Form **990**

Department of the Treasury Internal Revenue Service Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2018

Open to Public

<u>A</u>	For the	2018 calendar year, or tax year beginning	and	l ending		
В	Check if applicable	C Name of organization			D Employer ider	ntification number
	Addres	MASSACHUSETTS SOLDIERS	LEGACY FUND			
	Name change	B	DECRET TOND		20-	-1909556
	Initial return	Number and street (or P.O. box if mail is not delive		Room/suite	E Telephone nun	nber
	Final return/	225 CEDAR HILL STREET		200	508	8-630-2382
	termin- ated	City or town, state or province, country, and Z	IP or foreign postal code		G Gross receipts \$	571,550.
	Amend	MARLBOROUGH, MA 01/32			H(a) Is this a grou	
	Applica tion pendin	F Name and address of principal officer: F L I L	ER G. TROVATO		for subordina	ates? Yes X No
_		SAME AS C ABOVE			H(b) Are all subordinate	tes included? Yes No
			(insert no.) 4947(a)(1)	or 527	1 ′	ch a list. (see instructions)
_		e: WWW.MSLFUND.ORG			H(c) Group exemp	
K	Form of		sociation Other >	L Year	of formation: 2004	4 M State of legal domicile: MA
Р	art I	Summary				
Œ	, 1	Briefly describe the organization's mission or most s	significant activities: TO P	ROVIDE	EDUCATION	IAL
an c		ASSISTANCE GRANTS TO THE C				
Governance	2	——————————————————————————————————————	tinued its operations or dispo		1	
Š	3	Number of voting members of the governing body (F				3 7
ن ھ	4	Number of independent voting members of the gove				-
Ų.	5	Total number of individuals employed in calendar ye				5 1
Activities &	6	Total number of volunteers (estimate if necessary)				6 0
Ą	7 a	Total unrelated business revenue from Part VIII, colu				7a 0. 7b 0.
_	b	Net unrelated business taxable income from Form 9	90-1, line 38			
		0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Prior Year 210 , 188	Current Year 91,794.
Revenue	8	Contributions and grants (Part VIII, line 1h)			-	0.
	9				225,557	
B	10	nvestment income (Part VIII, column (A), lines 3, 4, a				0.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			435,745	
_		<u> Fotal revenue - add lines 8 through 11 (must equal F</u> Grants and similar amounts paid (Part IX, column (A			371,340	
		Benefits paid to or for members (Part IX, column (A)				0. $0.$
	45	Salaries, other compensation, employee benefits (Pa			82,596	
S	162	Professional fundraising fees (Part IX, column (A), lir				0.
Expenses	h	Fotal fundraising expenses (Part IX, column (D), line	25) • 6.0	74.		
Ň	17	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)		64,618	62,668.
		Fotal expenses. Add lines 13-17 (must equal Part IX			518,554	
	19	Revenue less expenses. Subtract line 18 from line 1			-82,809	
or	<u> </u>	•		Ве	ginning of Current Ye	
sets	20	Total assets (Part X, line 16)			4,515,260	
Ass	21	Total liabilities (Part X, line 26)			339	
Net Assets or	22	Net assets or fund balances. Subtract line 21 from li	ine 20		4,514,921	1. 3,893,924.
P	art II	Signature Block				
Und	der pena	ties of perjury, I declare that I have examined this return, i	ncluding accompanying schedule	s and stateme	ents, and to the best o	f my knowledge and belief, it is
true	e, correc	, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparer	has any knowledge.	
		0				
Sig	jn	Signature of officer			Date	
He	re	PETER G. TROVATO, TRUST	EE			
		Type or print name and title		1 г	Oato I	DTIN
		** * *	Preparer's signature	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Date Check if	
Pai		DEBORAH A. HOPKINS	173 C CO T TT			mployed P00167843
	parer	Firm's name KAHN, LITWIN, REN			Firm's EIN	▶ 05-0409384
USE	Only	Firm's address > 951 NORTH MAIN ST			51	401 274 2001
	+b = !"	PROVIDENCE, RI 02			Phone no.	401-274-2001 X Vas No.



	990 (2016) PRADDACTIONET D DOUBLE DE LEGACT FOND	_
Pai	t III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	, ¬
4		
1	Briefly describe the organization's mission: TO PROVIDE EDUCATIONAL ASSISTANCE GRANTS TO THE CHILDREN OF	
	MASSACHUSETTS SERVICE MEMBERS WHO HAVE DIED IN THE WAR AGAINST	_
	TERRORISM WHILE DEPLOYED ON OPERATIONS ENDURING FREEDOM AND IRAQI	_
	FREEDOM, OR IN OTHER, FUTURE THEATERS OF OPERATION, AND MASSACHUSETTS	_
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	o
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	0
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 450 , 199 . including grants of \$ 345 , 558 .) (Revenue \$	
	SINCE EARLY 2002, THERE HAVE BEEN OVER 175 DEATHS OF SERVICE MEMBERS	- ′
	WHOSE HOME OF RECORD AT THE DOD WAS MASSACHUSETTS.	_
		_
	TO DATE, THERE HAVE BEEN 81 CHILDREN WHO HAVE LOST A PARENT WHOSE HOME	
	OF RECORD WAS MASSACHUSETTS. THESE CHILDREN ARE ELIGIBLE TO RECEIVE	
	EDUCATIONAL GRANTS FROM THE MSLF. CURRENTLY, THESE CHILDREN'S AGES	
	RANGE FROM AGE 9 TO 31 YEARS OF AGE. THE MSLF DISTRIBUTES GRANTS TO	
	ELIGIBLE CHILDREN FOR HIGHER EDUCATION, EDUCATIONAL AND VOCATIONAL	
	PROGRAMS, PRE AND POST-SECONDARY EDUCATION. IN 2018, THE MSLF	_
	DISTRIBUTED A TOTAL OF \$345,558 IN GRANTS FOR THE BENEFIT OF THESE	_
	CHILDREN.	_
		_
4b	(Code:) (Expenses \$)
4c	(Code:) (Expenses \$	_)
		_
		_
		_
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	

Form 990 (2018) MASSACHUSETTS SOLDIERS LEGACY FUND Part IV Checklist of Required Schedules



