

Form **990-PF**  
 Department of the Treasury  
 Internal Revenue Service

**Return of Private Foundation**  
**or Section 4947(a)(1) Trust Treated as Private Foundation**  
 ▶ Do not enter social security numbers on this form as it may be made public.  
 ▶ Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

OMB No. 1545-0047  
**2022**  
**Open to Public Inspection**

**For calendar year 2022, or tax year beginning 01-01-2022, and ending 12-31-2022**

|  |   |   |  |
|--|---|---|--|
| Name of foundation<br>CAIL FAMILY FOUNDATION   |   | <b>A Employer identification number</b><br>20-2034269   |  |
| Number and street (or P.O. box number if mail is not delivered to street address)<br>89 ACCESS ROAD UNIT 1   | Room/suite  | <b>B Telephone number (see instructions)</b><br>(781) 769-5858  |  |
| City or town, state or province, country, and ZIP or foreign postal code<br>NORWOOD, MA 02062  |   | <b>C</b> If exemption application is pending, check here <input type="checkbox"/>   |  |
| <b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity<br><input type="checkbox"/> Final return <input type="checkbox"/> Amended return<br><input type="checkbox"/> Address change <input type="checkbox"/> Name change |   | <b>D 1.</b> Foreign organizations, check here..... <input type="checkbox"/><br><b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/> |  |
| <b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation<br><input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation   |   | <b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here ..... <input type="checkbox"/>  |  |
| <b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ <u>3,711,990</u>  | <b>J</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual<br><input type="checkbox"/> Other (specify) _____<br><i>(Part I, column (d) must be on cash basis.)</i> | <b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ..... <input type="checkbox"/>   |  |

| <b>Part I Analysis of Revenue and Expenses</b> <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)</i> |   | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|---|---|------------------------------------|---------------------------|-------------------------|---|
| <b>Revenue</b>  | <b>1</b> Contributions, gifts, grants, etc., received (attach schedule)                           | 249,289                            |                           |                         |   |
|   | <b>2</b> Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch. B |                                    |                           |                         |   |
|   | <b>3</b> Interest on savings and temporary cash investments                                       |                                    |                           |                         |   |
|   | <b>4</b> Dividends and interest from securities   | 134,639                            | 134,639                   |                         |   |
|   | <b>5a</b> Gross rents   |                                    |                           |                         |   |
|   | <b>b</b> Net rental income or (loss)  |                                    |                           |                         |   |
|   | <b>6a</b> Net gain or (loss) from sale of assets not on line 10                                   | -97,645                            |                           |                         |   |
|   | <b>b</b> Gross sales price for all assets on line 6a <u>595,837</u>                               |                                    |                           |                         |   |
|   | <b>7</b> Capital gain net income (from Part IV, line 2)   |                                    |                           | 0                       |   |
|   | <b>8</b> Net short-term capital gain  |                                    |                           |                         |   |
|   | <b>9</b> Income modifications   |                                    |                           |                         |   |
|   | <b>10a</b> Gross sales less returns and allowances  |                                    |                           |                         |   |
| <b>b</b> Less: Cost of goods sold   |   |                                    |                           |                         |   |
| <b>c</b> Gross profit or (loss) (attach schedule)   |   |                                    |                           |                         |   |
| <b>11</b> Other income (attach schedule)  |   |                                    |                           |                         |   |
| <b>12 Total.</b> Add lines 1 through 11   | 286,283   | 134,639                            |                           |                         |   |
| <b>Operating and Administrative Expenses</b>  | <b>13</b> Compensation of officers, directors, trustees, etc.                                     | 0                                  | 0                         |                         | 0   |
|   | <b>14</b> Other employee salaries and wages   |                                    |                           |                         |   |
|   | <b>15</b> Pension plans, employee benefits  |                                    |                           |                         |   |
|   | <b>16a</b> Legal fees (attach schedule)   |                                    |                           |                         |   |
|   | <b>b</b> Accounting fees (attach schedule)  | 4,400                              | 4,400                     |                         | 0   |
|   | <b>c</b> Other professional fees (attach schedule)  |                                    |                           |                         |   |
|   | <b>17</b> Interest  |                                    |                           |                         |   |
|   | <b>18</b> Taxes (attach schedule) (see instructions)  | 16,836                             | 250                       |                         | 0   |
|   | <b>19</b> Depreciation (attach schedule) and depletion  |                                    |                           |                         |   |
|   | <b>20</b> Occupancy   |                                    |                           |                         |   |
|   | <b>21</b> Travel, conferences, and meetings   |                                    |                           |                         |   |
|   | <b>22</b> Printing and publications   |                                    |                           |                         |   |
|   | <b>23</b> Other expenses (attach schedule)  | 37,683                             | 37,683                    |                         | 0   |
|   | <b>24 Total operating and administrative expenses.</b> Add lines 13 through 23                    | 58,919                             | 42,333                    |                         | 0   |
|   | <b>25</b> Contributions, gifts, grants paid   | 156,000                            |                           |                         | 156,000   |
| <b>26 Total expenses and disbursements.</b> Add lines 24 and 25   | 214,919   | 42,333                             |                           | 156,000                 |   |
| <b>27</b> Subtract line 26 from line 12:  |   |                                    |                           |                         |   |
| <b>a Excess of revenue over expenses and disbursements</b>  | 71,364  |                                    |                           |                         |   |
| <b>b Net investment income</b> (if negative, enter -0-)   |   | 92,306                             |                           |                         |   |
| <b>c Adjusted net income</b> (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 |
| <b>Assets</b>   | <b>1</b> Cash—non-interest-bearing . . . . .   |                   |                |                       |
|   | <b>2</b> Savings and temporary cash investments . . . . .  | 188,121           | 10,885         | 10,885                |
|   | <b>3</b> Accounts receivable ▶ _____<br>Less: allowance for doubtful accounts ▶ _____  |                   |                |                       |
|   | <b>4</b> Pledges receivable ▶ _____<br>Less: allowance for doubtful accounts ▶ _____   |                   |                |                       |
|   | <b>5</b> Grants receivable . . . . .   |                   |                |                       |
|   | <b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .       |                   |                |                       |
|   | <b>7</b> Other notes and loans receivable (attach schedule) ▶ _____<br>Less: allowance for doubtful accounts ▶ _____                             |                   |                |                       |
|   | <b>8</b> Inventories for sale or use . . . . .   |                   |                |                       |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .   |                   |                |                       |
|   | <b>10a</b> Investments—U.S. and state government obligations (attach schedule)   |                   |                |                       |
|   | <b>b</b> Investments—corporate stock (attach schedule) . . . . .   |                   |                |                       |
|   | <b>c</b> Investments—corporate bonds (attach schedule) . . . . .   |                   |                |                       |
|   | <b>11</b> Investments—land, buildings, and equipment: basis ▶ _____<br>Less: accumulated depreciation (attach schedule) ▶ _____                  |                   |                |                       |
|   | <b>12</b> Investments—mortgage loans . . . . .   |                   |                |                       |
|   | <b>13</b> Investments—other (attach schedule) . . . . .  | 2,823,787         | 2,962,942      | 3,701,105             |
|   | <b>14</b> Land, buildings, and equipment: basis ▶ _____<br>Less: accumulated depreciation (attach schedule) ▶ _____                              |                   |                |                       |
| <b>15</b> Other assets (describe ▶ _____)   |  |                   |                |                       |
| <b>16 Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I) | 3,011,908  | 2,973,827         | 3,711,990      |                       |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .  |                   |                |                       |
|   | <b>18</b> Grants payable . . . . .   |                   |                |                       |
|   | <b>19</b> Deferred revenue . . . . .   |                   |                |                       |
|   | <b>20</b> Loans from officers, directors, trustees, and other disqualified persons   |                   |                |                       |
|   | <b>21</b> Mortgages and other notes payable (attach schedule) . . . . .  |                   |                |                       |
|   | <b>22</b> Other liabilities (describe ▶ _____)   |                   |                |                       |
|   | <b>23 Total liabilities</b> (add lines 17 through 22) . . . . .  | 0                 | 0              |                       |
| <b>Net Assets or Fund Balances</b>  | <b>Foundations that follow FASB ASC 958, check here</b> ▶ <input type="checkbox"/><br><b>and complete lines 24, 25, 29 and 30.</b>               |                   |                |                       |
|   | <b>24</b> Net assets without donor restrictions . . . . .  |                   |                |                       |
|   | <b>25</b> Net assets with donor restrictions . . . . .   |                   |                |                       |
|   | <b>Foundations that do not follow FASB ASC 958, check here</b> ▶ <input checked="" type="checkbox"/><br><b>and complete lines 26 through 30.</b> |                   |                |                       |
|   | <b>26</b> Capital stock, trust principal, or current funds . . . . .   | 0                 | 0              |                       |
|   | <b>27</b> Paid-in or capital surplus, or land, bldg., and equipment fund   | 0                 | 0              |                       |
|   | <b>28</b> Retained earnings, accumulated income, endowment, or other funds   | 3,011,908         | 2,973,827      |                       |
| <b>29 Total net assets or fund balances</b> (see instructions) . . . . .                              | 3,011,908  | 2,973,827         |                |                       |
| <b>30 Total liabilities and net assets/fund balances</b> (see instructions) .                         | 3,011,908  | 2,973,827         |                |                       |

