

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

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

OMB No. 1545-0052

2020

Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

For calendar year 2020, or tax year beginning 01-01-2020, and ending 12-31-2020

| | | | |
|--|--|--|--|
| Name of foundation HAUSMAN FAMILY TRUST | | A Employer identification number 22-2767735 | |
| Number and street (or P.O. box number if mail is not delivered to street address) Room/suite 1 AVERY STREET APT 28D | | B Telephone number (see instructions) (781) 273-0075 | |
| City or town, state or province, country, and ZIP or foreign postal code BOSTON, MA 02111 | | C If exemption application is pending, check here <input type="checkbox"/> | |
| G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change | | 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) ▶ \$ 35,789,848 | | 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.) | |
| | | F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/> | |

| Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)</small> | | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|---|--|------------------------------------|---------------------------|-------------------------|---|
| 1 | Contributions, gifts, grants, etc., received (attach schedule) | 771,660 | | | |
| 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 | 211,454 | 211,454 | | |
| 5a | Gross rents | | | | |
| b | Net rental income or (loss) | | | | |
| 6a | Net gain or (loss) from sale of assets not on line 10 | 16,751,237 | | | |
| b | Gross sales price for all assets on line 6a | 33,846,523 | | | |
| 7 | Capital gain net income (from Part IV, line 2) | | 16,536,438 | | |
| 8 | Net short-term capital gain | | | | |
| 9 | Income modifications | | | | |
| 10a | Gross sales less returns and allowances | | | | |
| b | Less: Cost of goods sold | | | | |
| c | Gross profit or (loss) (attach schedule) | | | | |
| 11 | Other income (attach schedule) | 3,234 | | 3,234 | |
| 12 | Total. Add lines 1 through 11 | 17,737,585 | 16,747,892 | 3,234 | |
| 13 | Compensation of officers, directors, trustees, etc. | | | | |
| 14 | Other employee salaries and wages | | | | |
| 15 | Pension plans, employee benefits | | | | |
| 16a | Legal fees (attach schedule) | 2,000 | | | 2,000 |
| b | Accounting fees (attach schedule) | | | | |
| c | Other professional fees (attach schedule) | 481 | 481 | | |
| 17 | Interest | | | | |
| 18 | Taxes (attach schedule) (see instructions) | | | | |
| 19 | Depreciation (attach schedule) and depletion | | | | |
| 20 | Occupancy | | | | |
| 21 | Travel, conferences, and meetings | | | | |
| 22 | Printing and publications | | | | |
| 23 | Other expenses (attach schedule) | | | | |
| 24 | Total operating and administrative expenses. | | | | |
| | Add lines 13 through 23 | 2,481 | 481 | | 2,000 |
| 25 | Contributions, gifts, grants paid | 5,948,288 | | | 5,948,288 |
| 26 | Total expenses and disbursements. Add lines 24 and 25 | 5,950,769 | 481 | | 5,950,288 |
| 27 | Subtract line 26 from line 12: | | | | |
| a | Excess of revenue over expenses and disbursements | 11,786,816 | | | |
| b | Net investment income (if negative, enter -0-) | | 16,747,411 | | |
| c | Adjusted net income (if negative, enter -0-) | | | 3,234 | |

| 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 | | | |
| | 2 Savings and temporary cash investments | 782,681 | 28,572,538 | 28,572,538 |
| | 3 Accounts receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____ | | | |
| | 4 Pledges receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____ | | | |
| | 5 Grants receivable | | | |
| | 6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) | | | |
| | 7 Other notes and loans receivable (attach schedule) ▶ _____ Less: allowance for doubtful accounts ▶ _____ | | | |
| | 8 Inventories for sale or use | | | |
| | 9 Prepaid expenses and deferred charges | | | |
| | 10a Investments—U.S. and state government obligations (attach schedule) | | | |
| | b Investments—corporate stock (attach schedule) | 19,123,840 | 3,120,799 | 7,215,063 |
| | c Investments—corporate bonds (attach schedule) | | | 2,247 |
| | 11 Investments—land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____ | | | |
| | 12 Investments—mortgage loans | | | |
| | 13 Investments—other (attach schedule) | | | |
| | 14 Land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____ | | | |
| 15 Other assets (describe ▶ _____) | | | | |
| 16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I) | 19,906,521 | 31,693,337 | 35,789,848 | |
| 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 | |
| Net Assets or Fund Balances | Foundations that follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/> and complete lines 24, 25, 29 and 30. | | | |
| | 24 Net assets without donor restrictions | 19,906,521 | 31,693,337 | |
| | 25 Net assets with donor restrictions | | | |
| | Foundations that do not follow FASB ASC 958, check here ▶ <input type="checkbox"/> and complete lines 26 through 30. | | | |
| | 26 Capital stock, trust principal, or current funds | | | |
| | 27 Paid-in or capital surplus, or land, bldg., and equipment fund | | | |
| | 28 Retained earnings, accumulated income, endowment, or other funds | | | |
| 29 Total net assets or fund balances (see instructions) | 19,906,521 | 31,693,337 | | |
| 30 Total liabilities and net assets/fund balances (see instructions) . | 19,906,521 | 31,693,337 | | |