4 X X is the organization a section SO1(e)(3) organizations. Did the organization regigge in lobbying activities, or have a section SO1(e)(4) election in effect during the tax year? if "Yes," complete Schedule C, Part II X is the organization a section SO1(e)(4), SO1(e)(5), or SO1(e)(8) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 if "Yes," complete Schedule C, Part II X X is a section SO1(e)(4), SO1(e)(5), or SO1(e)(8) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 if "Yes," complete Schedule C, Part II X Did the organization receives or hold a conservation tasses or the similar amounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II X Did the organization maintain collections or works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II X Did the organization report an amount in Part X, line 21, for secrow or custodial account liability, serve as a custodian for amounts not listed in Part X, exprovide credit counseling, didt management, credit repair, or didth registation report an amount for investments of the management, credit repair, or didth registations reports and amount for investments of the management, credit repair, or didth registations report and amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part IV II If the organization report an amount for investments - program related in Part X, line 10? If "Yes," complete Schedule D, Part VII II				Yes	No
2 Is the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I I Section 801(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the sax year? If "Yes," complete Schedule C, Part II I Section 801(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the sax year? If "Yes," complete Schedule C, Part II I Section 801(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedures 810* If "Yes," complete Schedule C, Part III or provide advice on the distribution or investment 810* If "Yes," complete Schedule C, Part III organization maintain any donor advised funds or any similar funds or accounts 16 "Wes," complete Schedule D, Part III I Ob the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III I Ob the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III I Ob the organization report an amount in Part X, line 21, for secrow or custodial account liability, serve as a custodian for amounts not istaid in Part X, or provide condition control organization services? If "Yes," complete Schedule D, Part VI II I II the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI II I II the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI II I II the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI II I II the organization report an amount for investmen	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? **I** complete Schedule C, Part II ** 8 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) electron in effect during the tax year? *I** Yes, ** complete Schedule C, Part II ** 5 Is the organization a section 501(c)(4), 501(c)(6), 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *I** Yes, ** complete Schedule C, Part II ** 5 Is the organization maintain and work of the organization for accounts of the dos or any similar funds or accounts of the vision for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *I** Pres, ** complete Schedule D, Part II ** 10 Did the organization maintain collections of works of art, historical treasures, or other similar assets? *I** Yes, ** complete Schedule D, Part II ** 10 Did the organization maintain collections of works of art, historical treasures, or other similar assets? *I** Yes, ** complete Schedule D, Part II ** 10 Did the organization report an amount in Part X, line 21, for escrow or outstodial account liability, serve as a custodian for amounts not listed in Part X. in Part X, line 121, for escrowary or custodial account liability, sor x as applicable. 10 Did the organization report an amount for investments or the resonance of the part X, line 10? *I** Yes, ** complete Schedule D, Part VII ** 10 Did the organization report an amount for investments or the securities in Part X, line 10? *I** Yes, ** complete Schedule D, Part VII ** 11 Did the organization report an amount for investments or the securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 10? *I** Yes, ** complete Schedule D, Part X VII ** 11 Did the organization report an amount for other assets in Part X, line 15 that		If "Yes," complete Schedule A	1	Х	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public inferts if "Yes," complete Schedule C, Part I I 4 Section S01(o(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year "Yes," complete Schedule C, Part II II 5 Is the organization as section 501(h), 501(o(16), 501(o(16)), or 501(o(16)) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19" if "Yes," complete Schedule C, Part II II 7 Did the organization market any donor advised funds or any similar funds or accounts" if "Yes," complete Schedule D, Part II 8 Did the organization receive on bold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures" if "Yes," complete Schedule D, Part II 9 Did the organization market and areas, or historic structures" if "Yes," complete Schedule D, Part II 9 Did the organization market and areas, or historic structures" if "Yes," complete Schedule D, Part II 10 Did the organization report an amount in Part X, line 21, for secrotive or custodial account liability, serve as a custodian for amounts not isted in Part X, in Part X, line 10, Part VII 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII 11 If the organization is an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII 12 Did the organization report an amount for investments - other securities in Part X, line 10 that is 5% or more of its total assets reported in Part X, line 10? If "Yes," complete Schedule D, Part VII 13 Did the organization report an amount for investments - other securities in Part X, line 10 that is 5% or more of its total assets reported in Part X, line 10? If "Yes," complete Schedule D, Part VIII 14 Did the organi	2	, ,	2	Х	
4 X X is the organization a section SO1(c)(3) organizations. Did the organization regigge in lobbying activities, or have a section SO1(c)(4) election in effect during the tax year? if "Yes," complete Schedule C, Part II	3				
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(c)(4) election in effect during the tax year? If "Yes, "complete Schedule C, Part II 5 is the organization as section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98 197 If "Yes, "complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization receives or hold a conservation essement, including essements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of vovos of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 Did the organization of amounts not listed in Part X: or provide aredit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 7 Did the organization and its part is a part of the second of the second organization and its part is a part of the second organization, hierarchy or through a related organization, hierarchy or through a related organization, hierarchy organization assets are any of the foliowing questions is "Yes," then complete Schedule D, Part V 10 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V 11 Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11 Did the organization included in consolidated, independent audited financial statements for the tax		public office? If "Yes," complete Schedule C, Part I	3		Х
5 Is the organization a section \$01(c)(4), \$01(c)(5), or \$01(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 88-197 if "Yes," complete Schedule C, Part III. 5 Did the organization maintain any donor advised funds or any similar funds or accounts? if "Yes," complete Schedule D, Part II. 7 Did the organization received to hold a conservation asserment, including easements to preserve open space, the environment, historical reasers or historic structures? If "Yes," complete Schedule D, Part II. 8 Did the organization maintain collections of vovids of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. 9 Did the organization and collections of vovids of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. 9 Did the organization and collections of vovids of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV. 10 Did the organization and part X, in a part X, in a split in the organization of amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 11 If the organization or service to through a related organization, hold assets in temporarily restricted endowments, permanent and owners, or quasi-endowments? If "Yes," complete Schedule D, Part V. 12 If the organization shapes or any of the following questions is "Yes," then complete Schedule D, Part V. 13 If the organization shapes or any of the following questions is "Yes," then complete Schedule D, Part V. 14 If the organization are port an amount for investments - other securities in Part X, line 127 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part X. 15 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part X. 16 Did the organizatio	4				
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Proceedines 819 17 If In Its 2 complete Schedule C, Part III 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment in such funds or accounts for which donors have the right to provide advice on the distribution or investment in such funds or accounts for which donors have the right to provide advice on the distribution or investment in such funds or accounts for which donors have the right to provide advice on the distribution or investment in such funds or accounts for which donors have the right to provide advice on the distribution or investment in such funds or accounts for which donors have the right to provide advice on the distribution or investment in such funds or accounts for which donors have the right to provide advice on the distribution or investment in such funds account liability, serve as a custodrain for amounts not listed in Part X, line Part X, line 10 part V. 10 Did the organization, directly or through a related organization, hold assets in temperarily restricted endowments, permanent endowments, or quasiendowments? If Yes, "complete Schedule D, Part V. 11 If the organization answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, line 10 part V, line 10 part X, line 16 part X, line		during the tax year? If "Yes," complete Schedule C, Part II	4		Х
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Y'es," complete Schedule D, Part I Did the organization receiver or hold a conservation easement, including easements to preserve open space, the environment, historical dareas, or historic structures? If 'Yes,' complete Schedule D, Part II Side Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counselling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV Did the organization is neswer to any of the following questions is 'Yes,' then complete Schedule D, Part V II If the organization shawer to any of the following questions is 'Yes,' then complete Schedule D, Part V II If the organization report an amount for investments - other securities in Part X, line 107 If 'Yes,' complete Schedule D, Part V II I	5				
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? // "Yes," complete Schedule D, Part I / To Schedule D, Part I To Schedule D, Part		similar amounts as defined in Revenue Procedure 98-19? If "Yes." complete Schedule C, Part III	5		X
7 Did the organization receive or hold a conservation essement, including essements to preserve open space, 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 9 Did the organization organization collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 9 Did the organization organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization is any of the following questions is rives, "then complete Schedule D, Part VI, IV, IV, IV, IV, IV, IV, IV, IV, IV,	6				
By the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. By Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, for provide certic counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. It if the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII. Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII. Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III. Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III. Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III. Did the organization report an amount for other assets in Part X, line 15 that i		provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? #"Yes," complete Schedule D, Part III 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X: or provide credit counseling, debt management, credit repair, or debt negotiation services? #"Yes," complete Schedule D, Part IV 9 Did the organization, indicatly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? #"Yes," complete Schedule D, Part V 11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? #"Yes," complete Schedule D, Part V 11a	7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
Schedule D, Part III 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization service to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI b Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI c Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII d Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11c Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11d X 11d X 12a Did the organization began an amount for other liabilities in Part X, line 15? If "Yes," complete Schedule D, Part X 11d X 12a Did the organization separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X 11d X 12b Was the organization should an organization should be organization included in an organization and should be organization included in organization answerd "No" to line 12a, then completing Schedule D, Part X and XII is optional 13 Is the organization r		the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V III if the organization is answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI III III III III III III III III III	8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? ## "Yes," complete Schedule D, Part V 10 Did the organization directly or through a related organization, hold assets in temporarily restricted endowments, per quasi-endowments? ## "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? ## "Yes," complete Schedule D, Part VI b Did the organization report an amount for investments - other securities in Part X, line 10? ## "Yes," complete Schedule D, Part VII b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? ## "Yes," complete Schedule D, Part VIII 11 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? ## "Yes," complete Schedule D, Part VIII 11 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? ## "Yes," complete Schedule D, Part VIII 11 Did the organization report an amount for other assets in Part X, line 25? ## "Yes," complete Schedule D, Part X 12 Did the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? ## "Yes," complete Schedule D, Part X 13 Did the organization obtain separate, independent audited financial statements for the tax year? ## "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts X and XIII Septional 14 Did the organization maintain an office, employees, or agents outside of the United States. 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? ## "Yes,"		Schedule D, Part III	8		X
## *Yes,* complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments if *Yes,* complete Schedule D, Part V	9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? "Yes," complete Schedule D, Part V 10		amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		If "Yes," complete Schedule D, Part IV	9		X
If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XIII Did the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part X Did the organization submitted in the submitted Inancial statements for the tax year include a footnote that addresses the organization is liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 111f X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII Was the organization asset of which is section 170(b)(1)A(iii)? If "Yes," complete Schedule D, Parts XI and XII is optional 118 by Was the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or f	10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a		endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other lassets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X III Did the organization is separate or consolidated financial statements for the tax year include a footnote that addresses the organization is separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Part X I and XII is optional 12a X III Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV Did the organization report more tha	11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
Part VI b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IXI e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 110		•••			
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? f "Yes," complete Schedule D, Part VII 11b X c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? f "Yes," complete Schedule D, Part VII 11c X d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? f "Yes," complete Schedule D, Part VII 11d X f Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? f "Yes," complete Schedule D, Part X 11e X f Did the organization is eparate or consolidated financial statements for the tax year include a footnote that addresses the organization is liability for uncertain tax positions under FIN 48 (ASC 740)? f "Yes," complete Schedule D, Part X 11f X 12a Did the organization included in consolidated, independent audited financial statements for the tax year? f "Yes," complete Schedule D, Part X 11f X 12b Was the organization included in consolidated, independent audited financial statements for the tax year? f "Yes," complete Schedule D, Part X 11f X 13 Is the organization as school described in section 170(b)(1)/(A)(ii)? f "Yes," complete Schedule D, Parts X and XII 2 X 14d Did the organization as chool described in section 170(b)(1)/(A)(ii)? f "Yes," complete Schedule E 13 X 14d Did the organization and intain an office, employees, or agents outside of the United States? 14a X 15 Did the organization an activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? f "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garnsts or other assist	а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e		Part VI	11a		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization shall for outcome and statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 12b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization aschool described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E 13 Is the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization maintain an office, employees, or agents outside of the United States? 15 Did the organization Part X, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Par	b	·			l
assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e			11b		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d	С				,,
Part X, line 16? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X 15 Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines to and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 total of fundraising event gr			11c		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 116 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X I and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII b Was the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization? If "Yes," complete Schedule F, Parts II and IV 17 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3 more than \$15,000 of expenses for professional fundraising services on Part IX, column (B), line 3 more than \$15,000 of expenses for professional fundraising services on Part VIII, lines 12	d		l		.,
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 111 X 112a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 12a Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X X 14a X X 14a X X Is and Is a program service activities outside the United States? 14a X X 14a X X Is and Is a program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 15 Cand 8a? If "Yes," complete Schedule G, Part II 18 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 19 X X 19 Did the organization operate one or more hospital facilities?		Part X, line 16? If "Yes," complete Schedule D, Part IX			
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X			11e		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for origin originization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 12 and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	Ť		١	v	
Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 Is the organization as chool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part II and IV 17 Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 18 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	40		111	Λ	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14 Did the organization maintain an office, employees, or agents outside of the United States? 15 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	12a		40-		_v
If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report at ordal of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 of gross income and contributions on Part VIII, lines 10 12 12 12 12 12 12 12 12 12 12 12 12 12		•	12a		
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14 Did the organization maintain an office, employees, or agents outside of the United States? 15 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report at old of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b If "Yes" to line 20a, did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	D		106		v
14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 to and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	40				
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 Complete Schedule G, Part III 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or					
investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			140		
or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 to and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20	b				
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15			14h		x
foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	15				
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			15		x
or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	16				
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			16		x
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	17				
Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18			17		Х
1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	18				
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			18		Х
complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
20aDid the organization operate one or more hospital facilities? If "Yes," complete Schedule H20aXbIf "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?20b21Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		·	19		Х
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20a		20a		Х
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	b	· · ·	20b		
domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II					
		domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		Х

832003 12-31-18



Form 990 (2018) MASSACHUSETTS SOLDIERS LEGACY FUND
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		_X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes."			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_X_
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Da	Note. All Form 990 filers are required to complete Schedule O	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	-		
b	Enter the frame of Ferme W Lea included in line fall. Enter of infect applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	<u> </u>

