

For calendar year 2019, or tax year beginning 01-01-2019, and ending 12-31-2019

Name of foundation MIDDLESEX SAVINGS CHARITABLE FOUNDATION INC		A Employer identification number 04-3521246	
Number and street (or P O box number if mail is not delivered to street address) 6 MAIN STREET CO MIDDLESEX SAVINGS		Room/suite	B Telephone number (see instructions) (508) 315-5311
City or town, state or province, country, and ZIP or foreign postal code NATICK, MA 01760		C If exemption application is pending, check here ▶ <input type="checkbox"/>	
G Check all that apply <div><input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change</div>		D 1. Foreign organizations, check here ▶ <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation ▶ <input type="checkbox"/>	
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 ▶ <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 19,534,194		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ <input type="checkbox"/>	
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)	2,002,250			
	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 . . .	502,609	502,609		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	162			
	b Gross sales price for all assets on line 6a 201,055				
	7 Capital gain net income (from Part IV, line 2) . . .		162		
	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)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	2,505,021	502,771		
	13 Compensation of officers, directors, trustees, etc	0	0		0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	2,250	0		2,250
	c Other professional fees (attach schedule)	119,155	119,155		0
	17 Interest				
	18 Taxes (attach schedule) (see instructions) . . .	3,825	0		0
	19 Depreciation (attach schedule) and depletion . . .				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications	851	0		851
	23 Other expenses (attach schedule)	8,953	0		8,953
	24 Total operating and administrative expenses. Add lines 13 through 23	135,034	119,155		12,054
	25 Contributions, gifts, grants paid	2,260,747			2,260,747
	26 Total expenses and disbursements. Add lines 24 and 25	2,395,781	119,155		2,272,801
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	109,240			
	b Net investment income (if negative, enter -0-)		383,616		
c Adjusted net income (if negative, enter -0-) . . .					

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	28,351	19,325	19,325
	2 Savings and temporary cash investments			
	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)	2,399,866	3,131,559	3,131,559
	b Investments—corporate stock (attach schedule)	3,574,430	3,473,386	3,473,386
	c Investments—corporate bonds (attach schedule)	6,848,636	6,016,285	6,016,285
	11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	5,463,914	6,893,639	6,893,639
	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)	18,315,197	19,534,194	19,534,194	
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 ▶ <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	21,743,000	23,743,000	
	27 Paid-in or capital surplus, or land, bldg, and equipment fund	0	0	
	28 Retained earnings, accumulated income, endowment, or other funds	-3,427,803	-4,208,806	
	29 Total net assets or fund balances (see instructions)	18,315,197	19,534,194	
30 Total liabilities and net assets/fund balances (see instructions) .	18,315,197	19,534,194		

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	18,315,197
2 Enter amount from Part I, line 27a	2	109,240
3 Other increases not included in line 2 (itemize) ▶ _____	3	1,109,757
4 Add lines 1, 2, and 3	4	19,534,194
5 Decreases not included in line 2 (itemize) ▶ _____	5	0
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	6	19,534,194

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 CBS CORP		P	2019-03-07	
b COMMON STOCK ADJ		P	2019-06-06	
c EQUITY SECURITIES		P	2019-06-15	
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 200,281		200,140	141
b 38			38
c 736		753	-17
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(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	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
a			141
b			38
c			-17
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	162
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

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2018	2,124,633	16,671,662	0 127440
2017	857,311	16,070,715	0 053346
2016	758,907	15,076,120	0 050338
2015	771,470	14,949,799	0 051604
2014	567,557	11,945,033	0 047514

2 Total of line 1, column (d)	2	0 330242
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years	3	0 066048
4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	17,587,238
5 Multiply line 4 by line 3	5	1,161,602
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	3,836
7 Add lines 5 and 6	7	1,165,438
8 Enter qualifying distributions from Part XII, line 4	8	2,272,801

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

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	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	3,836
c	All other domestic foundations enter 2% 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	3,836
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	3,836
6	Credits/Payments		
a	2019 estimated tax payments and 2018 overpayment credited to 2019	6a	3,800
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	3,000
d	Backup withholding erroneously withheld	6d	0
7	Total credits and payments. Add lines 6a through 6d.	7	6,800
8	Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> 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	2,964
11	Enter the amount of line 10 to be Credited to 2020 estimated tax <input type="checkbox"/> 2,964 Refunded <input type="checkbox"/>	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). <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>	1b	No
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 <input type="checkbox"/> \$ 0 (2) On foundation managers <input type="checkbox"/> \$ 0		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ 0		
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) <input type="checkbox"/> 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 2019 or the taxable year beginning in 2019? 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 ► WWW.MIDDLESEXBANK.COM	13	Yes	
14	The books are in care of ► CAROLE BERNSTEIN Telephone no ► (508) 315-5311			

Located at ► 36 SUMMER STREET NATICK MA ZIP+4 ► 01760

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 2019, 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.