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 | 19,906,521 |
| 2 Enter amount from Part I, line 27a | 2 | 11,786,816 |
| 3 Other increases not included in line 2 (itemize) ▶ _____ | 3 | |
| 4 Add lines 1, 2, and 3 | 4 | 31,693,337 |
| 5 Decreases not included in line 2 (itemize) ▶ _____ | 5 | |
| 6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 . | 6 | 31,693,337 |

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.) |
|--|---|---|-------------------------------------|
| 1a See Additional Data Table | | | |
| b | | | |
| c | | | |
| 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 See Additional Data Table | | | |
| b | | | |
| c | | | |
| d | | | |
| e | | | |

| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 | | | (l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h)) |
|---|---|--|---|
| (i) F.M.V. as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col. (i) over col. (j), if any | |
| a See Additional Data Table | | | |
| b | | | |
| c | | | |
| 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 | 16,536,438 |
| 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 | 35,774 |

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE

| 1 Reserved | (a) Reserved | (b) Reserved | (c) Reserved | (d) Reserved |
|-----------------------------|-----------------|-----------------|-----------------|-----------------|
| 2 Reserved | | | | 2 |
| 3 Reserved | | | | 3 |
| 4 Reserved | | | | 4 |
| 5 Reserved | | | | 5 |
| 6 Reserved | | | | 6 |
| 7 Reserved | | | | 7 |
| 8 Reserved | | | | 8 |

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

Table with 11 rows for excise tax calculations. Includes fields for exempt foundations, tax under section 511, tax based on investment income, and credits/payments. Total tax due is 229,527.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Columns include question number, Yes, and No. Questions cover political activities, tax on political expenditures, and asset requirements.

Part VII-A Statements Regarding Activities (continued)

| | | | |
|---|-----------|------------|-----------|
| 11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions. | 11 | | No |
| 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions | 12 | | No |
| 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ <u>N/A</u> | 13 | Yes | |
| 14 The books are in care of ▶ <u>JERRY HAUSMAN</u> Telephone no. ▶ <u>(781) 273-0075</u> | | | |
| Located at ▶ <u>1 AVERY STREET BOSTON MA</u> ZIP+4 ▶ <u>02111</u> | | | |
| 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 ▶ <u>15</u> | | | |
| 16 At any time during calendar year 2020, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? | 16 | Yes | No |
| See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ▶ | | | |

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

| | | Yes | No |
|---|-----------|------------|-----------|
| 1a During the year did the foundation (either directly or indirectly): | | | |
| (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| b If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions | 1b | | |
| Organizations relying on a current notice regarding disaster assistance check here. ▶ <input type="checkbox"/> | | | |
| c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2020? | 1c | | |
| 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): | | | |
| a At the end of tax year 2020, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2020? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____ | | | |
| b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions.) | 2b | | |
| c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶ 20____, 20____, 20____, 20____ | | | |
| 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| b If "Yes," did it have excess business holdings in 2020 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period?(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2020.) | 3b | | |
| 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | No |
| b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2020? | 4b | | No |

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

5a During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? Yes No

(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions. Yes No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? Yes No

b If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions. **5b** Yes No

Organizations relying on a current notice regarding disaster assistance check here.

