HAMPTON AVE NORTHAMPTON, MA 01060		PUBLICCHARITY	COVID 19 EMERGENCY ASSISTANCE	30,000
RIVERSIDE CHURCH 278 GROVELAND STREET HAVERHILL, MA 01830		PUBLIC CHARITY	COVID 19 EMERGENCY ASSISTANCE	31,000
ROCK OF SALVATION 6 INDIAN LAKE PARKWAY WORCESTER, MA 01605		PUBLICCHARITY	COVID 19 EMERGENCY ASSISTANCE	105,000
Total ► 3a				3,995,458

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
SHALOH HOUSE 29 CHESTNUT HILL AVENUE BRIGHTON, MA 02135		PUBLICCHARITY	COVID 19 EMERGENCY ASSISTANCE	5,000
SECOND CONGREGATIONAL MEETING HOUSE 42 OKORWAW AVE NANTUCKET, MA 02554		PUBLICCHARITY	COVID 19 EMERGENCY ASSISTANCE	55,000
THE WELCOME IMMIGRANT NETWORK 15 WARREN STREET PEABODY, MA 01960		PUBLICCHARITY	COVID 19 EMERGENCY ASSISTANCE	150,000
Total ▶ 3a				3,995,458

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

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
WALTHAM BOYS AND GIRLS CLUB 20 EXCHANGE STREET WALTHAM, MA 02451		PUBLICCHARITY	COVID 19 EMERGENCY ASSISTANCE	10,000
WOMEN ENCOURAGING EMPOWERMENT 50 WALNUT STREET REVERE, MA 02151		PUBLIC CHARITY	COVID 19 EMERGENCY ASSISTANCE	35,000
MASS INC111 BEACON STREET BOSTON, MA 02108		PUBLIC CHARITY	GOOD CITIZEN GRANT CIVIC	10,000
Total ▶ 3a				3,995,458

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
UNIVERSITY OF MASSACHUSETTS 100 MORRISEY BLVD BOSTON, MA 02125		PUBLICCHARITY	GOOD CITIZEN GRANT CIVIC	2,500
WRITEBOSTON8 HUBBARD STREET BOSTON, MA 02130		PUBLICCHARITY	GOOD CITIZEN GRANT CIVIC	250
ACHIEVEBROOM COUNTY BROOM COUNTY, NY 00000		PUBLICCHAIRTY	GROVE HALL FUND EDUCATION WORK	15,000
Total ▶ 3a				3,995,458

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

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
CENTER FOR WOMEN & ENTERPRISE 25 SCHOOL STREET BOSTON, MA 02108		PUBLICCHARITY	GROVE HALL FUND EDUCATION WORK	25,000
FREEDOM HOUSE5 CRAWFORD STRET DORCHESTER, MA 02121		PUBLICCHARITY	GROVE HALL FUND EDUCATION WORK	7,000
FRIENDS OF THE TROTTER 29 CURVE STREET NEEDHAM, MA 02492		PUBLICCHARITY	GROVE HALL FUND EDUCATION WORK	20,000
Total ▶ 3a				3,995,458

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

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
MASS INSIGHT EDUCATION & RESEARCH 63 CANAL STREET BOSTON, MA 02114		PUBLICCHARITY	GROVE HALL FUND EDUCATION WORK	42,250
PHILLIPS EXETER ACADEMY 20 MAIN STREET EXETER, NH 03833		PUBLIC CHARITY	GROVE HALL FUND EDUCATION WORK	600
TRUSTEES OF PHILLIPS OF ACADEMY 20 MAIN STREET EXETER, NH 03833		PUBLICCHARITY	GROVE HALL FUND EDUCATION WORK	300
Total ▶ 3a				3,995,458