1a	During the year did the foundation (either directly or indirectly)		Yes	No
	(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 checked="" type="checkbox"/> Yes <input 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. <input type="checkbox"/>	1b		No
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 2019? <input type="checkbox"/>	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 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? <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 2019 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 2019).	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 2019?	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? If "Yes," attach the statement required by Regulations section 53.4945–5(d)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
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	6b	No
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7b	
b	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?			
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
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
MIDDLESEX SAVINGS BANK 36 SUMMER STREET NATICK, MA 01760	MANAGEMENT FEES	114,181
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 NONE	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 NONE	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	17,762,337
b	Average of monthly cash balances.	1b	92,727
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	17,855,064
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	17,855,064
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	267,826
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	17,587,238
6	Minimum investment return. Enter 5% of line 5.	6	879,362

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	879,362
2a	Tax on investment income for 2019 from Part VI, line 5.	2a	3,836
b	Income tax for 2019 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	3,836
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	875,526
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	875,526
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	875,526

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	2,272,801
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	2,272,801
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	3,836
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	2,268,965

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 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				875,526
2 Undistributed income, if any, as of the end of 2019				
a Enter amount for 2018 only.			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2019				
a From 2014.				
b From 2015.				30,599
c From 2016.				12,219
d From 2017.				60,769
e From 2018.				1,298,506
f Total of lines 3a through e.	1,402,093			
4 Qualifying distributions for 2019 from Part XII, line 4 ▶ \$ <u>2,272,801</u>				
a Applied to 2018, 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 2019 distributable amount.				875,526
e Remaining amount distributed out of corpus	1,397,275			
5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a))	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	2,799,368			
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 2018 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2019 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 2014 not applied on line 5 or line 7 (see instructions).	0			
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a	2,799,368			
10 Analysis of line 9				
a Excess from 2015.				30,599
b Excess from 2016.				12,219
c Excess from 2017.				60,769
d Excess from 2018.				1,298,506
e Excess from 2019.				1,397,275

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 2019, 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) 2019	(b) 2018	(c) 2017	(d) 2016	
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 e-mail address of the person to whom applications should be addressed

DANA NESHE
36 SUMMER STREET
NATICK, MA 01760
(508) 315-5360

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

SEE ATTACHED

c Any submission deadlines

SEE ATTACHED

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

SEE ATTACHED

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

<div>Recipient</div> <div>Name and address (home or business)</div>	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 <i>Paid during the year</i> See Additional Data Table				
Total			▶ 3a	2,260,747
b <i>Approved for future payment</i> FOUNDATION FOR METROWEST 3 ELIOT STREET NATICK, MA 01760	NOT RELATED	PC	EXEMPT PURPOSE	100,000
LOVIN' SPOONFULS 1304 COMMONWEALTH AVE SUITE E BOSTON, MA 02134	NOT RELATED	PC	EXEMPT PURPOSE	34,000
Total			▶ 3b	134,000

Enter gross amounts unless otherwise indicated

[illegible]

Part XVII

	Yes	No
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1a(1)	No
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1a(2)		No
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1b(1)	No
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1b(2)	No
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1b(3)		No
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1b(4)	No
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1b(5)		No
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1b(6)		No
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1c		No
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value
ue

[illegible]

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

<p>Sign Here</p> <p>*****</p> <hr/> <p>Signature of officer or trustee</p>	<p>2020-09-01</p> <hr/> <p>Date</p>	<p>*****</p> <hr/> <p>Title</p>
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May the IRS discuss this return with the preparer shown below

(see instr) ☒ **Yes** ☐ **No**

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.

Title

(see instr) ☒ Yes ☐ No

Paid Preparer Use Only	HARRY A KALAJIAN JR CPA		2020-09-01		
	Firm's name ► WOLF & COMPANY PC				Firm's EIN ► 04-2689883
	Firm's address ► 99 HIGH STREET 21ST FLOOR BOSTON, MA 02110				Phone no (617) 439-9700

P00464296

2020-09-01

Firm's EIN ► 04-2689883

Phone no (617) 439-9700

Form **990-PF** (2019)

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
DANA NESHE	PRESIDENT 1 00 36 SUMMER STREET NATICK, MA 01760	0	0	0
36 SUMMER STREET NATICK, MA 01760				
WILLIAM M KUZA	VICE PRESIDENT/CLERK 1 00 36 SUMMER STREET NATICK, MA 01760	0	0	0
36 SUMMER STREET NATICK, MA 01760				
CARRIE HATCH FLOOD	TREASURER 1 00 36 SUMMER STREET NATICK, MA 01760	0	0	0
36 SUMMER STREET NATICK, MA 01760				
MICHAEL MCAULIFFE	DIRECTOR 1 00 36 SUMMER STREET NATICK, MA 01760	0	0	0
36 SUMMER STREET NATICK, MA 01760				
RAYMOND PAGE	DIRECTOR 1 00 36 SUMMER STREET NATICK, MA 01760	0	0	0
36 SUMMER STREET NATICK, MA 01760				
GEORGE FISKE	DIRECTOR 1 00 36 SUMMER STREET NATICK, MA 01760	0	0	0
36 SUMMER STREET NATICK, MA 01760				
ANISIA GIFFORD	DIRECTOR (ENDED 4/24/2019) 1 00 36 SUMMER STREET NATICK, MA 01760	0	0	0
36 SUMMER STREET NATICK, MA 01760				
KELLY KOBER	DIRECTOR 1 00 36 SUMMER STREET NATICK, MA 01760	0	0	0
36 SUMMER STREET NATICK, MA 01760				
PETER BURKE	DIRECTOR 1 00 36 SUMMER STREET NATICK, MA 01760	0	0	0
36 SUMMER STREET NATICK, MA 01760				
ARNOLD ZALTAS	DIRECTOR 1 00 36 SUMMER STREET NATICK, MA 01760	0	0	0
36 SUMMER STREET NATICK, MA 01760				