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? Yes No

If "Yes," attach the statement required by Regulations section 53.4945–5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **6b** Yes No

If "Yes" to 6b, file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? **7b** Yes No

8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year? Yes No

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions

| (a) Name and address | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---|---|---|---|---------------------------------------|
| JERRY HAUSMAN 1 AVERY STREET BOSTON, MA 02111 | TRUSTEE 8.00 | 0 | 0 | 0 |
| MARGARETTA HAUSMAN 1 AVERY STREET BOSTON, MA 02111 | TRUSTEE 1.00 | 0 | 0 | 0 |
| REED SHULDINER 3501 SANSOM STREET U PENN LAW SCHOOL PHILADELPHIA, PA 19104 | TRUSTEE 0.10 | 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 | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Total number of other employees paid over \$50,000.

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

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services. ▶ | | |

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

| | Expenses |
|----------|----------|
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| | |

Part IX-B Summary of Program-Related Investments (see instructions)

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. | Amount |
|---|--------|
| 1 N/A | |
| 2 | |
| All other program-related investments. See instructions. | |
| 3 | |
| Total. Add lines 1 through 3 ▶ | |

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 | 16,485,467 |
| b | Average of monthly cash balances. | 1b | 18,914,121 |
| c | Fair market value of all other assets (see instructions). | 1c | 0 |
| d | Total (add lines 1a, b, and c). | 1d | 35,399,588 |
| e | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). | 1e | |
| 2 | Acquisition indebtedness applicable to line 1 assets. | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | 35,399,588 |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). | 4 | 530,994 |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 34,868,594 |
| 6 | Minimum investment return. Enter 5% of line 5. | 6 | 1,743,430 |

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

| | | | |
|-----------|--|-----------|-----------|
| 1 | Minimum investment return from Part X, line 6. | 1 | 1,743,430 |
| 2a | Tax on investment income for 2020 from Part VI, line 5. | 2a | 232,789 |
| b | Income tax for 2020. (This does not include the tax from Part VI.). | 2b | |
| c | Add lines 2a and 2b. | 2c | 232,789 |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1. | 3 | 1,510,641 |
| 4 | Recoveries of amounts treated as qualifying distributions. | 4 | |
| 5 | Add lines 3 and 4. | 5 | 1,510,641 |
| 6 | Deduction from distributable amount (see instructions). | 6 | |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. | 7 | 1,510,641 |

Part XII Qualifying Distributions (see instructions)

| | | | |
|----------|--|-----------|-----------|
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
| a | Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. | 1a | 5,950,288 |
| b | Program-related investments—total from Part IX-B. | 1b | |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | |
| a | Suitability test (prior IRS approval required). | 3a | |
| b | Cash distribution test (attach the required schedule). | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 5,950,288 |
| 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 | |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4. | 6 | 5,950,288 |

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

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2019 | (c) 2019 | (d) 2020 |
|--|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2020 from Part XI, line 7 | | | | 1,510,641 |
| 2 Undistributed income, if any, as of the end of the end of 2020: | | | | |
| a Enter amount for 2019 only. | | | | |
| b Total for prior years: 20____, 20____, 20____ | | | | |
| 3 Excess distributions carryover, if any, to 2020: | | | | |
| a From 2015. | | | | |
| b From 2016. | | | | |
| c From 2017. | | | | |
| d From 2018. | | | | |
| e From 2019. | | | | 379,863 |
| f Total of lines 3a through e. | 379,863 | | | |
| 4 Qualifying distributions for 2020 from Part XII, line 4: ▶ \$ _____ 5,950,288 | | | | |
| a Applied to 2019, but not more than line 2a | | | | |
| b Applied to undistributed income of prior years (Election required—see instructions). | | | | |
| c Treated as distributions out of corpus (Election required—see instructions). | | | | |
| d Applied to 2020 distributable amount. | | | | 1,510,641 |
| e Remaining amount distributed out of corpus | 4,439,647 | | | |
| 5 Excess distributions carryover applied to 2020. (If an amount appears in column (d), the same amount must be shown in column (a).) | | | | |
| 6 Enter the net total of each column as indicated below: | | | | |
| a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 | 4,819,510 | | | |
| b Prior years' undistributed income. Subtract line 4b from line 2b | | | | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. | | | | |
| d Subtract line 6c from line 6b. Taxable amount—see instructions | | | | |
| e Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount—see instructions | | | | |
| f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 | | | | 0 |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). | | | | |
| 8 Excess distributions carryover from 2015 not applied on line 5 or line 7 (see instructions). | | | | |
| 9 Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a | 4,819,510 | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2016. | | | | |
| b Excess from 2017. | | | | |
| c Excess from 2018. | | | | |
| d Excess from 2019. | | | | 379,863 |
| e Excess from 2020. | | | | 4,439,647 |