**Part III Analysis of Changes in Net Assets or Fund Balances**

|   |          |           |
|---|----------|-----------|
| <b>1</b> 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) . . . . . | <b>1</b> | 3,011,908 |
| <b>2</b> Enter amount from Part I, line 27a . . . . .   | <b>2</b> | 71,364    |
| <b>3</b> Other increases not included in line 2 (itemize) ▶ _____   | <b>3</b> | 0         |
| <b>4</b> Add lines 1, 2, and 3 . . . . .  | <b>4</b> | 3,083,272 |
| <b>5</b> Decreases not included in line 2 (itemize) ▶ _____   | <b>5</b> | 109,445   |
| <b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .  | <b>6</b> | 2,973,827 |

**Part IV Capital Gains and Losses for Tax on Investment Income**

| <b>(a)</b> 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>(b)</b><br>How acquired<br>P—Purchase<br>D—Donation | <b>(c)</b><br>Date acquired<br>(mo., day, yr.) | <b>(d)</b><br>Date sold<br>(mo., day, yr.) |
|---|--|--|--|
| <b>1 a</b> MORGAN STANLEY INSTL FD  | P  | 2021-12-13                                     | 2022-11-07                                 |
| <b>b</b> MORGAN STANLEY INSTL FD  | P  | 2016-08-25                                     | 2022-11-07                                 |
| <b>c</b> T ROWE PRICE BLUE CHIP   | P  | 2021-12-15                                     | 2022-11-07                                 |
| <b>d</b> T ROWE PRICE BLUE CHIP   | P  | 2018-05-31                                     | 2022-11-07                                 |
| <b>e</b> WARNER BROS DISCOVERY  | P  | 1994-04-07                                     | 2022-04-18                                 |

| <b>(e)</b><br>Gross sales price | <b>(f)</b><br>Depreciation allowed<br>(or allowable) | <b>(g)</b><br>Cost or other basis<br>plus expense of sale | <b>(h)</b><br>Gain or (loss)<br>(e) plus (f) minus (g) |
|---------------------------------|--|---|--|
| <b>a</b> 67,897                 |  | 169,920   | -102,023   |
| <b>b</b> 287,094                |  | 270,384   | 16,710   |
| <b>c</b> 21,014                 |  | 33,952  | -12,938  |
| <b>d</b> 219,814                |  | 219,213   | 601  |
| <b>e</b> 18                     |  | 13  | 5  |