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>				
ARTS WAYLANDPO BOX 272 WAYLAND, MA 01778	NOT RELATED	PC	EXEMPT PURPOSE	10,000
BIG BROTHERS BIG SISTERS CENTRAL MAMETROWEST 484 MAIN STREET SUITE 360 WORCESTER, MA 01608	NOT RELATED	PC	EXEMPT PURPOSE	20,000
BIG SISTERS ASSOCIATION OF GREATER BOSTON 20 PARK PLAZA SUITE BOSTON, MA 02116	NOT RELATED	PC	EXEMPT PURPOSE	15,000
Total ► 3a				2,260,747

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 AREA GLEANERS 240 BEAVER STREET WALTHAM, MA 02452	NOT RELATED	PC	EXEMPT PURPOSE	20,000
CIRCLE OF HOPE1329 HIGHLAND AVE NEEDHAM, MA 02492	NOT RELATED	PC	EXEMPT PURPOSE	20,000
CROSSROADS SCHOOL 295 DONALD J LYNCH BLVD MARLBOROUGH, MA 01752	NOT RELATED	PC	EXEMPT PURPOSE	20,000
Total ▶ 3a				2,260,747

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>				
DIGNITY MATTERS 19 BARNEY HILL ROAD WAYLAND, MA 01778	NOT RELATED	PC	EXEMPT PURPOSE	20,000
DISCOVERY MUSEUM INC 177 MAIN STREET ACTON, MA 01720	NOT RELATED	PC	EXEMPT PURPOSE	15,000
EMERSON HEALTH CARE MUSEUM 133 ORNAC CONCORD, MA 01742	NOT RELATED	PC	EXEMPT PURPOSE	20,000
Total ► 3a				2,260,747

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>				
FAMILY ACCESS OF NEWTON 492 WALTHAM STREET NEWTON, MA 02465	NOT RELATED	PC	EXEMPT PURPOSE	20,000
FRAMINGHAM HISTORICAL AND NATURAL HISTORY SOCIETY PO BOX 2032 FRAMINGHAM, MA 01703	NOT RELATED	PC	EXEMPT PURPOSE	21,000
FRAMINGHAM STATE UNIVERSITY FOUNDATION INC 100 STATE STREET FRAMINGHAM, MA 01701	NOT RELATED	PC	EXEMPT PURPOSE	7,990
Total ▶ 3a				2,260,747

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>				
GAINING GROUND341 VIRGINIA ROAD CONCORD, MA 01742	NOT RELATED	PC	EXEMPT PURPOSE	20,000
GOODNOW LIBRARY FOUNDATION 21 CONCORD ROAD SUDBURY, MA 01776	NOT RELATED	PC	EXEMPT PURPOSE	13,000
HABITAT FOR HUMANITY NORTH CENTRAL MASS 201 GREAT ROAD SUITE 301 ACTON, MA 01720	NOT RELATED	PC	EXEMPT PURPOSE	10,000
Total ▶ 3a				2,260,747

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>				
HABITAT FOR HUMANITY OF GREATER LOWELL 68 TADMUCK ROAD UNIT ONE WESTFORD, MA 01886	NOT RELATED	PC	EXEMPT PURPOSE	20,000
HOUSEHOLD GOODS INC 530 MAIN STREET ACTON, MA 01720	NOT RELATED	PC	EXEMPT PURPOSE	21,000
JEFF'S PLACE CHILDREN'S BEREAVEMENT CENTER INC 34 DELOSS STREET FRAMINGHAM, MA 01702	NOT RELATED	PC	EXEMPT PURPOSE	20,000
Total ▶ 3a				2,260,747

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>				
KENNEDY DONOVAN CENTER ONE COMMERCIAL STREET FOXBORO, MA 02035	NOT RELATED	PC	EXEMPT PURPOSE	20,000
LEADERSHIP METROWEST INC 665 FRANKLIN STREET FRAMINGHAM, MA 01702	NOT RELATED	PC	EXEMPT PURPOSE	10,000
LOVELANE SPECIAL NEEDS HORSEBACK RIDING PROGRAM 40 BAKER BRIDGE ROAD LINCOLN, MA 01773	NOT RELATED	PC	EXEMPT PURPOSE	10,000
Total ► 3a				2,260,747

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 AUDUBON SOCIETY 208 SOUTH GREAT ROAD LINCOLN, MA 01773	NOT RELATED	PC	EXEMPT PURPOSE	20,000
METROWEST LEGAL SERVICES 63 FOUNTAIN STREET FRAMINGHAM, MA 01702	NOT RELATED	PC	EXEMPT PURPOSE	20,000
METROWEST MEDIATION SERVICES 600 CONCORD STREET FRAMINGHAM, MA 01702	NOT RELATED	PC	EXEMPT PURPOSE	18,000
Total ► 3a				2,260,747

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>				
METROWEST NONPROFIT NETWORK PO BOX 1661 FRAMINGHAM, MA 01701	NOT RELATED	PC	EXEMPT PURPOSE	20,000
MINUTEMAN SENIOR SERVICES 26 CROSBY DRIVE BEDFORD, MA 01730	NOT RELATED	PC	EXEMPT PURPOSE	20,000
NATICK COMMUNITY ORGANIC FARM 117 ELIOT STREET NATICK, MA 01760	NOT RELATED	PC	EXEMPT PURPOSE	20,500
Total ► 3a				2,260,747