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2020, enter the date of the ruling. ▶

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

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

| | Tax year | Prior 3 years | | | (e) Total |
|--|----------|---------------|----------|----------|-----------|
| | (a) 2020 | (b) 2019 | (c) 2018 | (d) 2017 | |
| b 85% of line 2a | | | | | |
| c Qualifying distributions from Part XII, line 4 for each year listed | | | | | |
| d Amounts included in line 2c not used directly for active conduct of exempt activities | | | | | |
| e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c | | | | | |

3 Complete 3a, b, or c for the alternative test relied upon:

a "Assets" alternative test—enter:

(1) Value of all assets

(2) Value of assets qualifying under section 4942(j)(3)(B)(i)

b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .

c "Support" alternative test—enter:

(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)

(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).

(3) Largest amount of support from an exempt organization

(4) Gross investment income

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

1 Information Regarding Foundation Managers:

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

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

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

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

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

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

c Any submission deadlines:

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

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

| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> See Additional Data Table | | | | |
| Total ▶ 3a | | | | 5,948,288 |
| b <i>Approved for future payment</i> | | | | |
| Total ▶ 3b | | | | |

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Table with 5 main columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, (e) Related or exempt function income. Rows include: 1 Program service revenue; 2 Membership dues and assessments; 3 Interest on savings and temporary cash investments; 4 Dividends and interest from securities; 5 Net rental income or (loss) from real estate; 6 Net rental income or (loss) from personal property; 7 Other investment income; 8 Gain or (loss) from sales of assets other than inventory; 9 Net income or (loss) from special events; 10 Gross profit or (loss) from sales of inventory; 11 Other revenue; 12 Subtotal; 13 Total.

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Table with 2 columns: Line No. and Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions.)

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

Part XVII

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 columns Yes, No and rows 1a(1), 1a(2), 1b(1), 1b(2), 1b(3), 1b(4), 1b(5), 1b(6), 1c

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. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

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

2021-08-02

Signature of officer or trustee

Date

Title

May the IRS discuss this return with the preparer shown below (see instr.) Yes No

Paid Preparer Use Only

Table with columns Print/Type preparer's name, Preparer's Signature, Date, Check if self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

| List and describe the kind(s) of property sold (e.g., real estate, (a) 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.) |
|---|---|---|-------------------------------------|
| FIDELITY 500 INDEX FUND | P | 2020-01-01 | 2020-06-08 |
| FIDELITY 500 INDEX FUND | P | 2017-01-01 | 2020-06-08 |
| ISHARES CORE S&P 500 | P | 2019-03-20 | 2020-06-08 |
| VANGUARD INDEX FDS VANGUARD TOTAL | P | 2016-01-06 | 2020-06-08 |
| VANGUARD INDEX FUNDS S&P 500 | P | 2015-01-29 | 2020-06-08 |
| FIDELITY 500 INDEX FUND | P | 2017-01-01 | 2020-06-08 |
| ISHARES CORE S&P 500 | P | 2008-12-23 | 2020-06-08 |
| VANGUARD INDEX FDS VANGUARD TOTAL ST | P | 2005-09-09 | 2020-06-08 |

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

| (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) |
|-----------------------|--|---|--|
| 257,774 | | 222,000 | 35,774 |
| 5,459,281 | | 4,701,637 | 757,644 |
| 2,577,732 | | 2,268,120 | 309,612 |
| 2,606,822 | | 1,717,480 | 889,342 |
| 5,373,115 | | 2,824,635 | 2,548,480 |
| 6,143,020 | | 1,834,971 | 4,308,049 |
| 10,562,257 | | 3,257,157 | 7,305,100 |
| 651,723 | | 269,286 | 382,437 |

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 | | | (l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h)) |
|---|--------------------------------------|---|--|
| (i) F.M.V. as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col. (i) over col. (j), if any | |
| | | | 35,774 |
| | | | 757,644 |
| | | | 309,612 |
| | | | 889,342 |
| | | | 2,548,480 |
| | | | 4,308,049 |
| | | | 7,305,100 |
| | | | 382,437 |

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> | | | | |
| FIDELITY CHARITABLEPO BOX 770001 CINCINNATI, OH 452770053 | | | UNRESTRICTED GIFT | 5,000,000 |
| HARMONY PROJECT 4222 WILSHIRE BLVD STE 10 LOS ANGELES, CA 90010 | | | UNRESTRICTED GIFT | 10,000 |
| WOODS HOLE RESEARCHBOX 6 WOODS HOLE, MA 02542 | | | UNRESTRICTED GIFT | 100,000 |
| Total ▶ 3a | | | | 5,948,288 |