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

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
GROWING PLACES325 LINDELL AVE LEOMINSTER, MA 01543		PUBLIC CHARITY	LEGACY GRANT FOR NUTRION	85,000
CHILDRENS HEALTH WATCH 88 E NEWTON STREET BOSTON, MA 02118		PUBLICCHARITY	NOURISHING BODIES NUTRITION WORK	25,000
BLACK ECONOMIC COUNCIL OF MA ONE BEACON STREET BOSTON, MA 02108		PUBLICCHARITY	RACIAL EQUALITY AND JUSTICE GRANT WORK	83,000
Total ► 3a				3,995,458

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

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
BLACK VOTERS MATTER FUND 3645 MARKETPLACE BLVD EAST POINT, GA 30344		PUBLICCHARITY	RACIAL EQUALITY AND JUSTICE GRANT WORK	100,000
BOSTON RACIAL EQUITY FUND 1 CITY HALL SQ BOSTON, MA 02201		PUBLICCHARITY	RACIAL EQUALITY AND JUSTICE GRANT WORK	25,000
HARVARD MEDICAL SCHOOL PO BOX 419720 BOSTON, MA 02241		PUBLIC CHARITY	RACIAL EQUALITY AND JUSTICE GRANT WORK	8,000
Total ► 3a				3,995,458

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

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
MASSACHUSETTS BUDGET & POLICY CENTER 1 STATE STREET BOSTON, MA 02109		PUBLICCHARITY	RACIAL EQUALITY AND JUSTICE GRANT WORK	25,000
NEW ENGLAND BLACKS IN PHILANTHROPY 101 FEDERAL STREET BOSTON, MA 02110		PUBLICCHARITY	RACIAL EQUALITY AND JUSTICE GRANT WORK	30,000
NEW PROFIT225 FRANKLIN STREET BOSTON, MA 02110		PUBLICCHARITY	RACIAL EQUALITY AND JUSTICE GRANT WORK	25,000
Total ► 3a				3,995,458

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

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
THE BOSTON CLUB 100 CUMMINGS CTRE BEVERLY, MA 01915		PUBLICCHARITY	RACIAL EQUALITY AND JUSTICE GRANT WORK	5,000
THE BOSTON FOUNDATION 75 ARLINGTON STREET BOSTON, MA 02116		PUBLICCHARITY	RACIAL EQUALITY AND JUSTICE GRANT WORK	50,000
THE LATINA CIRCLE 200 PORTLAND STREET BOSTON, MA 02114		PUBLICCHARITY	RACIAL EQUALITY AND JUSTICE GRANT WORK	35,000
Total ► 3a				3,995,458

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
THE LOOP LAB872 MASS AVE CAMBRIDGE, MA 02139		PUBLICCHARITY	RACIAL EQUALITY AND JUSTICE GRANT WORK	10,000
TIDES FOUNDATION3440 WALNUT AVE FREMONT, CA 94538		PUBLICCHARITY	RACIAL EQUALITY AND JUSTICE GRANT WORK	240,000
UNITED SOUTH END SETTLEMENTS 48 RUTLAND STREET BOSTON, MA 02118		PUBLICCHARITY	RACIAL EQUALITY AND JUSTICE GRANT WORK	2,500
Total ▶ 3a				3,995,458

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
WITCHITA STATE UNIVERSITY 1845 FAIRMOUNT WITCHITA, KS 67260		PUBLICCHARITY	RACIAL EQUALITY AND JUSTICE GRANT WORK	25,000
YOUTH GUIDANCE50 MILK STREET BOSTON, MA 02109		PUBLICCHARITY	RACIAL EQUALITY AND JUSTICE GRANT WORK	10,000
YW BOSTON140 CLARENDON STREET BOSTON, MA 02116		PUBLICCHARITY	RACIAL EQUALITY AND JUSTICE GRANT WORK	130,000
Total ▶ 3a				3,995,458