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>				
NATICK SERVICE COUNCIL 2 WEBSTER STREET NATICK, MA 01760	NOT RELATED	PC	EXEMPT PURPOSE	21,000
NEIGHBOR BRIGADEPO BOX 735 MAYNARD, MA 01754	NOT RELATED	PC	EXEMPT PURPOSE	10,380
ONE FAMILY INC 423 WEST BROADWAY SUITE 402 SOUTH BOSTON, MA 02127	NOT RELATED	PC	EXEMPT PURPOSE	20,000
Total ▶ 3a				2,260,747

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>				
OUT METROWEST 929 WORCESTER ROAD FRAMINGHAM, MA 01703	NOT RELATED	PC	EXEMPT PURPOSE	19,000
PROGRAMS FOR PEOPLE 98 LINCOLN STREET FRAMINGHAM, MA 01702	NOT RELATED	PC	EXEMPT PURPOSE	10,500
RIFLES TO RODSPO BOX 133 ASHLAND, MA 01721	NOT RELATED	PC	EXEMPT PURPOSE	20,500
Total ▶ 3a				2,260,747

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>				
SPARK KINDNESSPO BOX 232 NATICK, MA 01760	NOT RELATED	PC	EXEMPT PURPOSE	20,000
THE HOME FOR LITTLE WANDERERS 10 GUEST STREET BOSTON, MA 02135	NOT RELATED	PC	EXEMPT PURPOSE	20,000
THE LEARNING CENTER FOR THE DEAF 848 CENTRAL STREET FRAMINGHAM, MA 01701	NOT RELATED	PC	EXEMPT PURPOSE	20,500
Total ▶ 3a				2,260,747

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 NATURE CONNECTION 40 STOW STREET CONCORD, MA 01742	NOT RELATED	PC	EXEMPT PURPOSE	20,000
THINKGIVE INC26 ELM STREET CONCORD, MA 01742	NOT RELATED	PC	EXEMPT PURPOSE	15,000
WALKER INC1968 CENTRAL AVENUE NEEDHAM, MA 02492	NOT RELATED	PC	EXEMPT PURPOSE	10,000
Total ▶ 3a				2,260,747

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 & GIRLS CLUB 20 EXCHANGE STREET WALTHAM, MA 02451	NOT RELATED	PC	EXEMPT PURPOSE	20,000
WALTHAM PARTNERSHIP FOR YOUTH 617 LEXINGTON STREET WALTHAM, MA 02452	NOT RELATED	PC	EXEMPT PURPOSE	20,000
WILDSTAR EQUINE 16 NASON HILL LANE SHERBORN, MA 01770	NOT RELATED	PC	EXEMPT PURPOSE	13,877
Total ▶ 3a				2,260,747

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>				
FOUNDATION FOR METROWEST 3 ELIOT STREET NATICK, MA 01760	NOT RELATED	PC	EXEMPT PURPOSE	50,000
HOPE AND COMFORT 1238 CHESTNUT STREET NEWTON, MA 02464	NOT RELATED	PC	EXEMPT PURPOSE	15,000
LOVIN' SPOONFULS 1304 COMMONWEALTH AVE SUITE E BOSTON, MA 02134	NOT RELATED	PC	EXEMPT PURPOSE	1,000
Total ▶ 3a				2,260,747

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>				
CHARLES RIVER CENTER 59 E MILITIA HEIGHTS DRIVE NEEDHAM, MA 02492	NOT RELATED	PC	EXEMPT PURPOSE	500
CIRCLE OF HOPEPO BOX 920724 NEEDHAM, MA 02492	NOT RELATED	PC	EXEMPT PURPOSE	500
FAMILY PROMISE METROWEST 6 MULLIGAN STREET NATICK, MA 01760	NOT RELATED	PC	EXEMPT PURPOSE	500
Total ▶ 3a				2,260,747

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>				
METROWEST YMCA 280 OLD CONNECTICUT PATH FRAMINGHAM, MA 01701	NOT RELATED	PC	EXEMPT PURPOSE	500
NATICK ROTARY CLUB (EMBRACE A FAMILY) PO BOX 16 NATICK, MA 01760	NOT RELATED	PC	EXEMPT PURPOSE	1,500
NEW ENGLAND CENTER AND HOME FOR VETERANS 17 COURT STREET BOSTON, MA 02108	NOT RELATED	PC	EXEMPT PURPOSE	500
Total ▶ 3a				2,260,747

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>				
SHERBORN HISTORICAL SOCIETY 19 WASHINGTON STREET SHERBORN, MA 01770	NOT RELATED	PC	EXEMPT PURPOSE	1,000
SOAR OF NATICKPO BOX 222 NATICK, MA 01760	NOT RELATED	PC	EXEMPT PURPOSE	1,000
THE DECIBELS FOUNDATION 63 GREAT ROAD SUITE 207 MAYNARD, MA 01754	NOT RELATED	PC	EXEMPT PURPOSE	500
Total ▶ 3a				2,260,747