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> | | | | |
| PEABODY ESSEX MUSEUM 616 ESSEX STREET SALEM, MA 01970 | | | | 50,000 |
| MILTON ACADEMY 170 CENTRE STREET MILTON, MA 02186 | | | | 25,000 |
| SCIENCE MUSEUM 1 MUSEUM OF SCIENCE DRIVE BOSTON, MA 02114 | | | | 10,000 |
| Total | | | | 5,948,288 |

▶ 3a

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> | | | | |
| EPIPHANY SCHOOL 154 CENTRE STREET BOSTON, MA 02124 | | | UNRESTRICTED GIFT | 10,000 |
| ROCKPORT MUSIC 37 MAIN STREET ROCKPORT, MA 01966 | | | UNRESTRICTED GIFT | 15,000 |
| ELEMENTAL MUSIC 1830 LINCOLN BLVD 102 SANTA MONICA, CA 90404 | | | UNRESTRICTED GIFT | 10,000 |
| Total ▶ 3a | | | | 5,948,288 |

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> | | | | |
| BROWN UNIVERSITY BOX 1877 PROVIDENCE, RI 02912 | | | UNRESTRICTED GIFT | 10,000 |
| MA COVID RELIEF FUND 24 BEACON STREET BOSTON, MA 02133 | | | UNRESTRICTED GIFT | 10,000 |
| EXCEL ACADEMY 58 MOORE STREET EAST BOSTON, MA 02128 | | | UNRESTRICTED GIFT | 5,000 |
| Total ▶ 3a | | | | 5,948,288 |

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> | | | | |
| ROCKPORT MILBROOK MEADOW FUND PO BOX 51 ROCKPORT, MA 01966 | | | UNRESTRICTED GIFT | 5,000 |
| GARDNER MUSEUM25 EVANS WAY BOSTON, MA 02155 | | | UNRESTRICTED GIFT | 2,000 |
| NEC290 HUNTINGTON AVE BOSTON, MA 02115 | | | UNRESTRICTED GIFT | 2,000 |
| Total ▶ 3a | | | | 5,948,288 |

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> | | | | |
| PATHWAYS FOR CHILDREN 29 EMERSON AVE GLOUCESTER, MA 01930 | | | UNRESTRICTED GIFT | 2,000 |
| CAPE ANN MUSEUM 27 PLEASANT STREET GLOUCESTER, MA 01930 | | | UNRESTRICTED GIFT | 2,000 |
| MA AUDOBON208 SOUTH GREAT ROAD LINCOLN, MA 01773 | | | UNRESTRICTED GIFT | 1,000 |
| Total ▶ 3a | | | | 5,948,288 |

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 PUBLIC GARDEN 69 BEACON STREET BOSTON, MA 02108 | | | UNRESTRICTED GIFT | 1,000 |
| TRUSTEES OF RESERVATION 200 HIGH STREET BOSTON, MA 02110 | | | UNRESTRICTED GIFT | 1,000 |
| AUSTRALIA FIRE FUND 500 WESTOVER DR 17382 SANFORD, NC 27330 | | | UNRESTRICTED GIFT | 1,000 |
| Total ▶ 3a | | | | 5,948,288 |

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

| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|--|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| CAPE ANN EMERGENCY FUND 180 MAIN STREET GLOUCESTER, MA 01930 | | | UNRESTRICTED GIFT | 1,000 |
| MS CHARITY 375 KINGS HIGHWAY NORTH CHERRY HILL, NJ 08034 | | | UNRESTRICTED GIFT | 1,000 |
| OXFORD UNIV BNCRADCLIFFE SQ OXFORD, OX1 4AJ UK | | | UNRESTRICTED GIFT | 700 |
| Total ▶ 3a | | | | 5,948,288 |

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> | | | | |
| WIGMORE HALL 36 WIGMORE STREET LONDON, W1U 2BP UK | | | UNRESTRICTED GIFT | 675 |
| BOSTON ATHENAEUM 10 1/2 BEACON STREET BOSTON, MA 02108 | | | UNRESTRICTED GIFT | 525 |
| BOSTON EMERALD NECKLACE 10 BIRCH STREET BOSTON, MA 02131 | | | UNRESTRICTED GIFT | 500 |
| Total ▶ 3a | | | | 5,948,288 |

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> | | | | |
| MEMORIAL SLOAN KETTERING 1275 YORK AVENUE NEW YORK, NY 10065 | | | | 355 |
| FATHER BILLS (BROCKTON) 430 BELMONT STREET BROCKTON, MA 02301 | | | | 500 |
| MFA465 HUNTINGTON AVE BOSTON, MA 02115 | | | | 275 |
| Total ▶ 3a | | | | 5,948,288 |

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> | | | | |
| TRAILSIDE MUSEUM 1904 CANTON AVE MILTON, MA 02186 | | | UNRESTRICTED GIFT | 250 |
| WGBH ONE GUEST STREET BOSTON, MA 02135 | | | UNRESTRICTED GIFT | 400 |
| ROCKPORT ART ASSN 12 MAIN STREET ROCKPORT, MA 01966 | | | UNRESTRICTED GIFT | 200 |
| Total ▶ 3a | | | | 5,948,288 |

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 BLUE HILLS 695 HILLSIDE STREET MILTON, MA 02186 | | | UNRESTRICTED GIFT | 200 |
| WIKEPAEDIAPO BOX 98204 WASHINGTON, DC 20090 | | | UNRESTRICTED GIFT | 200 |
| PLANNED PARENTHOOD 1055 COMMONWEALTH AVENUE BOSTON, MA 02215 | | | UNRESTRICTED GIFT | 100 |
| Total ▶ 3a | | | | 5,948,288 |

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> | | | | |
| ST FRANCIS HOUSE 39 BOYLSTON STREET BOSTON, MA 02116 | | | | 100 |
| GUARDIAN FOUNDATION (CC) PO BOX 3403 NEW YORK, NY 10008 | | | | 60 |
| ECONOMETRIC SOCIETY PO BOX 208281 NEW HAVEN, CT 06511 | | | | 10 |
| Total ▶ 3a | | | | 5,948,288 |

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> | | | | |
| UCLA FOUNDATION (DR KARLAN) PO BOX 7145 PASADENA, CA 91109 | | | UNRESTRICTED GIFT | 10,000 |
| MIT ECONOMICS FELLOWSHIP 600 MEMORIAL DR W98-200 CAMBRIDGE, MA 02139 | | | UNRESTRICTED GIFT | 500,000 |
| GREATER BOSTON FOOD BANK 70 S BAY AVE BOSTON, MA 02118 | | | UNRESTRICTED GIFT | 15,000 |
| Total ▶ 3a | | | | 5,948,288 |

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> | | | | |
| GLOUCESTER OPEN DOOR FOOD PANTRY 28 EMERSON AVE GLOUCESTER, MA 01930 | | | UNRESTRICTED GIFT | 10,000 |
| BROWN CLASS OF '68BOX 1877 PROVIDENCE, RI 02912 | | | UNRESTRICTED GIFT | 68 |
| ECCF COVID RELIEF FUND 175 ANDOVER STREET 101 DANVERS, MA 01923 | | | UNRESTRICTED GIFT | 10,000 |
| Total ▶ 3a | | | | 5,948,288 |

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> | | | | |
| GLOBE SANTA300 CONSTITUTION DR TAUNTON, MA 02780 | | | UNRESTRICTED GIFT | 5,000 |
| NYT NEEDIESTPO BOX 5193 NEW YORK, NY 10087 | | | UNRESTRICTED GIFT | 10,000 |
| ACTION CAPE ANN NETWORK FOR KIDS 180 MAIN STREET GLOUCESTER, MA 01930 | | | UNRESTRICTED GIFT | 1,000 |
| Total ▶ 3a | | | | 5,948,288 |

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> | | | | |
| ASSN OF MARSHALL SCHOLARS 1120 CHESTER AVE 470 CLEVELAND, OH 44114 | | | UNRESTRICTED GIFT | 500 |
| CALIFORNIA COMMUNITY FOUNDATION 221 S FIGUEROA ST 400 LOS ANGELES, CA 90012 | | | UNRESTRICTED GIFT | 500 |
| BRITISH SCHOOLS AND UNIV FOUNDATION 575 MADISON AVE 1006 NEW YORK, NY 10022 | | | UNRESTRICTED GIFT | 500 |
| Total ▶ 3a | | | | 5,948,288 |