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

| <b>(i)</b><br>F.M.V. as of 12/31/69 | <b>(j)</b><br>Adjusted basis<br>as of 12/31/69 | <b>(k)</b><br>Excess of col. (i)<br>over col. (j), if any | <b>(l)</b><br>Gains (Col. (h) gain minus<br>col. (k), but not less than -0-) or<br>Losses (from col.(h)) |
|-------------------------------------|--|---|--|
| <b>a</b>                            |  |   | -102,023   |
| <b>b</b>                            |  |   | 16,710   |
| <b>c</b>                            |  |   | -12,938  |
| <b>d</b>                            |  |   | 601  |
| <b>e</b>                            |  |   | 5  |

|   |   |          |         |
|---|---|----------|---------|
| <b>2</b> Capital gain net income or (net capital loss)  | { If gain, also enter in Part I, line 7<br>If (loss), enter -0- in Part I, line 7 } | <b>2</b> | -97,645 |
| <b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):<br>If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0-<br>in Part I, line 8 | {<br>. . . . . }  | <b>3</b> |         |

Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

Table with 11 rows for excise tax calculation. Includes fields for exempt foundations, tax under section 511, tax based on investment income, credits/payments, and tax due/overpayment. Total tax due is 9,237.

Part VI-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about political campaigns, political expenditures, and substantial contributors. Includes Yes/No columns.

Part VI-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-14 regarding controlled entities, donor advised funds, public inspection requirements, and books in care.

Located at 150 ROYALL STREET SUITE 102 CANTON MA ZIP+4 02021

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here and enter the amount of tax-exempt interest received or accrued during the year 15

Table with 3 columns: Question, Yes, No. Row 16 regarding interest in foreign countries.

Part VI-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.

Table with 3 columns: Question, Yes, No. Rows 1a-4b regarding Form 4720 exceptions and requirements.

**Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)

|           |   |              |            |           |
|-----------|---|--------------|------------|-----------|
| <b>5a</b> | During the year did the foundation pay or incur any amount to:  |              | <b>Yes</b> | <b>No</b> |
|           | <b>(1)</b> Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?. . . . .   | <b>5a(1)</b> |            | <b>No</b> |
|           | <b>(2)</b> Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?. . . . .   | <b>5a(2)</b> |            | <b>No</b> |
|           | <b>(3)</b> Provide a grant to an individual for travel, study, or other similar purposes?. . . . .  | <b>5a(3)</b> |            | <b>No</b> |
|           | <b>(4)</b> Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions. . . . .   | <b>5a(4)</b> |            | <b>No</b> |
|           | <b>(5)</b> Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?. . . . .   | <b>5a(5)</b> |            | <b>No</b> |
| <b>b</b>  | If any answer is "Yes" to 5a(1)–(5), did <b>any</b> 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. . . . .               | <b>5b</b>    |            |           |
| <b>c</b>  | Organizations relying on a current notice regarding disaster assistance check . . . . . <input type="checkbox"/>  |              |            |           |
| <b>d</b>  | 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?. . . . .<br>If "Yes," attach the statement required by Regulations section 53.4945–5(d). | <b>5d</b>    |            |           |
| <b>6a</b> | Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?. . . . .  | <b>6a</b>    |            | <b>No</b> |
| <b>b</b>  | Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?. . . . .<br>If "Yes" to 6b, file Form 8870.  | <b>6b</b>    |            | <b>No</b> |
| <b>7a</b> | At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  | <b>7a</b>    |            | <b>No</b> |
| <b>b</b>  | If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?. . . . .  | <b>7b</b>    |            |           |
| <b>8</b>  | 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?. . . . .  | <b>8</b>     |            | <b>No</b> |

**Part VII 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 |
|--|---|---|---|---------------------------------------|
| FAITH KAPLAN<br>336 COUNTRY CLUB RD<br>NEWTON CENTRE, MA 02459 | TRUSTEE<br>0.50   | 0   | 0   | 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 |
|--|---|------------------|---|---------------------------------------|
| NONE   |   |                  |   |                                       |
|  |   |                  |   |                                       |
|  |   |                  |   |                                       |
|  |   |                  |   |                                       |
|  |   |                  |   |                                       |
|  |   |                  |   |                                       |
|  |   |                  |   |                                       |
|  |   |                  |   |                                       |
| <b>Total number of other employees paid over \$50,000.</b> . . . . . |   |                  |   | <b>0</b>                              |

**Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**

| <b>3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".</b> |                     |                  |
|---|---------------------|------------------|
| (a) Name and address of each person paid more than \$50,000   | (b) Type of service | (c) Compensation |
| NONE  |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
| <b>Total</b> number of others receiving over \$50,000 for professional services. . . . . ▶                              |                     | 0                |

**Part VIII-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 |
|--|----------|
| <b>1</b>   |          |
|  |          |
| <b>2</b>   |          |
|  |          |
| <b>3</b>   |          |
|  |          |
| <b>4</b>   |          |
|  |          |

**Part VIII-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 |
|---|--------|
| <b>1</b>  |        |
|   |        |
| <b>2</b>  |        |
|   |        |
| All other program-related investments. See instructions.  |        |
| <b>3</b>  |        |
|   |        |
| <b>Total.</b> Add lines 1 through 3 . . . . . ▶   | 0      |