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

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
AAUW1310 L STREET NW WASHINGTON, DC 20005		PUBLICCHARITY	RACIAL EQUALITY AND JUSTICE GRANT WORK	50,000
BOSTON WOMENS FUND 2 OLIVER STREET BOSTON, MA 02109		PUBLICCHARITY	WOMENS LEADERSHIP GRANT WORK	25,000
INSTITUTE FOR WOMENS POLICY RESEARCH 1200 18TH STREET NW WASHINGTON, DC 20036		PUBLICCHARITY	WOMENS LEADERSHIP GRANT WORK	50,000
Total ▶ 3a				3,995,458

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
JUNIOR ACHIEVEMENT OF NORTHERN NE 209 BURLINGTON ROAD BEDFORD, MA 01730		PUBLICCHARITY	WOMENS LEADERSHIP GRANT WORK	15,000
NEIGHBORHOOD VILLAGES INC 64 SIGOURNEY STREET JAMAICA PLAINS, MA 02130		PUBLIC CHARITY	WOMENS LEADERSHIP GRANT WORK	25,000
ROXBURY COMM COLLEGE FOUNDATION 1234 COLUBUS AVENUE JAMAICA PLAINS, MA 02130		PUBLICCHARITY	WOMENS LEADERSHIP GRANT WORK	5,000
Total ▶ 3a				3,995,458

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

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
SOCIAL CAPITAL INC 165M NEW BOSTON STREET WOBURN, MA 01801		PUBLICCHARITY	WOMENS LEADERSHIP GRANT WORK	1,000
THE WAGE PROJECT 1443 BEACON STREET BROOKLINE, MA 02446		PUBLICCHARITY	WOMENS LEADERSHIP GRANT WORK	30,000
UMASS BOSTON100 MORRISEY BLVD BOSTON, MA 02125		PUBLICCHARITY	WOMENS LEADERSHIP GRANT WORK	5,000
Total ► 3a				3,995,458

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
UNIVERSITY OF MASSACHUSETTS 100 MORRISEY BLVD BOSTON, MA 02125		PUBLIC CHARITY	WOMENS LEADERSHIP GRANT WORK	25,370
WE CAN783 ROUTE 28 HARWICH PORT, MA 02646		PUBLIC CHARITY	WOMENS LEADERSHIP GRANT WORK	2,500
Total ▶ 3a				3,995,458

TY 2020 Accounting Fees Schedule**Name:** EOS FOUNDATION**EIN:** 04-3494831

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BRENNAN & FOURNIER ACCOUNTING	4,025	2,012		2,013

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2020 Gain/Loss from Sale of Other Assets Schedule

Name: EOS FOUNDATION

EIN: 04-3494831

Gain Loss Sale Other Assets Schedule

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
PDT PARTNERS INVESTMENT FUND	2013-01	Purchased	2021-01	MARKET	7,000,000	1,361,309	FMV		5,638,691	
CHALKSTREAM	2008-12	Purchased	2020-07	MARKET	30,219	14,800	FMV		15,419	
CHALKSTREAM	2008-12	Purchased	2020-10	MARKET	18,513	9,001	FMV		9,512	
CHALKSTREAM	2008-12	Purchased	2021-01	MARKET	1,010,757	458,122	FMV		552,635	
CHALKSTREAM	2008-12	Purchased	2021-03	MARKET	36,757	12,983	FMV		23,774	

TY 2020 Investments - Land Schedule**Name:** EOS FOUNDATION**EIN:** 04-3494831

Category/ Item	Cost/Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
FURNITURE & FIXTURES	13,022	12,659	363	
MACHINERY & EQUIPMENT	38,537	34,709	3,828	
IMPROVEMENTS	2,291	2,291	0	