832004 12-31-18

Form 990 (2018) MASSACHUSETTS SOLDIERS LEGACY FUND

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	o d d d d d d d d d d d d d d d d d d d			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			163	NO				
	filed for the calendar year ending with or within the year covered by this return	2a 1							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	х					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions								
За	5111	,	За		Х				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule C)	3b						
	At any time during the calendar year, did the organization have an interest in, or a signature or other a								
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		_X_				
b	If "Yes," enter the name of the foreign country: ▶								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	counts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		<u>X</u>				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b 5c		<u>X</u>				
С	, , , , , , , , , , , , , , , , , , , ,								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				v				
	any contributions that were not tax deductible as charitable contributions?		6a		<u> </u>				
р	If "Yes," did the organization include with every solicitation an express statement that such contribution		Ch						
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(s)		6b						
7 a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		Х				
b		vices provided to the payor:	7b						
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		15						
•	to file Form 8282?		7c		Х				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		Х				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		X				
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the							
	sponsoring organization have excess business holdings at any time during the year?		8						
9	Sponsoring organizations maintaining donor advised funds.								
a			9a						
b	, , , , , , , , , , , , , , , , , , , ,		9b						
10	Section 501(c)(7) organizations. Enter:	400							
a	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a 10b	-						
ь 11	Section 501(c)(12) organizations. Enter:	TOD	-						
''	Gross income from members or shareholders	11a							
	Gross income from other sources (Do not net amounts due or paid to other sources against		1						
-	amounts due or received from them.)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?		13a						
	Note. See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the	i I							
	organization is licensed to issue qualified health plans	13b	-						
	Enter the amount of reserves on hand	13c	4.						
14a			14a	\vdash	<u>X</u>				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule to the explanation which to the explanation of more than \$1,000,000 in regression.		14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		45		Х				
	excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		15						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х				
.5	If "Yes," complete Form 4720, Schedule O.	income?	15						
	100, Computer of the tribay Comodate C.		Form	990	(2010)				



Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	·					X			
Sec	tion A. Governing Body and Management								
					Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	'	7]					
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
b	Enter the number of voting members included in line 1a, above, who are independent	1b	'	7]					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other						
	officer, director, trustee, or key employee?			2		X			
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision						
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 wa	s filed?	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's asset	ets?		5		X			
6	6 Did the organization have members or stockholders?								
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or						
	more members of the governing body?			7a		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ockho	lders, or						
	persons other than the governing body?			7b		Х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year								
а	The governing body?			8a	Х				
b	Each committee with authority to act on behalf of the governing body?			8b	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach	hed a	t the						
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O			9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	/enue	Code.)						
					Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?			10a		X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.	apters	, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befo	e filing the form?	11a	X				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	12b	X				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," a	escribe						
	in Schedule O how this was done			12c	X				
13	Did the organization have a written whistleblower policy?			13	X				
14	Did the organization have a written document retention and destruction policy?			14	X				
15	Did the process for determining compensation of the following persons include a review and approval	by in	dependent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
	The organization's CEO, Executive Director, or top management official			15a	X				
b	Other officers or key employees of the organization			15b	X				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nent w	ith a						
	taxable entity during the year?			16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its p	articipation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi								
	exempt status with respect to such arrangements?			16b					
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ►MA								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and	d 990	T (Section 501(c)(3)	s only)	availal	ole			
	for public inspection. Indicate how you made these available. Check all that apply.								
	Own website Another's website X Upon request Other (explain								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	flict o	f interest policy, and	d financ	ial				
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks an	d records						
	PETER G. TROVATO - 508-630-2382 225 CEDAR HILL ST STE 200 MARLBOROUGH MA 01752								
	225 CEDAR HILL ST STE 200 MARLBOROUGH MA 01752								

Form **990** (2018)

832006 12-31-18



Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII	

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organize	ration nor any related	orga	niza			nper	sate	ed any current officer, d	irector, or trustee.	г
(A)	(B)			(C	C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos heck	ITION more	າ than ເ	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week	_) i		10010	T u.u.o	loo,	from	from related	other
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	tee			sated		(W-2/1099-MISC)	(88-2/1099-181130)	organization
	organizations	ruste	ll trus		/ee	mpen		(** 2/ 1000 141100)		and related
	below	dualt	ntio na	_	oldm	st co	-			organizations
	line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBERT T. HALE JR	1.00									
TRUSTEE		Х						0.	0.	0.
(2) GLENN MANGURIAN	1.00									
TRUSTEE		Х						0.	0.	0.
(3) ERIC KAPITULIK	1.00									
TRUSTEE		X						0.	0.	0.
(4) PETER G. TROVATO	1.00							_	_	_
TRUSTEE		Х						0.	0.	0.
(5) THOMAS JENNINGS	1.00	l								
TRUSTEE	1 00	Х						0.	0.	0.
(6) TIMOTHY PINCH	1.00									
TRUSTEE	1 00	Х						0.	0.	0.
(7) RYAN DURKIN	1.00	. ,							_	_
TRUSTEE (8) ERICA ZEIGER	40.00	Х						0.	0.	0.
DIRECTOR	40.00	-		х				78,167.	0.	845.
<u> </u>								70,107.	0.	043.
		1								
		1								
		1				-				
		-								
		-								
						<u> </u>	<u> </u>			



Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A)	(A) (B) (C) (D) (E) (F)												
Name and title	Average Position							Reportable	Reportable		Es	timate	ed
	hours per (do not check more than one box, unless person is both an							compensation	compensation	n		nount	
	week	offi	cer an	dad	irecto	r/trust	tee)	from	from related			other	
(list a								the	organizations	s	com	pensa	tion
	hours for	r dire				ted		organization	(W-2/1099-MIS	·C)	fr	om the	е
	related	stee o	ruste (ensa		(W-2/1099-MISC)			org	anizati	ion
	organizations	altrus	nal tı		loyee	comp						d relate	
	below	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizatio	ons
line) line line line line line line line line													
										\longrightarrow			
	-									\longrightarrow			
										\longrightarrow			
			\vdash							\dashv			
										\longrightarrow			
	-												
										\dashv			
										\dashv			
1h Sub-total	1		<u> </u>					78,167.		0.		8.4	45.
1b Sub-total c Total from continuation sheets to Part VI								0.		0.			0.
								78,167.		0.		8.	$\frac{5.}{45.}$
d Total (add lines 1b and 1c) 2 Total number of individuals (including but r							2 "2	· · · · · · · · · · · · · · · · · · ·	000 of vanantable			<u> </u>	±J.
Total number of individuals (including but rcompensation from the organization	ot illilited to tri	ose	IISLE	u al	JOVE	;) WII	o re	ceived more than \$100,	000 of reportable				0
compensation from the organization												Yes	No
2 Did the experimetion list any former officer	director or tw		ماده		مامم		ا ب	high act compandated an	malayaa an	ſ		103	140
3 Did the organization list any former officer		istee	е, ке	y en	npio	yee,	or r	nignest compensated en	npioyee on				Х
line 1a? If "Yes," complete Schedule J for s											3		
4 For any individual listed on line 1a, is the su											_		v
and related organizations greater than \$150											4		Х
5 Did any person listed on line 1a receive or a	•				•			•					37
rendered to the organization? If "Yes." con	plete Schedule	e J fo	or su	ıch <u>ı</u>	oers	on .					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co										ensat	ion fro	om	
the organization. Report compensation for	the calendar ye	ear e	ndin	ig w	ith c	or wi	thin T		ear.				
(A) (B) Name and business address NONE Description of services								C	(C ompe		n		
- Name and business	address	14(JME	<u> </u>			\dashv	Description of s	ervices		Ompei	isatioi	
							\dashv						
							\dashv						
							\dashv						
							\downarrow						
2 Total number of independent contractors (i	ncluding but p	at lin	nitoo	l to	thor	o lic	+od	above) who received me	ore than				
\$100,000 of compensation from the organi		JL 111	ıııec		trios		ıeu	above, who received IIIC	or Guiall				
w 100,000 or compensation nom the organi	LULIOII					-							



Form 990 (2018) MASSACH
Part VIII Statement of Revenue

		Check if Schedule O contain	ins a response	or note to any lin	e in this Part VIII			
		3.100.1 N 30.100.10 G 30.11	<u></u>		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S S	1 2	Federated campaigns	1a					012 014
Contributions, Gifts, Grants and Other Similar Amounts								
يَّ ق		Membership dues						
fts, Ar		Fundraising events	······					
ig ig		Related organizations						
ns, Sim		Government grants (contributio						
atio	T	All other contributions, gifts, grants		01 704				
들 된		similar amounts not included above		91,794.				
ont Od	_	Noncash contributions included in lines 1a			01 704			
<u>0 g</u>	h	Total. Add lines 1a-1f			91,794.			
				Business Code				
<u>e</u>	2 a	l						
er v	b							
n S	C							
ra Sev	d	<u> </u>						
Program Service Revenue	е							
Δ.		All other program service reven						
		Total. Add lines 2a-2f						
	3	Investment income (including d			E0 E60			F0 F60
		other similar amounts)			79,569.			79,569.
	4	Income from investment of tax-						
	5	Royalties						
		<u> </u>	(i) Real	(ii) Personal				
		Gross rents						
	b	Less: rental expenses						
		Rental income or (loss)						
	d	Net rental income or (loss)		_				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	<u>400,187.</u>					
		Less: cost or other basis						
		and sales expenses	227,038.					
	c	and sales expenses Gain or (loss)	<u> 173,149.</u>					
	d	Net gain or (loss)		_	173,149.			173,149.
<u>o</u>	8 a	Gross income from fundraising	events (not					
enc		including \$						
Other Revenu		contributions reported on line 1	•					
P.		Part IV, line 18						
手		Less: direct expenses						
		Net income or (loss) from fundr		·····				
	9 a	Gross income from gaming acti						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gamir						
	10 a	Gross sales of inventory, less re	eturns					
		and allowances						
	b	Less: cost of goods sold	b					
	С	Net income or (loss) from sales						
		Miscellaneous Revenue		Business Code				
		·						
	C							
		All other revenue						
	е	Total. Add lines 11a-11d			044 513		•	050 515
	12	Total revenue. See instructions .		.	344,512.	0.	0.	252,718.

832009 12-31-18



Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses **(D)** Fundraising Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 345,558. 345,558. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 67,549. 79,012. 7,642. 3,821. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 6,359. 5,432. 618. 309. 10 Payroll taxes Fees for services (non-employees): Management Legal 23,460. 23,460. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 190 2,060. 1,785. column (A) amount, list line 11g expenses on Sch O.) 14,421. Advertising and promotion 12 1,188. 1,188. Office expenses 13 Information technology 14 15 Royalties 11,657. 9,943. 1,143. 571. 16 Occupancy 1,601. 894. 707. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 Depreciation, depletion, and amortization 22 2,376. 2,376. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 5,905. 5,905. **EVENT CONSULTANTS** All other expenses 493,597. 450,199. 37,324. 6,074. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)



Form 990 (2018)
Part X Balance Sheet

Pai	LA	Balance Sheet				
		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		81,759.	1	86,666.
	2	Savings and temporary cash investments		89.	2	53,131.
	3	Pledges and grants receivable, net		4,837.	3	0.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and fo				
		trustees, key employees, and highest compensa	ated employees. Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualit				
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 501(c)(9) voluntary			
Ŋ		employees' beneficiary organizations (see instr).	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	
À	8	Inventories for sale or use			8	
	9			1,280.	9	1,306.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities	4,427,295.	11	3,754,872.	
	12	Investments - other securities. See Part IV, line 1		12		
	13	Investments - program-related. See Part IV, line	11		13	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equa	4,515,260.	16	3,895,975. 2,051.	
	17	Accounts payable and accrued expenses		339.	17	2,051.
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete I			21	
es	22	Loans and other payables to current and former				
≣		key employees, highest compensated employee				
Liabilities					22	
_	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines			۰.	
	06			339.	25	2,051.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958) check here X and	339•	26	2,051.
		complete lines 27 through 29, and lines 33 an				
ces	27			4,514,921.	27	3,893,924.
a	28	Temporarily restricted net assets		1,011,011	28	0,000,021
Ва	29				29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (A	SC 958), check here			
ř		and complete lines 30 through 34.	ou osoj, oncok nere 🕨 🔛			
S.	30	Capital stock or trust principal, or current funds			30	
set	31	Paid-in or capital surplus, or land, building, or ed			31	
t As	32	Retained earnings, endowment, accumulated in			32	
Se	33	Total net assets or fund balances		4,514,921.	33	3,893,924.
	55	Total liabilities and net assets/fund balances		4,515,260.	34	3,895,975.