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 SANTA FOUNDATION1 JOY STREET FRANKLIN, MA 02038	NOT RELATED	PC	EXEMPT PURPOSE	2,000
THE UMBRELLA ARTS CENTER 40 STOW STREET CONCORD, MA 01742	NOT RELATED	PC	EXEMPT PURPOSE	1,000
GREATER WORCESTER COMMUNITY FOUNDATION 370 MAIN STREET 650 WORCESTER, MA 01608	NOT RELATED	PC	EXEMPT PURPOSE	38,000
Total ► 3a				2,260,747

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>				
ACTON COMMUNITY SUPPER - ACTON FOOD PANTRY PO BOX 2098 ACTON, MA 01720	NOT RELATED	PC	EXEMPT PURPOSE	20,000
ASHLAND EMERGENCY FUNDFOOD PANTRY TOWN HALL 101 MAIN STREET ASHLAND, MA 01721	NOT RELATED	PC	EXEMPT PURPOSE	20,000
BEDFORD COMMUNITY TABLEPANTRY 12 MUDGE WAY BEDFORD, MA 01730	NOT RELATED	PC	EXEMPT PURPOSE	20,000
Total ▶ 3a				2,260,747

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>				
LOAVES & FISHES FOOD PANTRY (BELLINGHAM) 1158 SOUTH MAIN STREET BELLINGHAM, MA 020191515	NOT RELATED	PC	EXEMPT PURPOSE	20,000
THE OPEN TABLE INCPO BOX 42 CONCORD, MA 01742	NOT RELATED	PC	EXEMPT PURPOSE	20,000
METROWEST HARVEST (SMOC) 7 BISHOP STREET FRAMINGHAM, MA 01702	NOT RELATED	PC	EXEMPT PURPOSE	20,000
Total ▶ 3a				2,260,747

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>				
HOPE WORLDWIDE 214 CONCORD STREET FRAMINGHAM, MA 01702	NOT RELATED	PC	EXEMPT PURPOSE	20,000
ST BRIDGET'S FOOD PANTRY 15 WHEELER AVE FRAMINGHAM, MA 01702	NOT RELATED	PC	EXEMPT PURPOSE	20,000
PEARL STREET CUPBOARD 46 PARK STREET FRAMINGHAM, MA 01702	NOT RELATED	PC	EXEMPT PURPOSE	20,000
Total ► 3a				2,260,747

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>				
DANIEL'S TABLE10 PEARL STREET FRAMINGHAM, MA 01702	NOT RELATED	PC	EXEMPT PURPOSE	20,000
FRANKLIN FOOD PANTY 43 WEST CENTRAL ST PO BOX 116 FRANKLIN, MA 02038	NOT RELATED	PC	EXEMPT PURPOSE	20,000
LOAVES AND FISHES FOOD PANTRY (AYERFT DEVENS) 234 BARNUM STREET FRANKLIN, MA 02038	NOT RELATED	PC	EXEMPT PURPOSE	20,000
Total ▶ 3a				2,260,747

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>				
HOLLISTON PANTRY SHELF 23 WATER STREET HOLLISTON, MA 01746	NOT RELATED	PC	EXEMPT PURPOSE	20,000
PROJECT JUST BECAUSE 109 SOUTH STREET HOPKINTON, MA 01748	NOT RELATED	PC	EXEMPT PURPOSE	20,000
MAYNARD FOOD PANTRYPO BOX 55 MAYNARD, MA 01754	NOT RELATED	PC	EXEMPT PURPOSE	20,000
Total ▶ 3a				2,260,747

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 Paid during the year				
MEDFIELD FOOD CUPBOARD PO BOX 172 MEDFIELD, MA 02052	NOT RELATED	PC	EXEMPT PURPOSE	20,000
MEDWAY FOOD PANTRY 600 MEHAN CIRCLE MEDWAY, MA 02053	NOT RELATED	PC	EXEMPT PURPOSE	20,000
MEDWAY VILLAGE FOOD PANTRY 170 VILLAGE STREET MEDWAY, MA 02053	NOT RELATED	PC	EXEMPT PURPOSE	20,000
Total ► 3a				2,260,747

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>				
MILLIS ECUMENICAL FOOD PANTRY 142 EXCHANGE STREET MILLIS, MA 02054	NOT RELATED	PC	EXEMPT PURPOSE	20,000
A PLACE TO TURN 99 HARTFORD STREET NATICK, MA 01760	NOT RELATED	PC	EXEMPT PURPOSE	20,000
NATICK SERVICE COUNCIL 2 WEBSTER STREET NATICK, MA 01760	NOT RELATED	PC	EXEMPT PURPOSE	20,000
Total ► 3a				2,260,747

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>				
NEEDHAM COMMUNITY COUNCIL 570 HILLSIDE AVE NEEDHAM, MA 02494	NOT RELATED	PC	EXEMPT PURPOSE	20,000
WIDOWS & ORPHANS BENEVOLENT SOCIETY 11 MAPLE STREET SHERBORN, MA 017707701	NOT RELATED	PC	EXEMPT PURPOSE	20,000
UNITED PARISHES OF SOUTHBOROUGH 15 COMMON STREET PO BOX 281 SOUTHBOROUGH, MA 01772	NOT RELATED	PC	EXEMPT PURPOSE	20,000
Total ► 3a				2,260,747