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

|          |  |           |           |
|----------|--|-----------|-----------|
| <b>1</b> | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:              |           |           |
| <b>a</b> | Average monthly fair market value of securities. . . . .   | <b>1a</b> | 3,693,272 |
| <b>b</b> | Average of monthly cash balances. . . . .  | <b>1b</b> | 64,185    |
| <b>c</b> | Fair market value of all other assets (see instructions). . . . .  | <b>1c</b> | 0         |
| <b>d</b> | <b>Total</b> (add lines 1a, b, and c). . . . .   | <b>1d</b> | 3,757,457 |
| <b>e</b> | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .       | <b>1e</b> | 0         |
| <b>2</b> | Acquisition indebtedness applicable to line 1 assets. . . . .  | <b>2</b>  | 0         |
| <b>3</b> | Subtract line 2 from line 1d. . . . .  | <b>3</b>  | 3,757,457 |
| <b>4</b> | Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions). . . . . | <b>4</b>  | 56,362    |
| <b>5</b> | <b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3.. . . .  | <b>5</b>  | 3,701,095 |
| <b>6</b> | <b>Minimum investment return.</b> Enter 5% (0.05) of line 5. . . . .   | <b>6</b>  | 185,055   |

**Part X 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.)

|           |   |           |         |
|-----------|---|-----------|---------|
| <b>1</b>  | Minimum investment return from Part IX, line 6. . . . .   | <b>1</b>  | 185,055 |
| <b>2a</b> | Tax on investment income for 2022 from Part V, line 5. . . . .  | <b>2a</b> | 1,283   |
| <b>b</b>  | Income tax for 2022. (This does not include the tax from Part V.). . . . .  | <b>2b</b> |         |
| <b>c</b>  | Add lines 2a and 2b. . . . .  | <b>2c</b> | 1,283   |
| <b>3</b>  | Distributable amount before adjustments. Subtract line 2c from line 1. . . . .                                    | <b>3</b>  | 183,772 |
| <b>4</b>  | Recoveries of amounts treated as qualifying distributions. . . . .  | <b>4</b>  | 0       |
| <b>5</b>  | Add lines 3 and 4. . . . .  | <b>5</b>  | 183,772 |
| <b>6</b>  | Deduction from distributable amount (see instructions). . . . .   | <b>6</b>  | 0       |
| <b>7</b>  | <b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1. . . . . | <b>7</b>  | 183,772 |

**Part XI Qualifying Distributions** (see instructions)

|          |  |           |         |
|----------|--|-----------|---------|
| <b>1</b> | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:                         |           |         |
| <b>a</b> | Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . .                               | <b>1a</b> | 156,000 |
| <b>b</b> | Program-related investments—total from Part VIII-B. . . . .  | <b>1b</b> | 0       |
| <b>2</b> | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. . . . . | <b>2</b>  |         |
| <b>3</b> | Amounts set aside for specific charitable projects that satisfy the:   |           |         |
| <b>a</b> | Suitability test (prior IRS approval required). . . . .  | <b>3a</b> |         |
| <b>b</b> | Cash distribution test (attach the required schedule). . . . .   | <b>3b</b> |         |
| <b>4</b> | <b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part XII, line 4.. . . .               | <b>4</b>  | 156,000 |

**Part XII Undistributed Income** (see instructions)

|  | (a)<br>Corpus | (b)<br>Years prior to 2021 | (c)<br>2021 | (d)<br>2022 |
|--|---------------|----------------------------|-------------|-------------|
| <b>1</b> Distributable amount for 2022 from Part X, line 7   |               |                            |             | 183,772     |
| <b>2</b> Undistributed income, if any, as of the end of the 2022:  |               |                            |             |             |
| <b>a</b> Enter amount for 2021 only. . . . .   |               |                            | 0           |             |
| <b>b</b> Total for prior years: 20___, 20___, 20___  |               | 0                          |             |             |
| <b>3</b> Excess distributions carryover, if any, to 2022:  |               |                            |             |             |
| <b>a</b> From 2017. . . . .  | 128,216       |                            |             |             |
| <b>b</b> From 2018. . . . .  | 57,039        |                            |             |             |
| <b>c</b> From 2019. . . . .  | 13,667        |                            |             |             |
| <b>d</b> From 2020. . . . .  |               |                            |             |             |
| <b>e</b> From 2021. . . . .  | 36,078        |                            |             |             |
| <b>f</b> <b>Total</b> of lines 3a through e. . . . .   | 235,000       |                            |             |             |
| <b>4</b> Qualifying distributions for 2022 from Part XI, line 4: ► \$ <u>156,000</u>   |               |                            |             |             |
| <b>a</b> Applied to 2021, but not more than line 2a  |               |                            | 0           |             |
| <b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .  |               | 0                          |             |             |
| <b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .  | 0             |                            |             |             |
| <b>d</b> Applied to 2022 distributable amount. . . . .   |               |                            |             | 156,000     |
| <b>e</b> Remaining amount distributed out of corpus  |               |                            |             | 0           |
| <b>5</b> Excess distributions carryover applied to 2022.<br>(If an amount appears in column (d), the same amount must be shown in column (a).)   | 27,772        |                            |             | 27,772      |
| <b>6</b> <b>Enter the net total of each column as indicated below:</b>   |               |                            |             |             |
| <b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5   | 207,228       |                            |             |             |
| <b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b. . . . .   |               | 0                          |             |             |
| <b>c</b> 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                          |             |             |
| <b>d</b> Subtract line 6c from line 6b. Taxable amount—see instructions. . . . .   |               | 0                          |             |             |
| <b>e</b> Undistributed income for 2021. Subtract line 4a from line 2a. Taxable amount—see instructions. . . . .  |               |                            | 0           |             |
| <b>f</b> Undistributed income for 2022. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2023. . . . .  |               |                            |             | 0           |
| <b>7</b> 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             |                            |             |             |
| <b>8</b> Excess distributions carryover from 2017 not applied on line 5 or line 7 (see instructions). . . . .  | 100,444       |                            |             |             |
| <b>9</b> <b>Excess distributions carryover to 2023.</b><br>Subtract lines 7 and 8 from line 6a. . . . .  | 106,784       |                            |             |             |
| <b>10</b> Analysis of line 9:  |               |                            |             |             |
| <b>a</b> Excess from 2018. . . . .   | 57,039        |                            |             |             |
| <b>b</b> Excess from 2019. . . . .   | 13,667        |                            |             |             |
| <b>c</b> Excess from 2020. . . . .   |               |                            |             |             |
| <b>d</b> Excess from 2021. . . . .   | 36,078        |                            |             |             |
| <b>e</b> Excess from 2022. . . . .   |               |                            |             |             |

**Part XIII Private Operating Foundations** (see instructions and Part VI-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 2022, 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)

**2a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed . . . . .

|  | Tax year | Prior 3 years |          |          | (e) Total |
|--|----------|---------------|----------|----------|-----------|
|  | (a) 2022 | (b) 2021      | (c) 2020 | (d) 2019 |           |
| <b>b</b> 85% (0.85) of line 2a . . . . .   |          |               |          |          |           |
| <b>c</b> Qualifying distributions from Part XI, line 4 for each year listed . . . . .  |          |               |          |          |           |
| <b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .   |          |               |          |          |           |
| <b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .                                   |          |               |          |          |           |
| <b>3</b> Complete 3a, b, or c for the alternative test relied upon:  |          |               |          |          |           |
| <b>a</b> "Assets" alternative test—enter:  |          |               |          |          |           |
| <b>(1)</b> Value of all assets . . . . .   |          |               |          |          |           |
| <b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)   |          |               |          |          |           |
| <b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part IX, line 6 for each year listed . . . . .                              |          |               |          |          |           |
| <b>c</b> "Support" alternative test—enter:   |          |               |          |          |           |
| <b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . . |          |               |          |          |           |
| <b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .                                       |          |               |          |          |           |
| <b>(3)</b> Largest amount of support from an exempt organization   |          |               |          |          |           |
| <b>(4)</b> Gross investment income   |          |               |          |          |           |

**Part XIV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)**

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

---

**a** The name, address, and telephone number or email address of the person to whom applications should be addressed:

---

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

---

**c** Any submission deadlines:

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

**Part XIV** **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)                               |   |                                |                                  |        |
| <b>a</b> <i>Paid during the year</i><br>See Additional Data Table |   |                                |                                  |        |
| <b>Total</b> . . . . . ▶ <b>3a</b>                                |   |                                |                                  |        |
| <b>b</b> <i>Approved for future payment</i>                       |   |                                |                                  |        |
| <b>Total</b> . . . . . ▶ <b>3b</b>                                |   |                                |                                  | 0      |



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

Part XVI

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

Table with 3 columns: Question, Yes, No. Rows include 1a(1) Cash, 1a(2) Other assets, 1b(1) Sales of assets, 1b(2) Purchases of assets, 1b(3) Rental of facilities, 1b(4) Reimbursement arrangements, 1b(5) Loans or loan guarantees, 1b(6) Performance of services, and 1c Sharing of facilities.

a Transfers from the reporting foundation to a noncharitable exempt organization of:

- (1) Cash
(2) Other assets

b Other transactions:

- (1) Sales of assets to a noncharitable exempt organization
(2) Purchases of assets from a noncharitable exempt organization
(3) Rental of facilities, equipment, or other assets
(4) Reimbursement arrangements
(5) Loans or loan guarantees
(6) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation.

Schedule table with columns: (a) Line No., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule.

Table with columns: (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

Signature of officer or trustee: \*\*\*\*\* Date: 2023-11-10 Title: \*\*\*\*\*

May the IRS discuss this return with the preparer shown below? See instructions. Yes No

Paid Preparer Use Only

Table for paid preparer information including: Print/Type preparer's name (KELLY A BERARDI), Preparer's Signature, Date (2023-11-06), Check if self-employed, PTIN (P01203181), Firm's name (GRAY GRAY & GRAY LLP), Firm's EIN (04-2088368), Firm's address (150 ROYALL STREET SUITE 102, CANTON, MA 02021), and Phone no. (781) 407-0300.

**Form 990PF Part XIV 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)                                  |   |                                |   |         |
| <b>a</b> <i>Paid during the year</i>                                 |   |                                |   |         |
| ALZHEIMER ASSOCIATION<br>480 PLEASANT ST<br>WATERTOWN, MA 02472      |   | PUBLIC CHARITY                 | TO SUPPORT RESEARCH FOR A CURE                    | 2,000   |
| AMERICAN JEWISH COMMITTEE<br>165 E 56TH STREET<br>NEW YORK, NY 10022 |   | PUBLIC CHARITY                 | SUPPORT FOR PROGRAMS                              | 5,000   |
| AMERICAN RED CROSS<br>PO BOX 37839<br>BOONE, IA 500370839            |   | PUBLIC CHARITY                 | SUPPORT THE ORGANIZATION TO CONTINUE ITS PROGRAMS | 1,000   |
| <b>Total . . . . .</b> ▶ <b>3a</b>                                   |   |                                |   | 156,000 |

**Form 990PF Part XIV 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)                                  |   |                                |  |         |
| <b>a</b> <i>Paid during the year</i>                                 |   |                                |  |         |
| ANTI-DEFAMATION LEAGUE<br>605 THIRD AVENUE<br>NEW YORK, NY 101583560 |   | PUBLIC CHARITY                 | TO END DEFAMATION OF JEWISH PEOPLE AND SECURE JUSTICE AND FAIR TREATMENT FOR ALL | 15,000  |
| ASPCA<br>PO BOX 96929<br>WASHINGTON, DC 200906929                    |   | PUBLIC CHARITY                 | SUPPORT FOR PROGRAM  | 500     |
| BETH ISRAEL DEACONESS<br>330 BROOKLINE AVE<br>BOSTON, MA 02215       |   | PUBLIC CHARITY                 | PROVIDE ADVANCED HEALTH CARE   | 10,000  |
| <b>Total . . . . .</b> ▶ <b>3a</b>                                   |   |                                |  | 156,000 |

**Form 990PF Part XIV 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)   |   |                                |  |         |
| <b>a</b> <i>Paid during the year</i>  |   |                                |  |         |
| BOSTON JEWISH FILM FESTIVAL<br>1001 WATERTOWN STREET<br>WEST NEWTON, MA 02465 |   | PUBLIC CHARITY                 | TO INSPIRE COMMUNITY TO EXPLORE FULL SPECTRUM OF JEWISH LIFE, VALUES & CULTURE | 1,000   |
| BOYS TOWN<br>PO BOX 6000<br>BOYS TOWN, NE 68010                               |   | PUBLIC CHARITY                 | SUPPORT FOR THE PROGRAM  | 1,000   |
| BRIGHAM AND WOMEN'S HOSPITAL<br>116 HUNTINGTON AVE<br>BOSTON, MA 02116        |   | PUBLIC CHARITY                 | SUPPORT FOR THE PROGRAM  | 10,000  |
| <b>Total . . . . .</b> ▶ <b>3a</b>  |   |                                |  | 156,000 |

**Form 990PF Part XIV 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)  |   |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>   |   |                                |                                  |         |
| CARE<br>151 ELLIS STREET<br>ATLANTA, GA 303032440                                  |   | PUBLIC CHARITY                 | SUPPORT FOR THE PROGRAM          | 3,000   |
| COMBINED JEWISH PHILANTHROPIES<br>126 HIGH STREET<br>BOSTON, MA 021102700          |   | PUBLIC CHARITY                 | HELPING PEOPLE IN NEED           | 20,000  |
| DANA FARBER CANCER INSTITUTE<br>10 BROOKLINE PLACE WEST<br>BROOKLINE, MA 024457226 |   | PUBLIC CHARITY                 | SUPPORT FOR THE PROGRAMS         | 5,000   |
| <b>Total . . . . . ▶ 3a</b>  |   |                                |                                  | 156,000 |

**Form 990PF Part XIV 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)                                 |   |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                |   |                                |                                  |         |
| DOCTORS WITHOUT BORDERS<br>333 SEVENTH AVE<br>NEW YORK, NY 10001    |   | PUBLIC CHARITY                 | SUPPORT FOR THE PROGRAMS         | 5,000   |
| FACING HISTORY AND OURSELVES<br>16 HURD ROAD<br>BROOKLINE, MA 02445 |   | PUBLIC CHARITY                 | SUPPORT FOR PROGRAMS             | 1,000   |
| FEEDING AMERICA<br>35 E WACKER DRIVE<br>CHICAGO, IL 606012200       |   | PUBLIC CHARITY                 | SUPPORT FOR PROGRAMS             | 1,000   |
| <b>Total . . . . . ▶ 3a</b>   |   |                                |                                  | 156,000 |

**Form 990PF Part XIV 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)                              |   |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                             |   |                                |                                  |         |
| GREATER BOSTON FOOD BANK<br>70 SOUTH BAY AVE<br>BOSTON, MA 02118 |   | PUBLIC CHARITY                 | SUPPORT FOR THE PROGRAMS         | 1,000   |
| HEBREW COLLEGE<br>160 HERRICK ROAD<br>NEWTON, MA 02459           |   | PUBLIC CHARITY                 | SUPPORT FOR PROGRAMS             | 10,000  |
| HEIFER INTERNATIONAL<br>1 WORLD AVENUE<br>LITTLE ROCK, AR 72202  |   | PUBLIC CHARITY                 | SUPPORT FOR PROGRAM              | 500     |
| <b>Total . . . . .</b> ▶ <b>3a</b>                               |   |                                |                                  | 156,000 |

**Form 990PF Part XIV 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)   |   |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>  |   |                                |                                  |         |
| JEWISH COMMUNITY CENTERS OF GREATER BOSTON<br>333 NAHANTON ST<br>NEWTON, MA 024593213 |   | PUBLIC CHARITY                 | SUPPORT FOR PROGRAM              | 25,000  |
| JEWISH COMMUNITY DAY SCHOOL<br>57 STANLEY AVENUE<br>WATERTOWN, MA 02472               |   | PUBLIC CHARITY                 | SUPPORT FOR PROGRAMS             | 1,000   |
| JEWISH COMMUNITY HOUSING FOR ELDERLY<br>30 WALLINGFORD ROAD<br>BRIGHTON, MA 021354753 |   | PUBLIC CHARITY                 | SUPPORT FOR THE PROGRAMS         | 10,000  |
| <b>Total . . . . .</b>  | <b>▶ 3a</b>   |                                |                                  | 156,000 |

**Form 990PF Part XIV 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)   |   |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>  |   |                                |                                  |         |
| JEWISH FAMILY & CHILD SERVICES<br>1430 MAIN ST<br>WALTHAM, MA 02451                 |   | PUBLIC CHARITY                 | SUPPORT FOR PROGRAM              | 1,000   |
| MACULAR DEGENERATION RESEARCH<br>22512 GATEWAY CENTER DRIVE<br>CLARKSBURG, MD 20871 |   | PUBLIC CHARITY                 | SUPPORT FOR PROGRAM              | 1,000   |
| MARCH OF DIMES<br>114 TURNPIKE ROAD<br>WESTBOROUGH, MA 01581                        |   | PUBLIC CHARITY                 | TO SUPPORT THEIR CAUSE           | 1,000   |
| <b>Total . . . . .</b> ▶ <b>3a</b>  |   |                                |                                  | 156,000 |

**Form 990PF Part XIV 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)  |   |                                |   |         |
| <b>a</b> <i>Paid during the year</i>   |   |                                |   |         |
| MERCY SHIP<br>PO BOX 1930<br>GARDEN VALLEY, TX 757711930                                     |   |                                |   |         |
|  |   | PUBLIC CHARITY                 | TO SERVE PEOPLE OF AFRICA                     | 1,000   |
| MORGAN MEMORIAL<br>PO BOX 55009<br>BOSTON, MA 02205  |   |                                |   |         |
|  |   | PUBLIC CHARITY                 | SUPPORT FOR THE PROGRAMS                      | 1,000   |
| NEWTON WELLESLEY HOSPITAL<br>CHARITABLE FOUNDATION<br>2014 WASHINGTON ST<br>NEWTON, MA 02462 |   |                                |   |         |
|  |   | PUBLIC CHARITY                 | TO HELP HOSPITAL PROVIDE CONTINUED EXCELLANCE | 2,500   |
| <b>Total . . . . .</b>   |   |                                |   | 156,000 |

**Form 990PF Part XIV 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)  |   |                                |                                    |         |
| <b>a</b> <i>Paid during the year</i>   |   |                                |                                    |         |
| NORTHEASTERN UNIVERSITY<br>1135 TREMONT STREET<br>BOSTON, MA 02115             |   | PUBLIC CHARITY                 | TO SUPPORT AND STRENGTHEN PROGRAMS | 1,000   |
| PERKINS SCHOOL FOR THE BLIND<br>175 NORTH BEACON STREET<br>WATERTOWN, MA 02472 |   | PUBLIC CHARITY                 | SUPPORT FOR THE PROGRAMS           | 1,000   |
| PINE STREET INN<br>444 HARRISON AVE<br>BOSTON, MA 02118                        |   | PUBLIC CHARITY                 | HELP FOR THE HOMELESS              | 1,000   |
| <b>Total . . . . .</b> ▶ <b>3a</b>   |   |                                |                                    | 156,000 |

**Form 990PF Part XIV 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)                            |   |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                           |   |                                |                                  |         |
| PLANNED PARENTHOOD<br>123 WILLIAM STREET<br>NEW YORK, NY 10038 |   | PUBLIC CHARITY                 | SUPPORT FOR THE CAUSE            | 5,000   |
| PROJECT BREAD<br>145 BORDER STREET<br>EAST BOSTON, MA 02128    |   | PUBLIC CHARITY                 | SUPPORT FOR PROGRAMS             | 1,000   |
| PROJECT HOPE<br>255 CARTER HALL LANE<br>MILLWOOD, VA 22646     |   | PUBLIC CHARITY                 | TO HELP POVERTY AROUND THE WORLD | 2,000   |
| <b>Total . . . . . ▶ 3a</b>                                    |   |                                |                                  | 156,000 |

**Form 990PF Part XIV 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)                                       |   |                                |                                    |         |
| <b>a</b> <i>Paid during the year</i>                                      |   |                                |                                    |         |
| ROSIE'S PLACE<br>889 HARRISON AVE<br>BOSTON, MA 02118                     |   | PUBLIC CHARITY                 | TO SUPPORT HOMELESS WOMEN          | 500     |
| SOUTHERN POVERTY LAW CENTER<br>400 WASHINGTON AVE<br>MONTGOMERY, AL 36104 |   | PUBLIC CHARITY                 | TO FIGHT HATE, AND TEACH TOLERANCE | 3,000   |
| ST JUDE CHILDREN'S HOSPITAL<br>501 ST JUDE PLACE<br>MEMPHIS, TN 38105     |   | PUBLIC CHARITY                 | TO SUPPORT PROGRAMS                | 1,000   |
| <b>Total . . . . .</b> ▶ <b>3a</b>  |   |                                |                                    | 156,000 |

**Form 990PF Part XIV 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)   |   |                                |  |         |
| <b>a</b> <i>Paid during the year</i>  |   |                                |  |         |
| UNICEF<br>125 MAIDEN LANE<br>NEW YORK, NY 10038   |   | PUBLIC CHARITY                 | SUPPORT THE ORGANIZATION TO CONTINUE ITS PROGRAMS                  | 2,000   |
| UNITED STATES HOLOCAUST MEMORIAL MUSEUM<br>100 RAOUL WALLENBERG PL SW<br>WASHINGTON, DC 20024 |   | PUBLIC CHARITY                 | HELP PROVIDE DOCUMENTATION AND INTERPRETATION OF HOLOCAUST HISTORY | 500     |
| ZAMIR CHORALE OF BOSTON<br>POBOX 590126<br>NEWTON, MA 02459                                   |   | PUBLIC CHARITY                 | SUPPORT FOR PROGRAMS   | 2,500   |
| <b>Total . . . . .</b> ▶ <b>3a</b>  |   |                                |  | 156,000 |

**TY 2022 Accounting Fees Schedule****Name:** CAIL FAMILY FOUNDATION**EIN:** 20-2034269

| <b>Category</b> | <b>Amount</b> | <b>Net Investment<br/>Income</b> | <b>Adjusted Net<br/>Income</b> | <b>Disbursements<br/>for Charitable<br/>Purposes</b> |
|-----------------|---------------|----------------------------------|--------------------------------|--|
| ACCOUNTING FEES | 4,400         | 4,400                            |                                | 0  |

**TY 2022 Investments - Other Schedule****Name:** CAIL FAMILY FOUNDATION**EIN:** 20-2034269**Investments Other Schedule 2**

| <b>Category/ Item</b> | <b>Listed at Cost or FMV</b> | <b>Book Value</b> | <b>End of Year Fair Market Value</b> |
|-----------------------|------------------------------|-------------------|--------------------------------------|
| STOCKS & SECURITIES   | AT COST                      | 2,962,942         | 3,701,105                            |

**TY 2022 Other Decreases Schedule****Name:** CAIL FAMILY FOUNDATION**EIN:** 20-2034269

| <b>Description</b>                              | <b>Amount</b> |
|---|---------------|
| UNREALIZED GAIN/LOSS FOR CONTRIBUTIONS OF STOCK | 109,445       |

**TY 2022 Other Expenses Schedule****Name:** CAIL FAMILY FOUNDATION**EIN:** 20-2034269**Other Expenses Schedule**

| Description     | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|-----------------|--------------------------------|-----------------------|---------------------|---------------------------------------|
| INVESTMENT FEES | 37,683                         | 37,683                |                     | 0                                     |

**TY 2022 Substantial Contributors  
Schedule****Name:** CAIL FAMILY FOUNDATION**EIN:** 20-2034269**Substantial Contributors Schedule**

| <b>Name</b>  | <b>Address</b>                          |
|--------------|---|
| FAITH KAPLAN | 336 COUNTRY CLUB RD<br>NEWTON, MA 02459 |

**TY 2022 Taxes Schedule****Name:** CAIL FAMILY FOUNDATION**EIN:** 20-2034269**Taxes Schedule**

| <b>Category</b> | <b>Amount</b> | <b>Net Investment<br/>Income</b> | <b>Adjusted Net<br/>Income</b> | <b>Disbursements<br/>for Charitable<br/>Purposes</b> |
|-----------------|---------------|----------------------------------|--------------------------------|--|
| FEDERAL TAXES   | 16,586        | 0                                |                                | 0  |
| MA TAXES        | 250           | 250                              |                                | 0  |

**Schedule B**  
**(Form 990)**  
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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047  
**2022**

Name of the organization  
CAIL FAMILY FOUNDATION

**Employer identification number**  
20-2034269

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% 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  
 CAIL FAMILY FOUNDATION

Employer identification number  
 20-2034269

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                         | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|---|----------------------------|---|
| 1          | FAITH KAPLAN<br>336 COUNTRY CLUB ROAD<br>NEWTON, MA 02459 | \$ 166,387                 | <input type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input checked="" type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.) |
| 2          | FAITH KAPLAN<br>336 COUNTRY CLUB ROAD<br>NEWTON, MA 02459 | \$ 82,902                  | <input type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input checked="" type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.) |
|            |   | \$                         | <input type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.)            |
|            |   | \$                         | <input type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.)            |
|            |   | \$                         | <input type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.)            |
|            |   | \$                         | <input type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.)            |

Name of organization  
 CAIL FAMILY FOUNDATION

Employer identification number  
 20-2034269

**Part II Noncash Property**

| (a)<br>No. from Part I | (b)<br>Description of noncash property given<br><small>(see instructions). Use duplicate copies of Part II if additional space is needed.</small> | (c)<br>FMV (or estimate)<br><small>(See instructions)</small> | (d)<br>Date received |
|------------------------|---|---|----------------------|
| 1                      | 927 SHARES CHEVRON CORP   | \$ 166,387  | 2022-12-30           |
| 2                      | 221 SHARES MCKESSON CORP  | \$ 82,902   | 2022-12-30           |
| .                      | _____<br>_____<br>_____   | _____ \$  | _____                |
| .                      | _____<br>_____<br>_____   | _____ \$  | _____                |
| .                      | _____<br>_____<br>_____   | _____ \$  | _____                |
| .                      | _____<br>_____<br>_____   | _____ \$  | _____                |

Name of organization  
 CAIL FAMILY FOUNDATION

Employer identification number  
 20-2034269

**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)<br>No. from<br>Part I             | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
|---------------------------------------|---------------------|--|-------------------------------------|
|                                       | _____<br>_____      | _____<br>_____                           | _____<br>_____                      |
| (e) Transfer of gift                  |                     |  |                                     |
| Transferee's name, address, and ZIP 4 |                     | Relationship of transferor to transferee |                                     |
| _____<br>_____                        |                     | _____<br>_____                           |                                     |

| (a)<br>No. from<br>Part I             | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
|---------------------------------------|---------------------|--|-------------------------------------|
|                                       | _____<br>_____      | _____<br>_____                           | _____<br>_____                      |
| (e) Transfer of gift                  |                     |  |                                     |
| Transferee's name, address, and ZIP 4 |                     | Relationship of transferor to transferee |                                     |
| _____<br>_____                        |                     | _____<br>_____                           |                                     |

| (a)<br>No. from<br>Part I             | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
|---------------------------------------|---------------------|--|-------------------------------------|
|                                       | _____<br>_____      | _____<br>_____                           | _____<br>_____                      |
| (e) Transfer of gift                  |                     |  |                                     |
| Transferee's name, address, and ZIP 4 |                     | Relationship of transferor to transferee |                                     |
| _____<br>_____                        |                     | _____<br>_____                           |                                     |

| (a)<br>No. from<br>Part I             | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
|---------------------------------------|---------------------|--|-------------------------------------|
|                                       | _____<br>_____      | _____<br>_____                           | _____<br>_____                      |
| (e) Transfer of gift                  |                     |  |                                     |
| Transferee's name, address, and ZIP 4 |                     | Relationship of transferor to transferee |                                     |
| _____<br>_____                        |                     | _____<br>_____                           |                                     |