Eorm	aan	(2018)	



Pai	TXI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4,5 :	
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,5	
3	Revenue less expenses. Subtract line 2 from line 1	3	-14		
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))4				21.
5	Net unrealized gains (losses) on investments	5	-47	1,9:	<u>12.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	3,89	3,9	2 4.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 (2018)

832012 12-31-18

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2018

Open to Public Inspection

Name of the organization

MASSACHUSETTS SOLDIERS LEGACY FUND

Employer identification number

20-1909556 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2018 MASSACHUSETTS SOLDIERS LEGACY FUND

20-1909556 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

ar year (or fiscal year beginning in) iffts, grants, contributions, and nembership fees received. (Do not nolude any "unusual grants.") ax revenues levied for the organ- ration's benefit and either paid to	(a) 2014 67,387.	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
aifts, grants, contributions, and nembership fees received. (Do not not not not not not not not not no		(a) 2015	(c) 2016	(a) 2017	(e) 2018	(f) lotal	
nembership fees received. (Do not not not not not not not not not no	67,387.						
nclude any "unusual grants.")ax revenues levied for the organ-	67,387.						
ax revenues levied for the organ-	0/,38/.	0.0 250	164 067	210 100	01 704	626 604	
	1	92,358.	164,967.	210,188.	91,794.	626,694	
ation's benefit and either paid to							
r expended on its behalf							
he value of services or facilities							
urnished by a governmental unit to							
ne organization without charge							
otal. Add lines 1 through 3	67,387.	92,358.	164,967.	210,188.	91,794.	626,694	
he portion of total contributions							
y each person (other than a							
overnmental unit or publicly							
aluman (f)						17,884	
						608,810	
						000,010	
•••	(-) 0014	/b) 001 <i>E</i>	/-\ 001C	(4) 0017	(-) 0010	(f) Tatal	
						(f) Total 626,694	
	07,307.	32,330.	104,307.	210,100.	31,134.	020,034	
,							
	405 455	100 500	05 550	00 000	E0 E60	F00 000	
nd income from similar sources	127,175.	130,730.	95,570.	89,338.	79,569.	522,382	
let income from unrelated business							
ctivities, whether or not the							
usiness is regularly carried on							
other income. Do not include gain							
r loss from the sale of capital							
ssets (Explain in Part VI.)							
						1149076	
	etc. (see instruction	ns)			12		
•	•	,	d fourth or fifth ta	x vear as a section	-		
•	J	mot, occorra, triir	,	•	(// /	▶□	
ion C. Computation of Publi	c Support Per	centage					
			olumn (fl)		14	52.98	
						51.08	
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,							
and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization							
neets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	oublicly supported	organization		▶∟	
0% -facts-and-circumstances test	- 2017. If the orga	anization did not d	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or	
nore, and if the organization meets the	ne "facts-and-circur	mstances" test, ch	eck this box and	stop here. Explain	in Part VI how the)	
		The ever-i	Defining a service that				
rganization meets the "facts-and-circ	cumstances" test. 1	me organization q	ualifies as a public	ly supported organ	nization	▶∟	
Lrrc Vilatier Loubre Chinina to tro	upported organization) included in line 1 that exceeds 2% of the mount shown on line 11, folumn (f) ublic support. Subtract line 5 from line 4. on B. Total Support ar year (or fiscal year beginning in) mounts from line 4. ar year (or fiscal year beginning in) line 4. ar year (or fiscal year beginning in) line 4. ar year (or fis	upported organization) included in line 1 that exceeds 2% of the mount shown on line 11, folumn (f) ublic support. Subtract line 5 from line 4. on B. Total Support ar year (or fiscal year beginning in) mounts from line 4 ross income from interest, ividends, payments received on ecurities loans, rents, royalties, and income from similar sources et income from unrelated business ctivities, whether or not the usiness is regularly carried on ther income. Do not include gain r loss from the sale of capital seets (Explain in Part VI.) otal support. Add lines 7 through 10 ross receipts from related activities, etc. (see instruction irst five years. If the Form 990 is for the organization's reganization, check this box and stop here on C. Computation of Public Support Per- ublic support percentage for 2018 (line 6, column (f) divublic support percentage from 2017 Schedule A, Part II 3 1/3% support test - 2018. If the organization did no top here. The organization qualifies as a publicly support and stop here. The organization qualifies as a publicly support and stop here. The organization qualifies as a publicly support and if the organization meets the "facts-and-circumstances" test. The organization meets the "facts-and-circumstances" test. The organization	upported organization) included in line 1 that exceeds 2% of the mount shown on line 11, plumn (f) ublic support. Subtract line 5 from line 4. on B. Total Support ar year (or fiscal year beginning in) (a) 2014 (b) 2015 mounts from line 4 (b) 2015 mounts from line 4 (b) 2015 mounts from line 4 (c) 2014 (b) 2015 mounts from line 4 (c) 2014 (c) 2015 mounts from line 4 (d) 2014 (d) 2015 mounts from line 4 (e) 2015 mounts from line 4 (e) 2015 mounts from line 4 (f) 2015 mounts from line 4 (f) 2014 mounts from line 4 (f) 2015 127 , 175 • 130 , 730 • 127 127 , 175 • 120 , 120	upported organization) included in line 1 that exceeds 2% of the mount shown on line 11, olumn (f) ublic support. Subtract line 5 from line 4. on B. Total Support ary year (or fiscal year beginning in) mounts from line 4 ross income from interest, ividends, payments received on accurities loans, rents, royalties, and income from similar sources et income from unrelated business ctivities, whether or not the usiness is regularly carried on the rincome. Do not include gain r loss from the sale of capital sests (Explain in Part VI.) otal support. Add lines 7 through 10 ross receipts from related activities, etc. (see instructions) irst five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth ta reganization, check this box and stop here on C. Computation of Public Support Percentage ublic support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) ublic support test - 2018. If the organization did not check the box on line 13, and line 1 top here. The organization qualifies as a publicly supported organization 3 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and and stop here. The organization qualifies as a publicly supported organization 0% -facts-and-circumstances test - 2018. If the organization qualifies as a publicly supported organization 1 the organization meets the "facts-and-circumstances" test, check this box and stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here. The organization column the organization qualifies as a publicly supported organization did not check a box on line the organization qualifies as a publicly supported organization qualifies as a publicly supported organization	upported organization) included in line 1 that exceeds 2% of the mount shown on line 11, oblumn (f) ublic support. Subtract line 5 from line 4. on B. Total Support ar year (or fiscal year beginning in) ▶ (a) 2014 (b) 2015 (c) 2016 (d) 2017 for 7, 387 · 92, 358 · 164, 967 · 210, 188 · 188	upported organization) included in line 1 that exceeds 2% of the mount shown on line 11, olumn (f) ublic support. Subtract line 5 from line 4 on B. Total Support ary year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 mounts from line 4 organization did not check a box on line 13, and line 14 is 33 1/3% or more, check this box of free. The organization qualifies as a publicly supported organization 20% -facts-and-circumstances test - 2018. If the organization idd not check a box on line 13, 16a, or 16b, and line 14 is 18 106 of 6, and line 14 is 18 106 of	

Schedule A (Form 990 or 990-EZ) 2018

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support	Ow, picase comp	pioto i ait ii.j				
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
alendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6		(2)==:=	(5, = 5 + 5	(-,	(-,	(7)
dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses						
acquired after June 30, 1975						-
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for t	he organization'	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	zation,
check this box and stop here						>
Section C. Computation of Public						
15 Public support percentage for 2018 (lin			column (f))		15	9/
Public support percentage from 2017 S					16	9/
Section D. Computation of Invest					T I	
17 Investment income percentage for 201					17	9
Investment income percentage from 20					18	9
19a 33 1/3% support tests - 2018. If the o	•		•		,	17 is not
more than 33 1/3%, check this box and b 33 1/3% support tests - 2017. If the co	-	-		• •		
line 18 is not more than 33 1/3%, check	k this box and s	top here. The orga	nization qualifies a	as a publicly supp	orted organization	> □
20 Private foundation. If the organization						▶

832023 10-11-18

Schedule A (Form 990 or 990-EZ) 2018

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
40		
4a		
4b		
4c		
10		
Fo		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
90		
40-		
10a		
10b		
990 or 99	0-EZ)	2018



	t IV Supporting Organizations (continued)	V -	-	igo o
	(dominidad)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	_		
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Sec	tion b. All Type in Supporting Organizations		V	NI -
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	4		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
Ŭ	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	_		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Check here if the organization satisfied the Integral Part Test	as a qualifying trust on N	lov. 20, 1970 (explain in F	Part VI.) See instructions. A
other Type III non-functionally integrated supporting organiza	tions must complete Sec	tions A through E.	(D) O
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instruc	tions) 6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for great	er amount,		
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A	A) 1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Colum	nn A) 3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject t	0		
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a r	non-functionally integrate	d Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions).