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>				
SUDBURY COMMUNITY FOOD PANTRY PO BOX 751 SUDBURY, MA 01776	NOT RELATED	PC	EXEMPT PURPOSE	20,000
WALPOLE COMMUNITY FOOD PANTRY 1303 WASHINGTON STREET WALPOLE, MA 02081	NOT RELATED	PC	EXEMPT PURPOSE	20,000
PARMENTER VNA & COMMUNITY CARE 260 BOSTON POST ROAD SUITE 5 WAYLAND, MA 01778	NOT RELATED	PC	EXEMPT PURPOSE	20,000
Total ▶ 3a				2,260,747

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 Paid during the year				
CELEBRATION INTL CHURCH FOOD PANTRY 6 LOKER STREET WAYLAND, MA 01778	NOT RELATED	PC	EXEMPT PURPOSE	20,000
WELLESLEY FOOD PANTRY 219 WASHINGTON STREET WELLESLEY HILLS, MA 02481	NOT RELATED	PC	EXEMPT PURPOSE	20,000
WESTBOROUGH FOOD PANTRY PO BOX 502 WESTBOROUGH, MA 01581	NOT RELATED	PC	EXEMPT PURPOSE	20,000
Total ▶ 3a				2,260,747

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>				
WESTFORD FOOD PANTRY 20 PLEASANT STREET WESTFORD, MA 018865323	NOT RELATED	PC	EXEMPT PURPOSE	20,000
FRIENDS OF THE COUNCIL ON AGING PO BOX 2006 ACTON, MA 017202006	NOT RELATED	PC	EXEMPT PURPOSE	15,000
FRIENDS OF THE ASHLAND COUNCIL ON AGING PO BOX 507 ASHLAND, MA 017210507	NOT RELATED	PC	EXEMPT PURPOSE	15,000
Total ▶ 3a				2,260,747

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>				
FRIENDS OF THE BEDFORD COUNCIL ON AGING 12 MUDGE WAY BEDFORD, MA 01730	NOT RELATED	PC	EXEMPT PURPOSE	15,000
BELLINGHAM ELDER SERVICE GROUP PO BOX 792 BELLINGHAM, MA 020191515	NOT RELATED	PC	EXEMPT PURPOSE	15,000
FRIENDS OF THE COUNCIL ON AGING 118 RUSSET LANE BOXBOROUGH, MA 01719	NOT RELATED	PC	EXEMPT PURPOSE	15,000
Total ► 3a				2,260,747

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>				
CONCORD FRIENDS OF THE AGING PO BOX 1513 CONCORD, MA 01742	NOT RELATED	PC	EXEMPT PURPOSE	15,000
FRIENDS OF THE CALLAHAN SENIOR CENTER 535 UNION AVE FRAMINGHAM, MA 01702	NOT RELATED	PC	EXEMPT PURPOSE	15,000
FRIENDS OF FRANKLIN ELDERS 10 DANIEL MCCAHERILL STREET FRANKLIN, MA 02038	NOT RELATED	PC	EXEMPT PURPOSE	15,000
Total ► 3a				2,260,747

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 Paid during the year				
FRIENDS OF GROTON ELDERS PO BOX 289 GROTON, MA 01472	NOT RELATED	PC	EXEMPT PURPOSE	15,000
SENIOR SUPPORT FOUNDATION 150 GOULDING STREET HOLLISTON, MA 01746	NOT RELATED	PC	EXEMPT PURPOSE	15,000
FRIENDS OF THE SENIORS 28 MAYHEW STREET HOPKINTON, MA 01748	NOT RELATED	PC	EXEMPT PURPOSE	15,000
Total ▶ 3a				2,260,747

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 Paid during the year				
FRIENDS OF THE LITTLETON COUNCIL ON AGING PO BOX 132 LITTLETON, MA 01460	NOT RELATED	PC	EXEMPT PURPOSE	15,000
FRIENDS OF MAYNARD SENIORS 195 MAIN STREET MAYNARD, MA 01754	NOT RELATED	PC	EXEMPT PURPOSE	15,000
FRIENDS OF SENIORS INC 1 ICEHOUSE ROAD MEDFIELD, MA 02052	NOT RELATED	PC	EXEMPT PURPOSE	15,000
Total ▶ 3a				2,260,747

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>				
MEDWAY FRIENDS OF ELDERS 76 OAKLAND STREET MEDWAY, MA 02053	NOT RELATED	PC	EXEMPT PURPOSE	15,000
FRIENDS OF THE MILLIS COUNCIL ON AGING 900 MAIN STREET MILLIS, MA 02054	NOT RELATED	PC	EXEMPT PURPOSE	15,000
FRIENDS OF THE NATICK SENIOR CENTER 117 E CENTRAL STREET NATICK, MA 01760	NOT RELATED	PC	EXEMPT PURPOSE	15,000
Total ▶ 3a				2,260,747

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>				
FRIENDS OF THE CENTER AT THE HEIGHTS 300 HILLSIDE AVE NEEDHAM, MA 02494	NOT RELATED	PC	EXEMPT PURPOSE	15,000
FRIENDS OF THE SHERBORN COUNCIL ON AGING 19 WASHINGTON STREET SHERBORN, MA 01770	NOT RELATED	PC	EXEMPT PURPOSE	15,000
FRIENDS OF THE SOUTHBOROUGH COUNCIL ON AGING 9 CORDAVILLE ROAD SOUTHBOROUGH, MA 01772	NOT RELATED	PC	EXEMPT PURPOSE	15,000
Total ▶ 3a				2,260,747