TY 2020 Other Assets Schedule

Name: EOS FOUNDATION

EIN: 04-3494831

Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
ROUNDING	4	0	0

TY 2020 Other Decreases Schedule

Name: EOS FOUNDATION

EIN: 04-3494831

Description	Amount
UNREALIZED LOSSES ON INVESTMENTS	2,117,759

TY 2020 Other Expenses Schedule**Name:** EOS FOUNDATION**EIN:** 04-3494831**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INSURANCE	8,163			8,163
PAYROLL FEES	1,786			1,786
TEMPORARY HELP	1,720			1,720
COMMUNICATIONS, PHONE, INTERNET	13,241	2,119		11,122
TECHNOLOGY & SOFTWARE	18,176			18,176
MEMBERSHIPS & SUBS	66,396			66,396
OFFICE & MISCELLANEOUS	1,145			1,145

TY 2020 Other Liabilities Schedule**Name:** EOS FOUNDATION**EIN:** 04-3494831

Description	Beginning of Year - Book Value	End of Year - Book Value
PPP LOAN	114,702	0

TY 2020 Other Professional Fees Schedule

Name: EOS FOUNDATION
EIN: 04-3494831

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
VINYL DEVELOPMENT D/B/A ZUDY ADMINISTRATIVE	2,800			2,800
THOMAS MENGBIER ADMINISTRATIVE	9,060			9,060
THE CASTLE GROUP PUBLIC RELATIONS	31,000			31,000
SHONA DAYE ADMINISTRATIVE	1,800			1,800
SCOTT PUNTY IT CONSULTING	85			85
SAQQARA CONSULTING PROGRAM CONSULTING	80,700			80,700
ROBERT HALF INTERNATIONAL ADMINISTRATIVE	2,298			2,298
PUSH DIGITAL LLC WEBSITE	226			226
OFFICE TEAM ADMINISTRATIVE	2,250			2,250
MONOMOY SOCIAL MEDIA PUBLIC RELATIONS	21,871			21,871
MARTA T. ROSA PROGRAM CONSULTING	109,000			109,000
MADELINE LUEHR PROGRAM CONSULTING	300			300
JUDY NEUFELD PROGRAM CONSULTING	2,947			2,947
DANIELLE S. MCFEE IT CONSULTING	75,929			75,929
BRINDA BUDHRAJA GHIYA PROGRAM CONSULTING	25,000			25,000

TY 2020 Taxes Schedule

Name: EOS FOUNDATION
EIN: 04-3494831

Taxes Schedule

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL TAXES	203,461			203,461

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93491136053582	
<div>Schedule B (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small></div>		<div>Schedule of Contributors</div> <div>▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information.</div>			<div>OMB No. 1545-0047</div> <div>2020</div>
Name of the organization EOS FOUNDATION				Employer identification number 04-3494831	
Organization type (check one):					
Filers of: Section:					
Form 990 or 990-EZ		<input type="checkbox"/> 501(c)() (enter number) organization			
		<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation			
		<input type="checkbox"/> 527 political organization			
Form 990-PF		<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation			
		<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation			
		<input type="checkbox"/> 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					
<input checked="" type="checkbox"/> 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					
<input type="checkbox"/> 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.					
<input type="checkbox"/> 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 <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
<input type="checkbox"/> 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 <i>exclusively</i> 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 <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> 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).					
For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.		Cat. No. 30613X		Schedule B (Form 990, 990-EZ, or 990-PF) (2020)	

Name of organization
EOS FOUNDATIONEmployer identification number
04-3494831**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	MARY AND JOHN DEYST 26 UPLAND ROAD W ARLINGTON, MA 02474	\$ 10,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
2	SMALL BUSINESS ADMINISTRATION - PPP LOAN FORGIVENESS 409 3RD STREET SW WASHINGTON, DC 20416	\$ 114,702	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
.		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
.		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
.		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
.		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
.		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization EOS FOUNDATION	Employer identification number 04-3494831
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Part II Noncash Property			
(a) No. from Part I	(b) Description of noncash property given <small>(see instructions). Use duplicate copies of Part II if additional space is needed.</small>	(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
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	

Name of organization EOS FOUNDATION	Employer identification number 04-3494831
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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	