Par	rt V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orgai	nizations (continued)	
Secti	ion D - Distributions	,	Current Year	
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8_	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 MASSACHUSETTS SOLDIERS LEGACY FUND Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part VI Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

➤ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization

Employer identification number

MASSACHUSETTS SOLDIERS LEGACY FUND

Organization type (check one):

20-1909556

•						
Filers of:		Section:				
Form 990 or	990-EZ	$\overline{\mathbf{X}}$ 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 990-P	F	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
-	-	covered by the General Rule or a Special Rule.), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General Ru	le					
	•	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or ne contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special Rul	es					
sed any	ctions 509(a)(1) ar y one contributor,	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 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; ine 1. Complete Parts I and II.				
yea pre	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 (entering "N/A" in column (b) instead of the contributor name and address), 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 \rightarrow \$						
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 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

 $\label{eq:local_local_local_local} \text{LHA} \quad \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

DRA Page 2

Name of organization

Employer identification number

MASSACHUSETTS SOLDIERS LEGACY FUND

20-1909556

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	WHOLE FOODS MARKET 550 BOWIE ST AUSTIN, TX 78703	\$\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	GRANITE TELECOMMUNICATIONS 100 NEWPORT AVE EXTENSION QUINCY, MA 02171	\$\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3	THE TRAVIS ROY FOUNDATION 101 HUNTINGTON AVENUE, STE. 520 BOSTON, MA 02199	\$ 40,866.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

823452 11-08-18

DRA Page 3

Name of organization

Employer identification number

MASSACHUSETTS SOLDIERS LEGACY FUND

20-1909556

		art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of organization

Employer identification number

MASSACHUSETTS	SOLDIERS	LEGACY	FUND	
---------------	----------	--------	------	--

20-1909556

Part III				1(c)(7), (8), or (10) that total more than \$1,000 for the year		
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious,	through (e) and the following of the following of the contributions of the contributions of the following	ing line entry. For o	rganizations		
	Use duplicate copies of Part III if additional	space is needed.	\$1,000 or less for the	le year. (citter tills fillo. olice.)		
(a) No. from	(b) Purpose of gift	(c) Use of	nift	(d) Description of how gift is held		
Part I	(b) I di pose oi giit	(0) 030 01 (a	(d) Description of now girt is need		
		(e) Trans	fer of gift			
		` ,	J			
	Transferee's name, address, ar	nd ZIP + 4	Re	elationship of transferor to transferee		
			-			
(a) No.						
(a) No. from	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held		
Part I						
		-				
F						
		(e) Trans	fer of gift			
L	Transferee's name, address, ar	nd ZIP + 4	Re	elationship of transferor to transferee		
		_				
			<u> </u>			
(a) No. from	(h) D	(-) 11 ((A) Description of household in held		
Part I	(b) Purpose of gift	(c) Use of	giπ	(d) Description of how gift is held		
Γ		(e) Trans	fer of gift			
	(-,					
	Transferee's name, address, ar	nd 7IP + 4	Re	elationship of transferor to transferee		
			-			
	-			_		
(a) No.						
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held		
Parti						
		-				
		(e) Trans	fer of gift			
 	Transferee's name, address, ar	nd ZIP + 4	Re	elationship of transferor to transferee		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization

MASSACHUSETTS SOLDIERS LEGACY FUND

Employer identification number 20-1909556

Pai	art I Organizations Maintainin	Donor Advised Funds or Other Similar	Funds or Accounts. Complete if the
	organization answered "Yes" on l	orm 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (duri		
3	Aggregate value of grants from (during y	ar)	
4	Aggregate value at end of year		
5	Did the organization inform all donors ar	d donor advisors in writing that the assets held in dor	nor advised funds
	are the organization's property, subject t	the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees,	lonors, and donor advisors in writing that grant funds	s can be used only
	for charitable purposes and not for the b	enefit of the donor or donor advisor, or for any other p	ourpose conferring
Pai	art II Conservation Easements	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, line 7.
1	Purpose(s) of conservation easements h	ld by the organization (check all that apply).	
	Preservation of land for public use	(e.g., recreation or education) Preservation	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the orga	ization held a qualified conservation contribution in t	he form of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	,		
С		certified historic structure included in (a)	
d		ded in (c) acquired after 7/25/06, and not on a histori	I I
3		fied, transferred, released, extinguished, or terminate	ed by the organization during the tax
	year ▶		
4	Number of states where property subject		
5		cy regarding the periodic monitoring, inspection, han	
_	violations, and enforcement of the conse		Yes No
6	Starr and volunteer nours devoted to mo	nitoring, inspecting, handling of violations, and enforce	eing conservation easements during the year
-	Assessment of assessment in assessment in assessment		
7		ng, inspecting, handling of violations, and enforcing o	conservation easements during the year
	Dana and appearation assembly report	ed on line 2(d) above satisfy the requirements of sect	ion 170/b\/4\/D\/i\
8			
9		reports conservation easements in its revenue and	
3		note to the organization's financial statements that de	
	conservation easements.	ote to the organization's imanolal statements that de	sorbes the organization's accounting for
Pai		Collections of Art, Historical Treasures	, or Other Similar Assets.
	Complete if the organization answ	ered "Yes" on Form 990, Part IV, line 8.	
	If the organization elected, as permitted	under SFAS 116 (ASC 958), not to report in its revenu	ue statement and balance sheet works of art.
	, ,	s held for public exhibition, education, or research in	•
	the text of the footnote to its financial st	-	, , , , , , , , , , , , , , , , , , , ,
b		under SFAS 116 (ASC 958), to report in its revenue st	atement and balance sheet works of art, historical
		public exhibition, education, or research in furtheran	
	relating to these items:	•	
	_	VIII, line 1	> \$
	(ii) Assets included in Form 990, Part X	,	
2	If the organization received or held work	of art, historical treasures, or other similar assets for	
	the following amounts required to be rep	orted under SFAS 116 (ASC 958) relating to these ite	ms:
а	Revenue included on Form 990, Part VIII	line 1	> \$
b			. .
LHA	For Paperwork Reduction Act Notice,	ee the Instructions for Form 990.	Schedule D (Form 990) 2018

832051 10-29-18

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Par	rt III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, or	Other	Simila	r Assets	(continu	ıed)
3	,									
	(check all that apply):			•	_					
а	Public exhibition	d	ı 🔲 ı	Loan or exc	hange progran	ns				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how the	ey further th	ne organization	i's exem	ot purpo	se in Part	XIII.	
5	During the year, did the organization solicit o	-		•	-					
	to be sold to raise funds rather than to be ma	aintained as part of th	he organ	ization's co	llection?				Yes	☐ No
Par	rt IV Escrow and Custodial Arran								ine 9, or	
	reported an amount on Form 990, Par			· ·					·	
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for c	ontribution	s or other asse	ets not in	cluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII									
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo						y?		Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planatio	n has been	provided on Pa	art XIII				
Par	rt V Endowment Funds. Complete i	f the organization an	swered '	"Yes" on Fo	orm 990, Part I	V, line 10).			
		(a) Current year	(b) P	rior year	(c) Two years	back (d) Three y	ears back	(e) Four y	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g	, column (a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
За	Are there endowment funds not in the posses	ssion of the organiza	tion that	are held ar	nd administere	d for the	organiza	ation	_	
	by:								\	Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on So	chedule R?					3b	
4	Describe in Part XIII the intended uses of the		wment fu	unds.						
Par	rt VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" on Form 990), Part IV	, line 11a. S	See Form 990,	Part X, li	ne 10.			
	Description of property	(a) Cost or o	ther	(b) Cost	t or other	(c) Ac	cumulate	ed	(d) Book	value
		basis (investn	nent)	basis	(other)	dep	reciation			
1a	Land									
	Buildings									
С	Leasehold improvements									
d	Equipment									
	Other									
Total	Add lines 1a through 1e (Column (d) must o	aud Form 000 Dort	V andrum	n (D) line 1	0-1					0.

Schedule D (Form 990) 2018

		MASSACHUSETT	rs soldiers	S LEGAC	Y FUND	2	0-1909556 Page 3
Part VII	Investments - Oth						
	Complete if the organiza						
	tion of security or category (i		(b) Book value	(c) Method of v	aluation: Cost or e	nd-of-year market value
	al derivatives						
	held equity interests						
(3) Other							
(A)							
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)	-\	V and (D) line 40)					
	o) must equal Form 990, Part Investments - Pro						
T GIT VIII	,		on Farm 000 Dort IV	lina 11a Ca	o Form 000	Dort V. line 10	
	Complete if the organiza (a) Description of investigations (a) The complete if the organization of investigation of investi		(b) Book value				nd-of-year market value
(4)	(a) Description of inves	Striont	(b) Book value	(0	j wearou or v	aldation. Cost of Ci	nd or year market value
(1)							
(2)							
<u>(3)</u> <u>(4)</u>							
(5)							
(6)							
(7)							
(8)							
(9)							
	o) must equal Form 990, Par	t X. col. (B) line 13.) ▶					
Part IX	Other Assets.						
	Complete if the organiza	ation answered "Yes" o	on Form 990, Part IV	, line 11d. Se	ee Form 990,	Part X, line 15.	
		(a) [Description				(b) Book value
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
Total. (Colu	mn (b) must equal Form 9	90, Part X, col. (B) line	15.))	>
Part X	Other Liabilities.						
	Complete if the organiza		on Form 990, Part IV			n 990, Part X, line 2 T	5.
1.		otion of liability		(b) Boo	k value	-	
	eral income taxes					-	
(2)						-	
(3)						-	
(4)						-	
(5)						-	
(6)						-	
(7)						-	
(8)						-	
(9)	(h) 15 - 3	00 0-44 -7 (5) "	05)			-	
101al. (CO/U	mn (b) must equal Form 9	<u> 90, Рап X, соі. (В) line</u>	∠5.)				

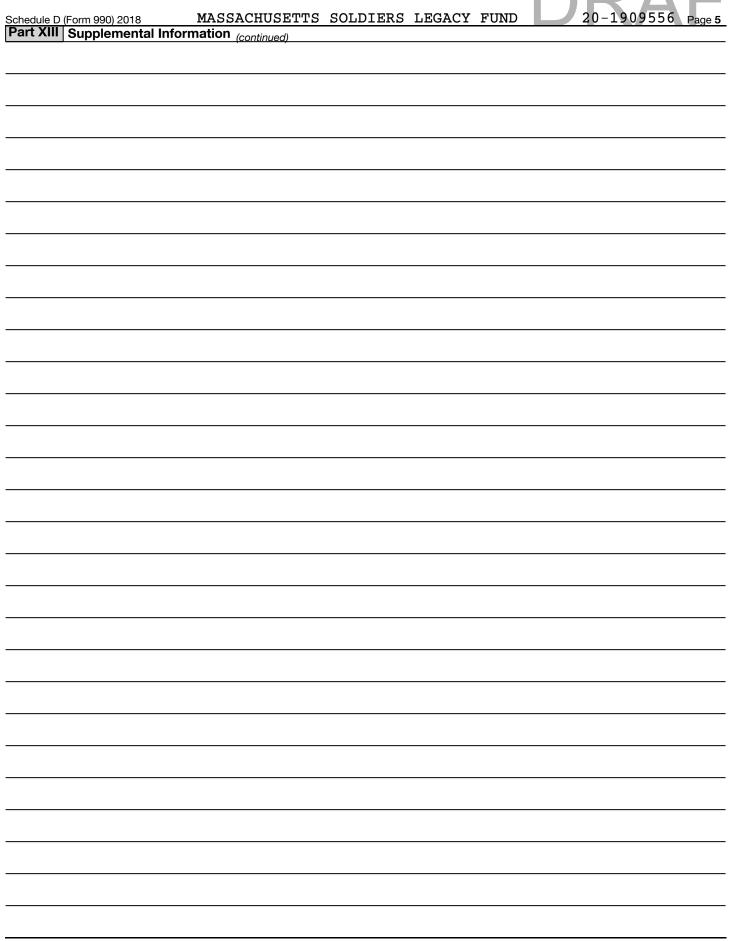
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

Part XI Reconciliation of Revenue per Audited Financi		or Poturn	Page
	-	der Return.	
Complete if the organization answered "Yes" on Form 990, Pa			
1 Total revenue, gains, and other support per audited financial stateme	ents	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	00		
a Net unrealized gains (losses) on investments			
b Donated services and use of facilities			
c Recoveries of prior year grants			
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d			
3 Subtract line 2e from line 14 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	4a		
a Investment expenses not included on Form 990, Part VIII, line 7bb Other (Describe in Part XIII.)			
		40	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. Part XII Reconciliation of Expenses per Audited Finance	ial Statements With Expenses	s per Return.	
Complete if the organization answered "Yes" on Form 990, Pa		, por motarm	
		1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2a		
b Prior year adjustments	l l		
- · ·	_		
c Other losses d Other (Describe in Part XIII.)			
,		2e	
Subtract line 2e from line 1Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	4a		
		4c	
c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part			
Part XIII Supplemental Information.	1, IIIIe 10.)		
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	1a and 4: Part IV. lines 1b and 2b: Part	V. line 4: Part X. line 2: Part	XI.
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pr	·	,, . a, ,, . a	7,
PART X, LINE 2:			
THE ORGANIZATION IS EXEMPT FROM INCOME	E TAX AS A PUBLIC CH	ARITY UNDER	
SECTION 501(C)(3) OF THE INTERNAL REVI	ENUE CODE. MANAGEMEN	T BELIEVES THA	$\mathbf{T}_{\mathbf{Z}}$
THE ORGANIZATION OPERATES IN A MANNER	CONSISTENT WITH ITS	TAX-EXEMPT	
STATUS AT BOTH THE STATE AND FEDERAL I	LEVEL.		
THE ORGANIZATION ANNUALLY FILES IRS FO	ORM 990 - RETURN OF	ORGANIZATION	
EXEMPT FROM INCOME TAX, REPORTING VAR	IOUS INFORMATION THA	T THE IRS USES	TO
			_
MONITOR THE ACTIVITIES OF TAX EXEMPT I	ENTITIES, GENERALLY	FOR A PERIOD O)F
MIDDE VENDA NEMED WITH THESE STIES STIES	T ODGANITARION CURRE	NIMI W HAG NO	
THREE YEARS AFTER THEY WERE FILED, THE	3 OKGANIZATION CHRRE	NILLY HAS NO	

Schedule D (Form 990) 2018

EXAMINATIONS IN PROGRESS.



SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047 **2018**

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

name of the organization MASSACHUS	ETTS SOLD	IERS LEGACY	FUND				20-1909556
Part I General Information on Grants a							
Does the organization maintain records to criteria used to award the grants or assist to be criteria used to award the grants or assist to be criteria used to award the grants or assistance to be criteria. Part II Grants and Other Assistance to be criteria.	stance? ocedures for monito	oring the use of grant	funds in the United	l States.			X Yes No
recipient that received more than	5,000. Part II can	be duplicated if addition	onal space is need	ed.	(0.14.1)	1	
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) at	-		e line 1 table	<u> </u>			_

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2018)

20-1909556

Page 2 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(f) Description of noncash assistance recipients cash grant cash assistance EDUCATIONAL ASSISTANCE 53 345,558. 0. Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

2018

Open to Public Inspection

Name of the organization

MASSACHUSETTS SOLDIERS LEGACY FUND

Employer identification number 20-1909556

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WHO HAVE DIED IN THE WAR AGAINST TERRORISM WHILE DEPLOYED ON OPERATIONS

ENDURING FREEDOM AND IRAQI FREEDOM, OR IN OTHER, FUTURE THEATERS OF

OPERATION, AND MASSACHUSETTS EMPLOYEES OF THE CIA WHO HAVE DIED IN SUCH

CONFLICTS OR THEATERS OF OPERATION.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EMPLOYEES OF THE CIA WHO HAVE DIED IN SUCH CONFLICTS OR THEATERS OF

OPERATION. THE MSLF IS SPECIFICALLY DESIGNED TO GRANT FUNDS FOR CURRENT

AND FUTURE EDUCATIONAL ASSISTANCE FOR CHILDREN WHOSE PARENT'S HOME OF

RECORD AT THE DEPARTMENT OF DEFENSE (DOD) WAS MASSACHUSETTS. OVER THE

NEXT 20+ YEARS, THE MSLF IS COMMITTED TO DISPERSING EDUCATIONAL

ASSISTANCE GRANTS TO THE CHILDREN OF MASSACHUSETTS BASED SERVICE

MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PREPARED BY THE EXTERNAL AUDITORS AND REVIEWED BY

MANAGEMENT AND TRUSTEES RESPONSIBLE FOR 990 APPROVAL. REVISIONS,

CORRECTIONS, ETC. ARE MADE AS NECESSARY. ONCE THESE PARTIES ARE SATISFIED

WITH THE FORM, IT IS FINALIZED AND FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION HAS ADOPTED A CONFLICT OF INTEREST POLICY. ALL POTENTIAL

CONFLICTS ARE EVALUATED BY THE BOARD TO DETERMINE IF A CONFLICT ACTUALLY

EXISTS. IN THOSE INSTANCES WHERE THE POTENTIAL TRANSACTION IS A CONFLICT,

THE BOARD EXAMINES THE TRANSACTION AND A VOTE IS TAKEN, WITH THOSE INVOLVED

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18



Name of the organization MASSACHUSETTS SOLDIERS LEGACY FUND	Employer identification number 20-1909556
RECUSING THEMSELVES, AS TO WHETHER THE ORGANIZATION WILL E	NTER INTO THE
TRANSACTION.	
FORM 990, PART VI, SECTION B, LINE 15:	
OFFICER COMPENSATION IS APPROVED BY THE BOARD OF TRUSTEES.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES IT GOVERNING DOCUMENTS AND FINANCIA	L STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST. THE ORGANIZATION CHA	RGES FOR THE
COPIES IN ACCORDANCE WITH IRS REGULATIONS.	



THE COMMONWEALTH OF MASSACHUSETTS OFFICE OF THE ATTORNEY GENERAL NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION ONE ASHBURTON PLACE BOSTON, MASSACHUSETTS 02108

(617) 727-2200, ext. 2101 www.mass.gov/ago/charities

Form PC

	/10			Check all items atta	ached		
Report for the Fiscal Period: $01/01/18$ to $12/31$	(if applicable) Filing Fee or P	rintout of					
Attorney General's Account #: 044401	Electronic Pay Confirmation	ment					
Federal ID #: 20-1909556				X Copy of IRS Return			
				X Audited Finand Statements/Re			
Electronic Payment Confirmation #:				Amended Artic			
When did the organization first engage in				By-Laws	5,00%		
charitable work in Massachusetts?		11/22/2	2004	Schedule A-1			
Lies the every retion applied for as been greated				X Schedule A-2 Schedule RO			
Has the organization applied for or been granted IRS tax exempt status?		X Yes	No	Schedule VCC	,		
				Probate Accor			
If yes, date of application OR date of determination letter:		02/24/2	2005				
IRS Exemption under 501(c):		3					
If exempt under 501(c), are contributions to the organizatio	n						
tax deductible as charitable contributions?		X Yes	No No				
Organization Data							
Name: MASSACHUSETTS SOLDIERS LEGACY	Y FUND						
Mailing Address: 225 CEDAR HILL STREET, 1	NO. 20	0					
City: MARLBOROUGH	S	tate: MA	ZIP	: 01752			
Phone Number: 508-630-2382		Fax Number:					
Email: PTROVATO@COPLEYEQUITY.COM		Website: WWW • M	MSLFUND.ORG				
		and all the formed to the					
In the table below, please enter the appropriate codes from the c Enter up to 2 codes from Table 3 for your organization's main pu	· ·	ng tables found in the	e instructions.				
Category	Code		Category		Code		
County (Table 1)	8	Organization Purpo	se Code 1		60		
Type of Organization (Table 2)	20	Organization Purpo	se Code 2				
Please check box if final return prior to dissolution:							
		1	Office Use Only: P	avment Received			
Form PC Rev. 11/2016	Page	1 of 15	Office Use Offiy: F	aymont Hooelveu			
878001							

20-1909556
ttached federal form. See instructions

All questions must be completed in their entirety whether or not similar questions are answered in an attached federal form. See instructions and definition section for guidance.

1. On what date was the organization created? $\frac{11/22}{2}$

2. Where was the organization created? MASSACHUSETTS

3. What is the form of organization? (check one)

Corporation	Testamentary Trust	
Unincorporated Association	Inter Vivos Trust	

Other (please describe): \underline{TRUST}

4. Was your organization related to any other organization(s) during the reporting year (see definition of "Related Organization")? If yes, please complete the Schedule RO on pages 13 and 14.

5. Enter your summary of financial data:

_	Financial Data	Amounts
Α.	Contributions, gifts, grants, and similar amounts received	91,794.
В.	Gross support and revenue	171,363.
C.	Program services and similar amounts paid out	450,199.
D.	Fundraising expenses	6,074.
E.	Management and general expenses	37,324.
F.	Payments to affiliates	0.
G.	Total expenses	493,597.
Н.	Net assets or fund balances at the end of the year	3,893,924.

6. List the total compensation you provided to your five highest paid employees:

	Name/Title	Hrs/ Week	Salary and Other Income	Benefit Plans	Other Compensation
	ERICA ZEIGER				
1.	DIRECTOR	40.00	78,167.	845.	0.
2.					
3.					
4.					
5.					

7.	Was any compensation provided to any of the individuals listed in question 6 above which was not quantified in your response to the individuals listed in question 6 above which was not quantified in your response to the individuals listed in question 6 above which was not quantified in your response to the individuals listed in question 6 above which was not quantified in your response to the individuals listed in question 6 above which was not quantified in your response to the individuals listed in question 6 above which was not quantified in your response to the individuals listed in question 6 above which was not quantified in your response to the individuals listed in question 6 above which was not quantified in your response to the individuals listed in question 6 above which was not quantified in your response to the individuals listed in question 6 above which was not quantified in your response to the individuals listed in question 6 above which was not question 6 above which we have the individual of the individu		
	provide explanation (attach separate sheet).	Yes	X No

Form PC 878002 04-01-18

Page 2 of 15

Rev. 11/2016

20-1909556
proganization's five highest paid

8. List the name, amount of compensation paid, and the nature of services rendered by each of the organization's five highest paid consultants providing professional services (e.g. attorneys, architects, accountants, management companies, investment advisors, professional solicitors, professional fundraising counsel).

	Name/Title	Amount of Compensation	Type(s) of Service
1.	JACKRABBIT	11,790.	MARKETING
2.	SMARTFISH	174.	MARKETING
3.	KAHN, LITWIN,& RENZA		ACCOUNTING & AUDITING
4.	SUPPORTING STRATEGIES	5,610.	BOOKKEEPING
5.	FRONT STREAM GIFTWORKS	956.	MANAGEMENT SYSTEM

9. Bank(s) in which the organization's funds are deposited (include bank addresses and phone number):

Bank	Address		Phone Number
	100 n. TRYON ST., CH 28255		800-432-1000
10. What is the organization's accounting method?	Cash X Accrual		
	Other (specify):		
11. If organization's mailing address is a P.O. Box, list	the organization's full street address:		
Address: 225 CEDAR HILL ST ST	TE 200		
City: MARLBOROUGH		State: MA ZIP	Code: 01752
12. Contact Person Name: ERICA ZEIGER			
Street Address: 225 CEDAR HILL ST	r ste 200		
City: MARLBOROUGH		State: MA ZIP	Code: 01752
Phone Number: 508-630-2382			

Form PC 878003 04-01-18

20-1909556 Yes X No

13. During the fiscal year reported here, did your organization solicit contributions or have funds solicited on its behalf?

4.	At any time during the fiscal year following the year reported here, will your organization, or others		
	acting on its behalf, solicit contributions?	Yes	X No
	If you answered yes to Question 13 or 14 you must complete Schedule A-1 and/or Schedule A-2 unless you are exempt from	1	

If you answered yes to Question 13 or 14, you must complete Schedule A-1 and/or Schedule A-2 unless you are exempt from the solicitation certificate requirement.

15. If you are claiming an exemption from the solicitation certificate requirement, please indicate by checking the box to the right to identify which exemption applies to your organization.

a religious organization	
an organization which: (a) does not raise more than \$5,000 during a calendar year Or does not receive contributions from	
more than ten persons during a calendar year; AND (b) carries out all of its activities, including fundraising, through unpaid	
volunteers. (The conditions at both (a) and (b) must be met for your organization to qualify for this exemption.)	

16. Attach a list of names, addresses (street and/or mailing), and telephone numbers of other offices/chapters/branches/affiliates.

STATEMENT 1

1

17. Attach a list of names, titles, and addresses (street and/or mailing) of officers, directors, trustees, and the principal salaried executives of organization.

STATEMENT 2

18. Attach a list of names, titles, and addresses (street and/or mailing) of any individual(s) authorized to sign checks, and any individual(s) responsible for: custody of funds; distribution of funds; fundraising; and custody of financial records.

STATEMENT 3

19. Has this organization or any of its officers, directors, employees or fundraisers solicited funds in any other state?

_			
Γ	Yes	X	Nο

If you attach list of states where solicitation was conducted, including registered agency, dates of registration, registration numbers, any other names under which the organization was/is registered, and the dates and type (mail, telephone, door to door, special events, etc.) of the solicitation conducted.

Form PC 878004 04-01-18 Page 4 of 15 Rev. 11/2016



FORM PC NAME, ADDRESS, PHONE OF OTHER OFFICES STATEMENT 1

NAME AND ADDRESS

PHONE NUMBER

NONE

FORM PC OFFICE	RS, DIRECTORS	, TRUSTEES AND EXECUTIVES	STATEMENT 2
NAME AND ADDRESS		TITLE	
ERICA ZEIGER 225 CEDAR HILL STREET, MARLBOROUGH, MA 01752		DIRECTOR	
ROBERT T. HALE JR 225 CEDAR HILL STREET, MARLBOROUGH, MA 01752		TRUSTEE	
GLENN MANGURIAN 225 CEDAR HILL STREET, MARLBOROUGH, MA 01752		TRUSTEE	
ERIC KAPITULIK 225 CEDAR HILL STREET, MARLBOROUGH, MA 01752		TRUSTEE	
PETER G. TROVATO 225 CEDAR HILL STREET, MARLBOROUGH, MA 01752		TRUSTEE	
THOMAS JENNINGS 225 CEDAR HILL STREET, MARLBOROUGH, MA 01752		TRUSTEE	
TIMOTHY PINCH 225 CEDAR HILL STREET, MARLBOROUGH, MA 01752		TRUSTEE	
RYAN DURKIN 225 CEDAR HILL STREET, MARLBOROUGH, MA 01752		TRUSTEE	



FORM PC	PAGE 4, 1	LINE 18 STATEMENT 3
NAME AND ADDRESS PETER G. TROVATO 225 CEDAR HILL ST.		AREA OF RESPONSIBILITY RESPONSIBLE FOR CUSTODY OF FUNDS
MARLBOROUGH, MA 01752 TIMOTHY PINCH 225 CEDAR HILL ST. MARLBOROUGH, MA 01752		RESPONSIBLE FOR CUSTODY OF FUNDS
PETER G. TROVATO 225 CEDAR HILL ST. MARLBOROUGH, MA 01752		AUTHORIZED TO SIGN CHECKS
TIMOTHY PINCH 225 CEDAR HILL ST. MARLBOROUGH, MA 01752		AUTHORIZED TO SIGN CHECKS
ERICA ZEIGER 225 CEDAR HILL ST. MARLBOROUGH, MA 01752		CUSTODY OF FINANCIAL RECORDS
PETER G. TROVATO 225 CEDAR HILL ST. MARLBOROUGH, MA 01752		CUSTODY OF FINANCIAL RECORDS
ROBERT T HALE JR 225 CEDAR HILL ST. MARLBOROUGH, MA 01752		RESPONSIBLE FOR DISTRIBUTION OF FUNDS
GLENN MANGURAIAN 225 CEDAR HILL ST. MARLBOROUGH, MA 01752		RESPONSIBLE FOR DISTRIBUTION OF FUNDS
ERIC KAPITULIK 225 CEDAR HILL ST. MARLBOROUGH, MA 01752		RESPONSIBLE FOR DISTRIBUTION OF FUNDS
PETER G. TROVATO 225 CEDAR HILL ST. MARLBOROUGH, MA 01752		RESPONSIBLE FOR DISTRIBUTION OF FUNDS
THOMAS JENNINGS 225 CEDAR HILL ST. MARLBOROUGH, MA 01752		RESPONSIBLE FOR DISTRIBUTION OF FUNDS

TIMOTHY PINCH 225 CEDAR HILL ST. MARLBOROUGH, MA 01752



ERICA ZEIGER 225 CEDAR HILL ST. MARLBOROUGH, MA 01752 RESPONSIBLE FOR DISTRIBUTION OF FUNDS

RYAN DURKIN 225 CEDAR HILL ST. MARLBOROUGH, MA 01752 CUSTODY OF FINANCIAL RECORDS

RYAN DURKIN
225 CEDAR HILL ST.
MARLBOROUGH, MA 01752

RESPONSIBLE FOR DISTRIBUTION OF FUNDS

ROBERT T HALE JR 225 CEDAR HILL ST. MARLBOROUGH, MA 01752 RESPONSIBLE FOR FUNDRAISING

GLENN MANGURAIAN 225 CEDAR HILL ST. MARLBOROUGH, MA 01752 RESPONSIBLE FOR FUNDRAISING

ERIC KAPITULIK
225 CEDAR HILL ST.
MARLBOROUGH, MA 01752

RESPONSIBLE FOR FUNDRAISING

PETER G. TROVATO 225 CEDAR HILL ST. MARLBOROUGH, MA 01752 RESPONSIBLE FOR FUNDRAISING

THOMAS JENNINGS 225 CEDAR HILL ST. MARLBOROUGH, MA 01752

RESPONSIBLE FOR FUNDRAISING

TIMOTHY PINCH 225 CEDAR HILL ST. MARLBOROUGH, MA 01752 RESPONSIBLE FOR FUNDRAISING

ERICA ZEIGER 225 CEDAR HILL ST. MARLBOROUGH, MA 01752 RESPONSIBLE FOR FUNDRAISING

20-1909556

20. Has this organization or any of its officers, directors, or employees: *If yes, please attach an explanation.*

	(a)	Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions?	Yes	X No
	(b)	Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency?	Yes	X No
	(c)	Been the subject of a proceeding regarding any solicitation or registration?	Yes	X No
	(d)	Entered into a voluntary agreement of compliance or consent judgment with any government agency or in a case before a court or administrative agency?	Yes	X No
21.		e any restrictions been removed during the year from donor-restricted funds? s, please attach an explanation.	Yes	X No
22.		e donor-restricted funds been loaned to unrestricted funds? s, please attach an explanation.	Yes	X No
23.	Part	question involves "Termination of Employment or Changes of Control Compensatory Arrangements" with certain "Relaties" (see instructions and definition sections). Report only if payments made or promised to any individual are in excess our months salary or \$100,000, whichever dollar amount is less.	ed	
	(a)	Did you make actual payments or otherwise transfer value under such an arrangement to any individual described in Related Party definition, sections (a) or (b), which payments are not reported in Question 6 or 7 above?	Yes	X No
	(b)	Do you have an agreement with any individual described in Related Party definition, sections (a) or (b), containing such an agreement?	Yes	X No

If you answered **Yes** for Question 23(a) or 23(b) above, please attach an explanation identifying the individual(s) involved, stating the amount of any payments made or value transferred, and describing the terms of each agreement.

20-1909556

prs. trustees, certain employees, relative.

24. This question applies to related party transactions, which include transactions with officers, directors, trustees, certain employees, relative and organizations they own or control. Please consult the instructions and definition sections for the definition of a "Related Party" and "Indebtedness" before answering. Note that transactions involving related parties must be reported even when there is no accounting recognition (e.g. in-kind gifts, waiver of interest not otherwise reported).

If the answer to any part of Question 24 is yes, attach a schedule stating the name and address of the related party, the nature of the transaction, the value or the amounts involved in the transaction, and the procedure followed in authorizing the transaction.

	During the year:		
A.	Has your organization sold or transferred assets to or purchased assets from or exchanged assets with a		
	related party?	Yes	X No
B.	Has your organization leased assets to or leased assets from a related party?	Yes	X No
C.	Has your organization been indebted to a related party?	Yes_	X No
D.	Has your organization allowed a related party to be indebted to it?	Yes_	X No
E.	Has your organization made or held an investment in a related party?	Yes Yes	X No
F.	Has your organization furnished goods, services, or facilities to a related party?	Yes Yes	X No
G.	Has your organization acquired goods, services, or facilities from a related party who received compensation		
	or other value in return?	Yes Yes	X No
			77
Н.	Has your organization paid or became obligated to pay wages, salary, or other compensation to a related party?	Yes Yes	X No
I.	Has your organization transferred income or assets to or for use by a related party?	Yes Yes	X No
J.	Was your organization a party to any transaction in which any of its officers, directors, or trustees has a material		77
	financial interest, or did any officer, director or trustee receive anything of value not reported as compensation?	Yes Yes	X No
K.	Has your organization invested in any corporate stock of a company in which any officer, director, or trustee owns		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	more than 10% of the outstanding shares?	Yes	X No
L.	Is any property of the organization held in the name of or commingled with the property of any other person	<u></u>	▼
	or organization?	Yes Yes	X No
l			
M.	Did your organization make a grant award or contribution to any other organization in which any of this organization's	<u> </u>	₹
	officers, directors or trustees has a relationship?	Yes	X No



orrect to the best of my knowledge.	
gnature:	Date:
rinted Name: PETER G. TROVATO	
Title: TRUSTEE	
lame of Preparer: KAHN,LITWIN,RENZA	A & CO., LTD.
Name of Preparer: KAHN, LITWIN, RENZA Address 951 NORTH MAIN STREET	A & CO., LTD.
	D.T. 00004

MASSACHUSETTS SOLDIERS LEGACY FUND Schedule A-1



Solicitation Activities During Fiscal Year Covered By This Report

List any names which will be used by the organization in conpage 1.	nnection with the soli	citation of funds, other than	n the official name which app	ears on
Types of solicitation activities in which you expect to engage	check all that apply	/):		
Mass Mailing	X	Via the Internet		X
Door-to-door		Raffle, beano, bingo or ga	ming event	
Entertainment event	X			
Telemarketing without sale of goods or ads		Individual Mailings		X
Telemarketing with sale of goods		Corporate solicitations		X
Telemarketing with sale of ads		Grant Proposals		X
Other (specify):				
Professional solicitor*		Own employees		X
Professional fundraising counsel*		Volunteers		X
Commercial co-venturer*				
Provide applicable names and addresses: Professional Solicitor Name:				
Address				
City		State	ZIP Code	
Professional Fundraising Counsel Name:				
Address				
City		State	ZIP Code	
Commercial Co-Venturer Name:				
Address				
City		State	ZIP Code	

MASSACHUSETTS SOLDIERS LEGACY FUND Schedule A-1 ctd.



Solicitation Activities During Fiscal Year Covered By This Report

Identify the individuals who will have final responsibility for the charity's custody of contributions: $\textbf{PETER} \quad \textbf{G} \bullet \quad \textbf{TROVATO}$

Name and Title: TRUSTEE		
Address 225 CEDAR HILL ST		
City MARLBOROUGH	State MA	ZIP Code 01752
TIMOTHY PINCH Name and Title: TRUSTEE		
Address 225 CEDAR HILL ST		
City MARLBOROUGH	State MA	ZIP Code 01752
Name and Title:		
Address		
City	State	ZIP Code
entify the individuals who will have final responsibility for the characteristic ROBERT $ extbf{T}$. HALE $ extbf{J} extbf{R}$ Name and Title: $ extbf{TRUSTEE}$	rity's distribution of contributions:	
Address 225 CEDAR HILL ST		
City MARLBOROUGH	State MA	ZIP Code 01752
$\begin{array}{ccc} \textbf{GLENN} & \textbf{MANGURAIAN} \\ \textbf{Name and Title:} & \mathbf{TRUSTEE} \end{array}$		
Address 225 CEDAR HILL ST		
City MARLBOROUGH	State MA	ZIP Code 01752
ERIC KAPITULIK Name and Title: TRUSTEE		
Address 225 CEDAR HILL ST		
City MARLBOROUGH	State MA	ZIP Code 01752

Schedule A-1 ctd.



Solicitation Activities During Fiscal Year Covered By This Report

Identify the individuals who will have final responsibility for the charity's custody of contributions:

Name and Title:		
Address		
City	State	ZIP Code
Name and Title:		
Address		
City	State	ZIP Code
Name and Title:		
Address		
City	State	ZIP Code
Identify the individuals who will have final responsibility for the charity's distril	bution of contributions:	
Address 225 CEDAR HILL ST		
City MARLBOROUGH	State MA	ZIP Code 01752
THOMAS JENNINGS Name and Title: TRUSTEE		
Address 225 CEDAR HILL ST		
City MARLBOROUGH		
TIMOTHY PINCH Name and Title: TRUSTEE		
Address 225 CEDAR HILL ST		
City MARLBOROUGH	State MA	ZIP Code 01752

Form PC - Schedule A-1 878009 04-01-18

Page 9 of 15

Rev. 11/2016

Schedule A-1 ctd.



Solicitation Activities During Fiscal Year Covered By This Report

Identify the individuals who will have final responsibility for the charity's custody of contributions:

Name and Title:		
Address		
City	State	ZIP Code
Name and Title:		
Address		
City	State	ZIP Code
Name and Title:		
Address		
City	State	ZIP Code
Identify the individuals who will have final responsibility for the characteristic ERICA ZEIGER Name and Title: DIRECTOR	arity's distribution of contributions:	
Address 225 CEDAR HILL ST City MARLBOROUGH		
Address 225 CEDAR HILL ST City MARLBOROUGH	State MA	ZIP Code 01752
Address 225 CEDAR HILL ST	State MA	ZIP Code 01752
Address 225 CEDAR HILL ST City MARLBOROUGH Name and Title:	State MA	ZIP Code 01752
Address 225 CEDAR HILL ST City MARLBOROUGH Name and Title: Address City	State MA	ZIP Code 01752 ZIP Code
Address 225 CEDAR HILL ST City MARLBOROUGH Name and Title: Address	State MA	ZIP Code 01752 ZIP Code

Form PC - Schedule A-1 878009 04-01-18

Page 9 of 15

Rev. 11/2016

MASSACHUSETTS SOLDIERS LEGACY FUND Schedule A-2



Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

List any names which will be used by the organization in corpage 1.	nnection with the soli	citation of funds, other than t	he official name which appo	ears on
Types of solicitation activities in which you expect to engage	check all that apply	<i>ı</i>):		
Mass Mailing	X	Via the Internet		X
Door-to-door		Raffle, beano, bingo or gam	ning event	
Entertainment event	X			
Telemarketing without sale of goods or ads		Individual Mailings		X
Telemarketing with sale of goods		Corporate solicitations		X
Telemarketing with sale of ads		Grant Proposals		X
Other (specify):				
Professional solicitor*		Own employees		X
Professional fundraising counsel*		Volunteers		X
Commercial co-venturer*				
Provide applicable names and addresses: Professional Solicitor Name:				
Address				
City		State	ZIP Code	
Professional Fundraising Counsel Name:				
Address				
City		State	ZIP Code	
Commercial Co-Venturer Name:				
Address				
City		State	ZIP Code	

MASSACHUSETTS SOLDIERS LEGACY FUND Schedule A-2 ctd.



Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

Identify the individuals who will have final responsibility for the charity's custod PETER G. TROVATO	dy of contributions:	
Name and Title: TRUSTEE		
Address 225 CEDAR HILL ST		
City MARLBOROUGH	State MA	ZIP Code 01752
TIMOTHY PINCH Name and Title: TRUSTEE		
Address 225 CEDAR HILL ST		
City MARLBOROUGH	State MA	ZIP Code 01752
Name and Title:		
Address		
City	State	ZIP Code
Identify the individuals who will have final responsibility for the charity's distrib	ution of contributions:	
ROBERT T. HALE JR Name and Title: TRUSTEE		
Address 225 CEDAR HILL ST		
City MARLBOROUGH	State MA	ZIP Code 01752
GLENN MANGURAIAN Name and Title: TRUSTEE		
Address 225 CEDAR HILL ST		
City MARLBOROUGH	State MA	ZIP Code 01752
ERIC KAPITULIK Name and Title: TRUSTEE		_
Address 225 CEDAR HILL ST		
City MARLBOROUGH	State MA	ZIP Code 01752

Schedule A-2 ctd.



Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

Identify the individuals who will have final responsibility for the charity's custody of contributions:

Name and Title:		
Address		
City	State	ZIP Code
Name and Title:		
Address		
City	State	ZIP Code
Name and Title:		
Address		
City	State	ZIP Code
Identify the individuals who will have final responsibility for the charity's distr PETER G. TROVATO Name and Title: TRUSTEE	ribution of contributions:	
Address 225 CEDAR HILL ST		
City MARLBOROUGH	_ State MA	ZIP Code 01752
THOMAS JENNINGS Name and Title: TRUSTEE		
Address 225 CEDAR HILL ST		
City MARLBOROUGH	State MA	ZIP Code 01752
TIMOTHY PINCH Name and Title: TRUSTEE		
Address 225 CEDAR HILL ST		
City MARLBOROUGH	_ State MA	ZIP Code 01752

Schedule A-2 ctd.



Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

entify the individuals who will have final responsibil	lity for the charity's custody of contributions:	
Name and Title:		
Address		
City	State	ZIP Code
Name and Title:		
Address		
City	State	ZIP Code
Name and Title:		
Address		
City	State	ZIP Code
entify the individuals who will have final responsibil ERICA ZEIGER Name and Title: DIRECTOR	lity for the charity's distribution of contributions:	
City MARLBOROUGH	State MA	ZIP Code 01752
Name and Title:		
Address		
City	State	ZIP Code
Name and Title:		
Address		
City	State	ZIP Code

Form PC - Schedule A-2 878011 04-01-18

Certification by Organization



Two <u>different signatures required</u>. Signers must be organization president or other authorized officer or trustee.

Under penalty of perjury, we declare that the information furnished in this report, including all attachments, is true and correct to the best of our knowledge.

Signature:	Date:
Printed Name: PETER G. TROVATO	
Title: TRUSTEE	
Signature:	Date:
Printed Name: TIMOTHY PINCH	
Title: TRUSTEE	

Rev. 11/2016