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>				
FRIENDS OF SUDBURY SENIORS 40 FAIRBANK ROAD SUDBURY, MA 01776	NOT RELATED	PC	EXEMPT PURPOSE	15,000
FRIENDS OF THE WALPOLE ELDERS PO BOX 186 E WALPOLE, MA 02032	NOT RELATED	PC	EXEMPT PURPOSE	15,000
FRIENDS OF THE WAYLAND COUNCIL ON AGING 41 COCHITUATE ROAD WAYLAND, MA 01778	NOT RELATED	PC	EXEMPT PURPOSE	15,000
Total ► 3a				2,260,747

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 Paid during the year				
FRIENDS OF THE WELLESLEY COUNCIL ON AGING PO BOX 812422 WELLESLEY, MA 02482	NOT RELATED	PC	EXEMPT PURPOSE	15,000
WESTBOROUGH SENIOR CENTER 4 ROGERS ROAD WESTBOROUGH, MA 01581	NOT RELATED	PC	EXEMPT PURPOSE	15,000
FRIENDS OF THE CAMERON SENIOR CENTER 20 PLEASANT STREET PO BOX 2223 WESTFORD, MA 01886	NOT RELATED	PC	EXEMPT PURPOSE	15,000
Total ▶ 3a				2,260,747

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>				
FRIENDS OF THE ACTON LIBRARIES 486 MAIN STREET ACTON, MA 01720	NOT RELATED	PC	EXEMPT PURPOSE	15,000
FRIENDS OF THE ASHLAND PUBLIC LIBRARY 66 FRONT STREET ASHLAND, MA 01721	NOT RELATED	PC	EXEMPT PURPOSE	15,000
FRIENDS OF THE BEDFORD FREE PUBLIC LIBRARY 7 MUDGE WAY BEDFORD, MA 01730	NOT RELATED	PC	EXEMPT PURPOSE	15,000
Total ▶ 3a				2,260,747

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>				
FRIENDS OF THE BELLINGHAM PUBLIC LIBRARY 100 BLACKSTONE STREET BELLINGHAM, MA 02019	NOT RELATED	PC	EXEMPT PURPOSE	15,000
FRIENDS OF THE BOXBOROUGH LIBRARY 427 MASSACHUSETTS AVE BOXBOROUGH, MA 01719	NOT RELATED	PC	EXEMPT PURPOSE	15,000
FRIENDS OF THE CONCORD FREE PUBLIC LIBRARY 129 MAIN STREET CONCORD, MA 01742	NOT RELATED	PC	EXEMPT PURPOSE	15,000
Total			▶ 3a	2,260,747

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>				
FRIENDS OF THE FRAMINGHAM LIBRARY 49 LEXINGTON STREET FRAMINGHAM, MA 01702	NOT RELATED	PC	EXEMPT PURPOSE	15,000
FRIENDS OF THE FRANKLIN LIBRARY PO BOX 147 FRANKLIN, MA 02038	NOT RELATED	PC	EXEMPT PURPOSE	15,000
GROTON PUBLIC LIBRARY 99 MAIN STREET GROTON, MA 01450	NOT RELATED	PC	EXEMPT PURPOSE	15,000
Total ► 3a				2,260,747

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>				
FRIENDS OF THE HOLLISTON PUBLIC LIBRARY 752 WASHINGTON STREET HOLLISTON, MA 01746	NOT RELATED	PC	EXEMPT PURPOSE	15,000
FRIENDS OF THE HOPKINTON PUBLIC LIBRARY 13 MAIN STREET HOPKINTON, MA 01746	NOT RELATED	PC	EXEMPT PURPOSE	15,000
FRIENDS OF THE REUBEN HOAR LIBRARY 41 SHATTUCK STREET LITTLETON, MA 01460	NOT RELATED	PC	EXEMPT PURPOSE	15,000
Total			▶ 3a	2,260,747

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>				
FRIENDS OF THE MAYNARD PUBLIC LIBRARY 77 NASON STREET MAYNARD, MA 01754	NOT RELATED	PC	EXEMPT PURPOSE	15,000
FRIENDS OF THE MEDFIELD PUBLIC LIBRARY 468 MAIN STREET MEDFIELD, MA 02052	NOT RELATED	PC	EXEMPT PURPOSE	15,000
FRIENDS OF THE MEDWAY LIBRARY 26 HIGH STREET MEDWAY, MA 02053	NOT RELATED	PC	EXEMPT PURPOSE	15,000
Total ▶ 3a				2,260,747

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>				
FRIENDS OF THE MILLIS PUBLIC LIBRARY 961 MAIN STREET MILLIS, MA 02054	NOT RELATED	PC	EXEMPT PURPOSE	15,000
FRIENDS OF THE MORSE INSTITUTE LIBRARY 14 E CENTRAL STREET NATICK, MA 01760	NOT RELATED	PC	EXEMPT PURPOSE	15,000
FRIENDS OF THE BACON FREE LIBRARY 58 ELIOT STREET NATICK, MA 01760	NOT RELATED	PC	EXEMPT PURPOSE	15,000
Total ▶ 3a				2,260,747