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> | | | | |
| BRASENOSERADCLIFFE SQ OXFORD, OX1 RAJ UK | | | | 670 |
| CAMBRIDGE FRIENDS ACADEMY 5 CADBURY RD 3530 CAMBRIDGE, MA 02140 | | | | 5,000 |
| CA COMMUNITY FOUNDATION 221 S FIGUEROA ST 400 LOS ANGELES, CA 90012 | | | | 1,000 |
| Total ▶ 3a | | | | 5,948,288 |

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> | | | | |
| NUFFIELD COLLEGE OXFORD UNIVERSITY NEW RD OXFORD, OX1 1NF UK | | | UNRESTRICTED GIFT | 100,000 |
| Total ▶ 3a | | | | 5,948,288 |

TY 2020 Investments Corporate Bonds Schedule**Name:** HAUSMAN FAMILY TRUST**EIN:** 22-2767735**Investments Corporate Bonds Schedule**

| Name of Bond | End of Year Book Value | End of Year Fair Market Value |
|--------------------------------|-------------------------------|--------------------------------------|
| WELLS FARGO CORE BOND FD INSTL | | 2,247 |

TY 2020 Investments Corporate Stock Schedule

Name: HAUSMAN FAMILY TRUST

EIN: 22-2767735

Investments Corporation Stock Schedule

| Name of Stock | End of Year Book Value | End of Year Fair Market Value |
|--------------------------------------|------------------------|-------------------------------|
| FIDELITY ZERO TOTAL MARKET INDEX | 1,338,482 | 1,779,427 |
| DWS CROCI U.S. FUND CL S | | 30,055 |
| TEMPLETON CHINA WORLD FUND ADV CLASS | 1,000,122 | 1,230,786 |
| VANGUARD 500 INDEX ADMIRAL | 559,592 | 2,644,646 |
| FIDELITY 500 INDEX FUND | | |
| INVESTCO QQQ TR UNIT SER1 | 109,579 | 1,192,212 |
| ISHARES CORE S&P 500 ETF | 113,024 | 337,851 |
| GENERAL ELECTRIC CO COM | | 86 |
| VANGUARD INDEX FDS VANGUARD TOTAL ST | | |
| VANGUARD INDEX FUNDS S&P 500 ETF | | |

TY 2020 Legal Fees Schedule**Name:** HAUSMAN FAMILY TRUST**EIN:** 22-2767735

| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|---------------------|---------------|----------------------------------|--------------------------------|--|
| INDIRECT LEGAL FEES | 2,000 | | | 2,000 |

TY 2020 Other Income Schedule**Name:** HAUSMAN FAMILY TRUST**EIN:** 22-2767735**Other Income Schedule**

| Description | Revenue And Expenses Per Books | Net Investment Income | Adjusted Net Income |
|--------------|--------------------------------|-----------------------|---------------------|
| BANK REWARDS | 3,234 | | 3,234 |

TY 2020 Other Professional Fees Schedule**Name:** HAUSMAN FAMILY TRUST**EIN:** 22-2767735

| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|----------------------------------|---------------|----------------------------------|--------------------------------|--|
| INDIRECT OTHER PROFESSIONAL FEES | 481 | 481 | | |

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047
2020

Name of the organization
HAUSMAN FAMILY TRUST

Employer identification number
22-2767735

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 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
HAUSMAN FAMILY TRUST

Employer identification number
22-2767735

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 | JERRY HAUSMAN 1 AVERY STREET APT 28D BOSTON, MA 02111 | \$ 771,660 | <input type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" 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 HAUSMAN FAMILY TRUST | Employer identification number 22-2767735 |
|--|---|

Part II Noncash Property

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
|------------------------|--|--|----------------------|
| 1 | (see instructions). Use duplicate copies of Part II if additional space is needed. VANGUARD 500 INDEX ADMIRAL | \$ 2,555,652 | 2020-11-24 |
| 1 | INVESTCO QQQ | \$ 1,010,002 | 2020-07-31 |
| 1 | ISHARES S&P 500 | \$ 331,992 | 2020-12-23 |
| . | _____ _____ _____ | \$ _____ | _____ |
| . | _____ _____ _____ | \$ _____ | _____ |
| . | _____ _____ _____ | \$ _____ | _____ |

Name of organization
HAUSMAN FAMILY TRUST

Employer identification number

22-2767735

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

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

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

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

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