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>				
FRIENDS OF THE NEEDHAM PUBLIC LIBRARY 1139 HIGHLAND AVE NEEDHAM, MA 02494	NOT RELATED	PC	EXEMPT PURPOSE	15,000
FRIENDS OF THE SHERBORN LIBRARY 4 SANGER STREET SHERBORN, MA 01770	NOT RELATED	PC	EXEMPT PURPOSE	15,000
FRIENDS OF THE SOUTHBOROUGH LIBRARY 25 MAIN STREET SOUTHBOROUGH, MA 01722	NOT RELATED	PC	EXEMPT PURPOSE	15,000
Total ▶ 3a				2,260,747

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>				
FRIENDS OF THE GOODNOW LIBRARY 21 CONCORD ROAD SUDBURY, MA 01776	NOT RELATED	PC	EXEMPT PURPOSE	15,000
FRIENDS OF THE WALPOLE PUBLIC LIBRARY 143 SCHOOL STREET WALPOLE, MA 02081	NOT RELATED	PC	EXEMPT PURPOSE	15,000
FRIENDS OF THE WAYLAND PUBLIC LIBRARY 5 CONCORD ROAD WAYLAND, MA 01778	NOT RELATED	PC	EXEMPT PURPOSE	15,000
Total ▶ 3a				2,260,747

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>				
FRIENDS OF THE WELLESLEY FREE LIBRARIES 530 WASHINGTON STREET WELLESLEY, MA 02482	NOT RELATED	PC	EXEMPT PURPOSE	15,000
FRIENDS OF THE WESTBOROUGH PUBLIC LIBRARY 55 WEST MAIN STREET WESTBOROUGH, MA 01581	NOT RELATED	PC	EXEMPT PURPOSE	15,000
FRIENDS OF THE JV FLETCHER LIBRARY PO BOX 4122 WESTFORD, MA 01886	NOT RELATED	PC	EXEMPT PURPOSE	15,000
Total ▶ 3a				2,260,747

TY 2019 Accounting Fees Schedule

Name: MIDDLESEX SAVINGS CHARITABLE
FOUNDATION INC

EIN: 04-3521246

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TAX PREP FEES	2,250	0		2,250

TY 2019 Investments Corporate Bonds Schedule

Name: MIDDLESEX SAVINGS CHARITABLE
FOUNDATION INC

EIN: 04-3521246

Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
CORPORATE BONDS	6,016,285	6,016,285

TY 2019 Investments Corporate Stock Schedule

Name: MIDDLESEX SAVINGS CHARITABLE
FOUNDATION INC

EIN: 04-3521246

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
COMMON STOCK	2,472,820	2,472,820
PREFERRED STOCK	1,000,566	1,000,566

TY 2019 Investments Government Obligations Schedule

Name: MIDDLESEX SAVINGS CHARITABLE
FOUNDATION INC

EIN: 04-3521246

**US Government Securities - End
of Year Book Value:**

3,131,559

**US Government Securities - End
of Year Fair Market Value:**

3,131,559

**State & Local Government
Securities - End of Year Book
Value:**

0

**State & Local Government
Securities - End of Year Fair
Market Value:**

0

TY 2019 Investments - Other Schedule

Name: MIDDLESEX SAVINGS CHARITABLE
FOUNDATION INC

EIN: 04-3521246

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
OTHER INVESTMENTS	FMV	6,893,639	6,893,639

TY 2019 Other Expenses Schedule

Name: MIDDLESEX SAVINGS CHARITABLE
FOUNDATION INC

EIN: 04-3521246

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CATERING EXPENSES	2,484	0		2,484
MEMBERSHIPS/DUES	5,000	0		5,000
BANK CHARGE	841	0		841
MA FILING FEE	628	0		628

TY 2019 Other Increases Schedule

Name: MIDDLESEX SAVINGS CHARITABLE
FOUNDATION INC

EIN: 04-3521246

Description	Amount
UNREALIZED GAINS/LOSSES	1,109,757

TY 2019 Other Professional Fees Schedule

Name: MIDDLESEX SAVINGS CHARITABLE
FOUNDATION INC

EIN: 04-3521246

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CUSTODY SERVICES	4,974	4,974		0
MSCF MANAGEMENT FEES	114,181	114,181		0

TY 2019 Taxes Schedule

Name: MIDDLESEX SAVINGS CHARITABLE
FOUNDATION INC

EIN: 04-3521246

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
2018 FEDERAL EXCISE TAX	25	0		0
2019 ESTIMATED TAX PAYMENTS	3,800	0		0

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
		2019
Name of the organization MIDDLESEX SAVINGS CHARITABLE FOUNDATION INC		Employer identification number 04-3521246

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

- ☒ 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 33¹/₃% 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
MIDDLESEX SAVINGS CHARITABLE
FOUNDATION INCEmployer identification number
04-3521246**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	MIDDLESEX SAVINGS BANK 6 MAIN STREET NATICK, MA 01760	\$ 2,002,250	<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)
		\$	<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 MIDDLESEX SAVINGS CHARITABLE FOUNDATION INC	Employer identification number 04-3521246
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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 MIDDLESEX SAVINGS CHARITABLE FOUNDATION INC	Employer identification number 04-3521246
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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
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(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
	_____ _____ _____	_____ _____ _____	
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	_____ _____ _____	_____ _____ _____	
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	_____ _____ _____	_____ _____ _____	
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	_____ _____ _____	_____ _____ _____	
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	_____ _____ _____	_____ _____ _____	
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	_____ _____ _____	_____ _____ _____	
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	_____ _____ _____	_____ _____ _____	
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee