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.

Inspection

OMB No. 1545-0047

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

A	For the	2017 calendar year, or tax year beginning	and	ending	_	
В	Check if applicable	C Name of organization			D Employer identif	ication number
Г	Addres change	MASSACHUSETTS SOLDIERS	LEGACY FUND			
	Name change	Doing business as			20-1	.909556
	Initial return	Number and street (or P.O. box if mail is not delive	ered to street address)	Room/suite	E Telephone numbe	
	Final return/	225 CEDAR HILL STREET		200		630-2382
	termin- ated	City or town, state or province, country, and ZI	IP or foreign postal code		G Gross receipts \$	449,626.
	Amend return	MAKIDOKOOGII, MA 01/32			H(a) Is this a group	
	Application pending	~	R G. TROVATO		for subordinate	s? Yes X No
		SAME AS C ABOVE			H(b) Are all subordinates	
			(insert no.) 4947(a)(1)	or 527	1 ′	a list. (see instructions)
		e: WWW.MSLFUND.ORG	o de la	1	H(c) Group exemption	
		5-ga	ociation Other	L Year	of formation: 2004	M State of legal domicile: MA
P		Summary	· ··· · · · · · · · · · · · · · · · ·	DOMINE	· EDITCAMTONA	т
S	1 1	Briefly describe the organization's mission or most single SISTANCE GRANTS TO THE C	HTT.DREN OF MAS	SACHIIS	EDUCATIONA ETTE SERVIC	E MEMBERS
Governance	-	Check this box if the organization disconti				
Ver		Number of voting members of the governing body (P			1 7	
Ğ		Number of independent voting members of the gove				7
တ္တ		Fotal number of individuals employed in calendar year				1
Ϊŧ		Fotal number of volunteers (estimate if necessary)				0
Activities &		Fotal unrelated business revenue from Part VIII, colu				0.
_		Net unrelated business taxable income from Form 99				0.
					Prior Year	Current Year
ē	8 (Contributions and grants (Part VIII, line 1h)			164,967.	
enr					0.	
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, a			165,437.	225,557.
_	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9	9c, 10c, and 11e)		0.	0.
		Total revenue - add lines 8 through 11 (must equal P			330,404.	
	1	Grants and similar amounts paid (Part IX, column (A)		253,852.	371,340.	
	1	Benefits paid to or for members (Part IX, column (A),			92,160.	82,596.
Expenses	15 3	Salaries, other compensation, employee benefits (Pa			92,100.	02,390.
en	loa i	Professional fundraising fees (Part IX, column (A), line Fotal fundraising expenses (Part IX, column (D), line		28.	<u></u>	0.
Ä	17 (Other expenses (Part IX, column (A), lines 11a-11d, 1			52,963.	64,618.
		Fotal expenses. Add lines 13-17 (must equal Part IX,			398,975.	
		Revenue less expenses. Subtract line 18 from line 12			-68,571.	
or				Ве	ginning of Current Year	End of Year
sets	20	Fotal assets (Part X, line 16)			4,249,641.	4,515,260.
Net Assets or Fund Balances	21	Гotal liabilities (Part X, line 26)			0.	339.
		Net assets or fund balances. Subtract line 21 from lin	ne 20		4,249,641.	4,514,921.
	art II	Signature Block				
	•	ties of perjury, I declare that I have examined this return, in			•	ny knowledge and belief, it is
true	, correct	a, and complete. Declaration of preparer (other than officer)	is based on all information of w	hich preparer	has any knowledge.	
		Signature of officer			 Date	
Sig		, ,	rr		Date	
Hei	re	PETER G. TROVATO, TRUST Type or print name and title	<u>EE</u>			
		7 31 1	Preparer's signature		Date Check	II PTIN
Pai		Print/Type preparer's name DEBORAH A. HOPKINS	ropaiti o oighaluit		if	
	- +	Firm's name KAHN, LITWIN, REN	ZA & CO. LTD.		self-emplo Firm's EIN ▶	05-0409384
		Firm's address 800 SOUTH STREET,			THIII3LIN	
		WALTHAM, MA 02453			Phone no. 78	31-547-8800
Ma	v the IR	S discuss this return with the preparer shown above			1	X Yes No

Pai	rt III Statement of Program Service Accomplishments	u.gu
	Check if Schedule O contains a response or note to any line in this Part III	Х
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 MASSACHUSET	TS
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	X No
	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? Yes If "Yes," describe these changes on Schedule O.	LX No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses	i.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses,	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 468,738 · including grants of \$ 371,340 ·) (Revenue \$	<u> </u>
	SINCE EARLY 2002, THERE HAVE BEEN OVER 150 DEATHS OF SERVICE MEMBER	<u> </u>
	WHOSE HOME OF RECORD AT THE DOD WAS MASSACHUSETTS.	
	TO DATE, THERE HAVE BEEN 81 CHILDREN WHO HAVE LOST A PARENT WHOSE H	OME
	OF RECORD WAS MASSACHUSETTS. THESE CHILDREN ARE ELIGIBLE TO RECEIV	
	EDUCATIONAL GRANTS FROM THE MSLF. CURRENTLY, THESE CHILDREN'S AGES	<u> </u>
	RANGE FROM AGE 8 TO 30 YEARS OF AGE. THE MSLF DISTRIBUTES GRANTS TO	
	ELIGIBLE CHILDREN FOR HIGHER EDUCATION, EDUCATIONAL AND VOCATIONAL	
	PROGRAMS, PRE AND POST-SECONDARY EDUCATION. IN 2017, THE MSLF	
	DISTRIBUTED A TOTAL OF \$371,340 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 \$)	
<u>4e</u>	Total program service expenses ► 468,738.	
	Form 9	90 (2017)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did 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	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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 Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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 "Yes," complete Schedule D, Part I	6		X
7	Did 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 II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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?			
	If "Yes," complete Schedule D, Part IV	9		Х
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	10		X
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
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	11b		Х
С	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	11c		Х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	14b		X
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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			7.7
	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,			77
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			37
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			37
	complete Schedule G, Part III	19		Х

Form **990** (2017)

Page **4**

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Part IV Checklist of Required Schedules (continued)

20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X		
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					
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X		
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	Х			
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			7.7		
	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	04-		x		
	Schedule K. If "No", go to line 25a	24a				
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	24c				
ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d				
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240				
200	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	200				
-	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		X		
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		X		
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v		
00	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? <i>If</i> "Yes," complete Schedule M	29				
30	contributions? If "Yes," complete Schedule M	30		x		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30				
٠.	If "Yes," complete Schedule N, Part I	31		х		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>				
_	Schedule N, Part II	32		Х		
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		Х		
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		
35a	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		<u> </u>		
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		X		
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		X		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	1		
	Note. All Form 990 filers are required to complete Schedule O	38	Х	Щ_		

Form **990** (2017)

Page **5**

Part V Statements Regarding Other IRS Filings and Tax Compliance

The Enter the number reported in Box 3 of Form 1086. Enter 0- if not applicable 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Check if Schedule O contains a response or note to any line in this Part V								
be Enter the number of Forms W-2G included in line 1s. Enter C-If not applicable 1b 0						Yes	No			
be Enter the number of Forms W-2G included in line 1s. Enter C-If not applicable 1b 0	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	1						
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gambling) without sense in the provided provi			1b	0						
(agambling) winnings to prize winners? Earlor the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return I b if at least one is reported on line 2a, did the organization file all required feedled employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) 3a Dd file organization have unrelated business gross income of \$1,000 or more during the year? 3a Extended the organization have unrelated business gross income of \$1,000 or more during the year? 3a Extended the organization have unrelated business gross income of \$1,000 or more during the year? 3a Extended the organization have an interest in, or a signature or other authority over, a financial account of the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b If "Yes, a file the organization that It was or is a party to a prohibited tax shelter transaction? 5c If "Yes, a file the organization that It was or is a party to a prohibited tax shelter transaction? 5c If "Yes, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charitable contributions? 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles and charitable contributions? 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles and charitable to mitted the property for which it was required to file from 8886.7 6c If "Yes," did the organization receive and contribution or advanced transport organization for th			eporta	ble gaming						
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, [2a] 1 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrestated business gross income of 31,000 or more during the year? 3b If Yes, "has if filed a Form 990-T for this year? If "No," to fine 3b, provide an explanation in Schedule O 4b If Yes, "has if filed a Form 990-T for this year? If "No," to fine 3b, provide an explanation in Schedule O 5b If Yes, "has if filed a Form 990-T for this year? If "No," to fine 3b, provide an explanation in Schedule O 5c If Yes, "has the druing the calandary are, did the organization have an interest it, or a signature or other authority over, a financial account; a foreign country. 5c If Yes, "to line 5a of 5b, did the organization file Form 6866-T? 5c If Yes, "to line 5a of 5b, did the organization file Form 6866-T? 6c If Yes, "to line 5a of 5b, did the organization file Form 6866-T? 6c If Yes, "to line 5a of 5b, did the organization file Form 6866-T? 6c If Yes, "to line 5a of 5b, did the organization file Form 6866-T? 6d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions on express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 1700-). 8 If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 If Yes, "did the organization solicity and year permitted that the property for which it was required to file Form 5882? 8 If Yes, "did the organization solicity and year permitted solicity or indirectly, to pay premitted and year permitted to the property of y					1c					
big Hall least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X	2a									
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unniated business gross is not come of \$1,000 or more during the year? 3a X 11 'Yes,' "and it filed a Form 990-Tof this year? If 'No," to line 3b, provide an explanation in Schedule O 3b 14 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account!? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account!? 4b If 'Yes,' enter the name of the foreign country; ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See in Financial F		filed for the calendar year ending with or within the year covered by this return	2a	1						
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? bit "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; in a foreign country (such as a bank account, securities account, or other financial account?) See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Saw the transparization aparty to a prohibited tax shelter transaction? bit "Yes," to line 5a or 5b, did the organization file Form 8886-T? cit "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5b Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? bit "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7c If "Yes," did the organization notify the donor of the value of the goods or services provided? 7c If "Yes," did the organization notify the donor of the value of the goods or services provided? 7c If I'Yes, "Indicate the number of Forms 8282 (filed during the year bid the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? file the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required? 7c If I'Yes, "Indicate the number of Forms 8282 (filed during the year bid the organization for seeling any funda, directly or indirectly, to pay premiums on a personal benefit contract? 7r If I'Yes, "Indicate the number of Forms 8282 (filed during the year) bid the organization fundamental mini	b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	Х				
b if "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly over, and the standard of the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly over, and the standard of the calendar year, did the organization country. 4a. X b If "Yes," either the name of the foreign country. 5b. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a. X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b. X 5c. Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles as charitable contributions? 5c. Was if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c. Organizations that may receive deductible contributions under section 170(c). 8d. If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7d. If "Yes," indicate the number of Forms 8282 filed during the year 8d. If "Yes," indicate the number of Forms 8282 filed during the year 9d. If "Yes," indicate the number of Forms 8282 filed during the year 1 put 1 file organization eceive any funds, directly or indirectly, on a personal benefit contract? 7e. X 7f. X 7g. If the organization received a contribution of qualified intellectual property, did the organization file Form 1098-07 8d. Sponsoring organization was a distribution sunder section 4966? 9d. Did the sponsoring organizations mak		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)							
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a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b		sponsoring organization have excess business holdings at any time during the year?			8					
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Initiation fees and capital contributions included on Part VIII, line 12					9a					
a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 15 Gross income from other sources (Do not net amounts due or paid to other sources against 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 12b 15 If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 15 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 1s the organization licensed to issue qualified health plans in more than one state? 13a 15 Note. See the instructions for additional information the organization must report on Schedule O. 15 Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 15c	b				9b					
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 11b 11b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 15 see the instructions for additional information the organization must report on Schedule O. 15 Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 12c 14a 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b			ı	İ						
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organization is licensed to issue qualified health plans 13b 13c	L									
c Enter the amount of reserves on hand	D		126							
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	_		\vdash							
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b				<u> </u>	142		X			
										
	ט	11 100, That it filed a 1 offit 120 to report these payments: If 140, provide an explanation in Schedul	J J			990	(2017)			

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Form 990 (2017)

MASSACHUSETTS SOLDIERS LEGACY FUND

20-1909556 Page 6

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.

	Check if Schedule O contains a response or note to any line in this Part VI					X					
Sec	tion A. Governing Body and Management										
		1 1	-		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 relationsh	ip with a	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										
	of officers, directors, or trustees, or key employees to a management company or other person? \dots			3		Х					
4	$\label{eq:decomposition} Did the organization make any significant changes to its governing documents since the prior Form \\$			4		Х					
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		Х					
6	Did the organization have members or stockholders?			6		Х					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a										
	more members of the governing body?			7a		X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockho	lders, or			x					
	persons other than the governing body?										
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the	following:								
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 read	ached a	t the								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	Revenue	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 of	hapters	, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\ _{\cdot}$			10b	X						
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
b											
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to conf	icts?	12b	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	Yes," de	scribe								
	in Schedule O how this was done			12c	Х						
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 approve	al by in	dependent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	?									
а	The organization's CEO, Executive Director, or top management official			15a	Х						
b	Other officers or key employees of the organization			15b	Х						
	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 arrange	ment w	th 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	ate its p	articipation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organical statements are safeguard to safeguard the organical statements.	anizatior	ı's								
	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 (or 1024 if applicable), 990, and 990-	T (Secti	on 501(c)(3)s only) a	ıvailab	le						
	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, conflict of interest policy, and f											
	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 bo	ooks an	d records:▶								
	PETER G. TROVATO - 508-630-2382										
	225 CEDAR HILL ST. STE 200. MARLBOROUGH. MA 01752	2									

Form 990 (2017)

MASSACHUSETTS SOLDIERS LEGACY FUND

20-1909556

Page 7

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 organiz (A)	T	ai 1140			nhei	ısal	(D)	(E)	(F)		
(A) Name and Title	(B) Average		(C) Positi			1		Reportable	(E) Reportable	(r) Estimated	
Name and Title	hours per	(do	(do not check more than one box, unless person is both an			than	one h an	compensation	compensation	amount of	
	week	offi	fficer and a director/trustee)		tee)	from	from related	other			
	(list any	ctor						the	organizations	compensation	
	hours for	r dire				ted		organization	(W-2/1099-MISC)	from the	
	related	stee o	rustee			eu sa		(W-2/1099-MISC)		organization	
	organizations	al tru	onal t		oloyee	comb				and related	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
(1) ROBERT T. HALE JR	1.00	드	드	ğ	a a	포등	요				
TRUSTEE	1.00	x						0.	0.	0.	
(2) GLENN MANGURIAN	1.00								•		
TRUSTEE		x						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										
TRUSTEE		Х						0.	0.	0.	
(6) TIMOTHY PINCH	1.00										
TRUSTEE		Х						0.	0.	0.	
(7) RYAN DURKIN	1.00	l									
TRUSTEE	1000	Х						0.	0.	0.	
(8) ERICA ZEIGER	40.00	1						75 600		F 000	
DIRECTOR				Х				75,600.	0.	5,292.	
		4									
		1									
		1									
		1									
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		1									
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Page 8

A Name and title	Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
Noun early due Noun per No	• •				•	•			1 ' '	(E)			(F)	
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Description of longarization Stable total Description of longarization Description Description of longarization Description Description of longarization Description Description of longarization Description Desc									· ·)†
rouge rough and the comparisation of the calendar year ending but not limited to those listed above) who received more than \$10,000 of compensation from the organization for the calendar year ending with or within the organization from the organization. Report compensation for the calendar year ending with or within the organization from the organization. Report compensation for the calendar year ending with or within the organization is the year. Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization Press, complete Schedule J for such individual.			ctor										tion	
1b Sub-total Total from continuation sheets to Part VII, Section Total from continuation sheets sheetile Total from con			direct				p			•		•		
1b Sub-total Total from continuation sheets to Part VII, Section Total from continuation sheets sheetile Total from con		related	ee or	stee			nsate			(** = ** * * * * * * * * * * * * * * * *	- /			
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to Total from continuation sheets to Part VII, Section A	1b Sub-total							<u> </u>					5,2	
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation for services 7 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization is tax year.									- 1					0.
compensation from the organization Yes No									<u> </u>		-		5,2	92.
Yes No		ot limited to th	ose	liste	ed al	bove	e) wh	o r	eceived more than \$100	,000 of reportab	le			0
3	compensation from the organization												Vos	
line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Bescription of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization from the	3 Did the organization list any former officer	director or tru	iste	e ke	v en	nnlo	Wee	or	highest compensated e	mnlovee on	1		103	110
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 1 Total number of compensation from the organization or individual for services or individual for												3		Х
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Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) (Compensation Possible P	• •	•				•		elat	ted organization or indivi	dual for services				
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	φτου,σου οι compensation from the organiz	ZaliUii 🚩										Form	990 (2017\

Page 9

		Check if Schedule O con	tains a resnonse	or note to any line	e in this Part VIII			
		Officer if Schedule O con	тапіз а тезропзе	or note to any line	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
butions, Gifts, Grants ther Similar Amounts	b c d e	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribu All other contributions, gifts, grar similar amounts not included abo	1b 1c 1d 1d tions) 1e nts, and	210,188.				
d Offi	g	Noncash contributions included in line						
<u>a</u> 8	h	Total. Add lines 1a-1f		>	210,188.			
am Service evenue	2 a b c			Business Code				
og B	е							
Program Seven.	f	All other program service rev	enue					
_	g	Total. Add lines 2a-2f						
	4	Investment income (including other similar amounts) Income from investment of ta	ax-exempt bond p	proceeds >	89,338.			89,338.
	5	Royalties						
		Gross rents		(ii) Personal				
	d	Rental income or (loss) Net rental income or (loss)						
		Gross amount from sales of assets other than inventory	(i) Securities 150,100.	(ii) Other				
	С	Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss)	136,219.		136,219.			136,219.
venue		Gross income from fundraisir including \$	ng events (not		130,213.			130,213.
Other Revenu	b	contributions reported on line Part IV, line 18 Less: direct expenses	a					
		Net income or (loss) from fun Gross income from gaming a Part IV, line 19	ctivities. See					
		Less: direct expenses Net income or (loss) from gar		$\overline{}$				
	b	and allowances	a					
ľ		Miscellaneous Revenu		Business Code				
	11 a							
	b							
	С	` `				-		
	d	All other revenue						
	e 12	Total. Add lines 11a-11d Total revenue. See instructions.			435,745.	0.	0.	225,557.

00 10005

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)

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp			. , ,	
	Check if Schedule O contains a respon-				(B)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		·		
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	201 240	251 240		
	individuals. See Part IV, line 22	371,340.	371,340.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	75,600.	64,260.	7,560.	3,780
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	6,996.	5,946.	700.	350
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С		23,741.		23,741.	
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	/// 14 14 14 14 14 14 15 15 F				
·	column (A) amount, list line 11g expenses on Sch O.)	1,907.	1,632.	190.	85
12	Advertising and promotion	18,046.	12,796.		5,250
13	Office expenses	2,646.		2,646.	
14	Information technology				
15	Royalties				
16	Occupancy	11,428.	9,714.	1,143.	571
17	Travel	707.	-	707.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,501.		2,501.	
23 24	Other expenses. Itemize expenses not covered	=,001		2,0021	
	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 0.)				
а	EVENT CONSULTANTS	3,642.	3,050.		592
a b		5,0426	3,0301		552
c d					
	All other expenses				
е 25	All other expenses	518,554.	468,738.	39,188.	10,628
25	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization	310,3340	±00,730•	33,100.	10,020
26					
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (201

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 44,272. 81,759. Cash - non-interest-bearing 1 9,568. 2 Savings and temporary cash investments 200,250. 4,837. Pledges and grants receivable, net 3 4 Accounts receivable, net 4 **5** Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L Assets 6 Notes and loans receivable, net 7 8 Inventories for sale or use 1,281. 1,280. Prepaid expenses and deferred charges **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ______ 10a b Less: accumulated depreciation ______ 10b 10c 3,994,270. 4,427,295. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 4,249,641. 4,515,260. 16 Total assets. Add lines 1 through 15 (must equal line 34) ... 16 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, _iabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 Schedule D 339**.** 0. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here \(\bigvee \bigvee X \) and complete lines 27 through 29, and lines 33 and 34. **Net Assets or Fund Balances** 4,249,641. 4,514,921. 27 Unrestricted net assets 27 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 4,249,641. 4,514,921. Total net assets or fund balances 33 33 4,249,641. 4,515,260. Total liabilities and net assets/fund balances______

Form **990** (2017)

FUIII	1990 (2017) IMIDDITERIORET ID BOEDTERB EEGRET TOND		± J J J J J	•	ray	je • z
Pa	rt XI 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				<u>45.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2				54.
3	Revenue less expenses. Subtract line 2 from line 1	3				09.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,2	49	, 64	41.
5	Net unrealized gains (losses) on investments	5	3	48	, 08	89.
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	4,5	14	, 92	<u>21.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				_	
			_	Y	es	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	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a 2	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2	<u> </u>		_ <u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	,			
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,	,			
	review, or compilation of its financial statements and selection of an independent accountant?		2	c 2	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule C).			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dit			
	Act and OMB Circular A-133?		3	а		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired aud	dit			
	ar guidita, avalain why in Cahadula O and describe any stone taken to undergo quah guidita		2	- I	- 1	

Form **990** (2017)

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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization MASSACHUSETTS SOLDIERS LEGACY FUND **Employer identification number** 20-1909556

D =		December Dublic (BOLDILING LLC				0 2707000
Pa	rt I	Reason for Public (Charity Status (All organizations must co	omplete th	is part.) Se	ee instructions.	
he	organi	zation is not a private found	lation because it is: (For lines 1 through 12, of	heck only	one box.)		
1		A church, convention of ch	urches, or association	on of churches described	d in sectio	n 170(b)(1	I)(A)(i).	
2		A school described in secti	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 99	90-EZ).)		
3		A hospital or a cooperative	hospital service orga	anization described in s e	ection 170	(b)(1)(A)(i	ii).	
4		A medical research organiz	ation operated in co	njunction with a hospital	described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:	•					•
5			or the benefit of a co	llege or university owner	d or opera	ted by a d	overnmental unit describ	ned in
٠		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.)						
_			• •			70/1-\/4\/A\	()	
6	v	☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).						
1	X	An organization that norma	•	ntial part of its support t	rom a gov	ernmentai	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (Co						
8	Щ	A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction 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							
	university:							
10		An organization that norma	lly receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, membership fees, a	and gross receipts from
		activities related to its exem	npt functions - subje	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of its suppor	t from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Cor						
11		An organization organized a	and operated exclus	ively to test for public sa	fety. See	section 50)9(a)(4).	
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform	the functio	ons of, or to carry out the	e purposes of one or
		more publicly supported or	· ·	•	=		· · · · · · · · · · · · · · · · · · ·	
		lines 12a through 12d that	~					
а		Type I. A supporting orga				•	· · · · · ·	, aivina
u		the supported organization	· · · · · · · · · · · · · · · · · · ·	•	•			
		organization. You must c			a majority	or trie dire	ctors or trustees or the s	supporting
L		7 · ·	- ·		tion with it		ad arganization(a) by ba	wina
D		Type II. A supporting org						
		control or management o			ame perso	ons that co	ontrol or manage the sup	pported
		organization(s). You mus						
С		Type III functionally inte					• •	ed with,
		its supported organization		•				
d		Type III non-functionally	, integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organ	ization(s)
		that is not functionally int	egrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement and an attent	iveness
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	s A and D,	and Part	V.	
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type II, Type III	
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organi:	zation.		
f	Ente	r the number of supported o	organizations					
g	Prov	ide the following information	about the supporte	ed organization(s).				
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
				,				
「ota	11							l

Schedule A (Form 990 or 990-EZ) 2017 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						_
	membership fees received. (Do not						
	include any "unusual grants.")	72,603.	67,387.	92,358.	164,967.	210,188.	607,503.
2	Tax revenues levied for the organ-						_
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						_
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	72,603.	67,387.	92,358.	164,967.	210,188.	607,503.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						607,503.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	72,603.	(b) 2014 67,387.	(c) 2015 92,358.	(d) 2016 164, 967.	(e) 2017 210, 188.	(f) Total 607,503.
8	Gross income from interest,						_
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	139,112.	127,175.	130,730.	95,570.	89,338.	581,925.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						1,189,428.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First five years. If the Form 990 is for			d, fourth, or fifth ta	ıx year as a sectio	n 501(c)(3)	
	organization, check this box and stop						>
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2017 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	51.08 %
15	Public support percentage from 2016	Schedule A, Part	II, line 14			15	43.62 %
16a	33 1/3% support test - 2017. If the o	•		•		•	
	$\ensuremath{\mathbf{stop}}$ here. The organization qualifies	as a publicly supp	orted organization				▶ X
b	33 1/3% support test - 2016. If the o						
	and $\ensuremath{\text{stop}}$ here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes	t - 2017. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain in Par	t VI how the orgar	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances tes	t - 2016. If the orga	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	neck this box and	stop here. Explain	in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization o	ualifies as a public	cly supported orga	nization	▶∐
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	s ▶∟



Schedule A (Form 990 or 990-EZ) 2017 MASSACHUSETTS SOLDIERS LEGACY FUND

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 be Section A. Public Support	now, please com	piete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and	(4) 2010	(2) 2311	(0) 2010	(4) 2010	(6) 23 11	(i) rotal
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, 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 bus-						
iness under section 513						
4 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						<u> </u>
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						<u> </u>
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(4) 2016	(e) 2017	(f) Total
9 Amounts from line 6	(a) 2013	(b) 2014	(6) 2013	(d) 2016	(e) 2017	(f) Total
10a Gross income from interest,						
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				-		
or loss from the sale of capital						
assets (Explain in Part VI.)				 		
13 Total support. (Add lines 9, 10c, 11, and 12.)	4b =	la finak ana sasah 11.1			F01(a)(0) :	
14 First five years. If the Form 990 is for	ū			-		zation,
check this box and stop here Section C. Computation of Publi		roontago				P
-			(6)		las l	
15 Public support percentage for 2017 (li					15	<u>%</u>
16 Public support percentage from 2016 Section D. Computation of Inves					16	<u>%</u>
-					147	
17 Investment income percentage for 20						<u>%</u>
18 Investment income percentage from 2					•	<u>%</u>
19a 33 1/3% support tests - 2017. If the	-					
more than 33 1/3%, check this box an						
b 33 1/3% support tests - 2016. If the						
line 18 is not more than 33 1/3%, chec						
20 Private foundation. If the organization	1 did not check a	l box on line 14, 19	a, or 19b, check t	nıs box and see ir	structions	▶Ш

Schedule A (Form 990 or 990 EZ) 2017 MASS 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 (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		
За		
3b		
_		
3с		
4a		
44		
4b		
4c		
5a		
5b		
5c		_
33		
6		
7		
8		
9a		
9d		
9b		
9с		
10a		
10b		

Pa	rt IV Supporting Organizations (continued)			
	(SIMILAR)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
Sec	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			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			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			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	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			
	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 yea(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	tructions	Ĺ П	
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? <i>Provide details in Part VI</i> .	3a		
b		3b		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	บบ		l



Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	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 instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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 greater 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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column 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 to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrate	ed Type III supporting org	ganization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 MASSACHUSETTS SOLDIERS LEGACY FUND

20-1909556 Page 7

Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	ion D -	Distributions		,	Current Year
1	Amou	nts paid to supported organizations to accomplish exe	mpt purposes		
2	Amou	nts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4		nts paid to acquire exempt-use assets	•		
5		ied set-aside amounts (prior IRS approval required)			
6		distributions (describe in Part VI). See instructions.			
7		annual distributions. Add lines 1 through 6.			
8		outions to attentive supported organizations to which the	ne organization is responsive	 e	
		de details in Part VI). See instructions.	3		
9		outable amount for 2017 from Section C, line 6			
10		amount divided by line 9 amount			
		annount annual by mile of annual in	(i)	(ii)	(iii)
Secti	ion E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distrib	outable amount for 2017 from Section C, line 6			
2	Unde	rdistributions, if any, for years prior to 2017 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2017			
а					
b	From	2013			
С	From	2014			
d	From	2015			
е	From	2016			
f	Total	of lines 3a through e			
		ed to underdistributions of prior years			
		ed to 2017 distributable amount			
i		over from 2012 not applied (see instructions)			
i		inder. Subtract lines 3g, 3h, and 3i from 3f.			
4		outions for 2017 from Section D,			
	line 7:	·			
а		ed to underdistributions of prior years			
		ed to 2017 distributable amount			
		inder. Subtract lines 4a and 4b from 4.			
5		ining underdistributions for years prior to 2017, if			
-		Subtract lines 3g and 4a from line 2. For result greater			
	-	zero, explain in Part VI. See instructions.			
6		ining underdistributions for 2017. Subtract lines 3h			
-		b from line 1. For result greater than zero, explain in			
		/I. See instructions.			
7		ss distributions carryover to 2018. Add lines 3j			
•	and 4	-			
8		down of line 7:			
		ss from 2013			
		ss from 2014			
		ss from 2015			
		ss from 2016			
е	_xces	ss from 2017			

Schedule A (Form 990 or 990-EZ) 2017



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

Name of the organization

Employer identification number

MASSACHUSETTS SOLDIERS LEGACY FUND

20-1909556

Organization type (check o	Organization type (check one):				
Filers of:	Section:				
Form 990 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
, ,	Check if your organization is covered by the General Rule or a Special Rule . Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General Rule					
	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special Rules					
sections 509(a)(1) any one contributo	n 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 or, 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; line 1. Complete Parts I and II.				
year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the itions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III.				
year, contributions is checked, enter h purpose. Don't cor	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \bigsim \				
but it must answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 he filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

Name of organization	Employer identification numb

MASSACHUSETTS SOLDIERS LEGACY FUND

20-1909556

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE RICHARD AND NATALIE JACOFF FOUNDATION, INC. SEVEN TIMES SQUARE, 46TH FLOOR NEW YORK, NY 10036	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	MFS INVESTMENT MANAGEMENT 111 HUNTINGTON AVE BOSTON, MA 02199	\$7,800.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	SIDE BY SIDE CHARITABLE ORGANIZATION 86 CLARKE RD SPENCER, MA 01562	\$5,587.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	NANCY J LAKE FAMILY TRUST 30 EASTBROOK RD STE 201 DEDHAM, MA 02026	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	THE EATON VANCE CHARITABLE FOUNDATION 2 INTERNATIONAL PLACE BOSTON, MA 02110	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	WHOLE FOODS MARKET 550 BOWIE ST AUSTIN, TX 78703	\$11,525.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
723452 11-0		Schedule B (Form	990, 990-EZ, or 990-PF) (2017)

723452 11-01-17

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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
7	GRANITE TELECOMMUNICATIONS 100 NEWPORT AVE EXTENSION QUINCY, MA 02171	\$13,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	FUNDRAISE.COM SEVENTY FIVE PARK PLAZA BOSTON, MA 02116	\$\$	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	JEFFREY BEALE 40 CHESTNUT ST SALEM, MA 01970	\$\$, 5,250.	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 Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
723452 11-0		\$Schedule B / Form	Person Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2017)

723452 11-01-17

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

Employer identification number

MASSACHUSETTS SOLDIERS LEGACY FUND

20-1909556

(b) Description of noncash property given	(c)	
2000 iption of nonodoli property given	FMV (or estimate) (See instructions.)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	(b) Description of noncash property given Description of noncash property given (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) FMV (or estimate) (See instructions.)	

Name of org	anization			Employer identification number					
MACCAC	NILLGERRE COLDIED LEGAC	V FIIND		20 1000556					
Part III	CHUSETTS SOLDIERS LEGAC Exclusively religious, charitable, etc., cont	ributions to organizations describe	in section 501(c)(7), (8),	20-1909556 or (10) that total more than \$1,000 for					
	the year from any one contributor. Complete of completing Part III, enter the total of exclusively religiou	columns (a) through (e) and the follo	wing line entry, For organization	tions					
	Use duplicate copies of Part III if addition	al space is needed.	r less for the year. (Enterthis into. (once.) • •					
(a) No. from	·		(-I) D -						
Part I	(b) Purpose of gift	(c) Use of gift	(a) De	scription of how gift is held					
-		(e) Transfer of gi							
		(e) Italisiei oi gi							
	Transferee's name, address, a	nd ZIP + 4	Relationship of t	ransferor to transferee					
(a) No.									
from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held					
- 1 4111									
	(e) Transfer of gift								
	Transferee's name, address, a	Relationship of t	ransferor to transferee						
	Transfer de d'hame, adai ede, al	TO ZII T T	Tiolationomp of t	randicion to transfer co					
(a) No.			<u> </u>						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held					
Parti									
		(e) Transfer of gi	ft						
	Transferes's name address of	ad 7 ID + 4	Polationship of t	ransfarar to transfaras					
-	Transferee's name, address, a	III ZIF + 4	neiationship of t	ransferor to transferee					
(2) 11									
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held					
Part I			+	<u> </u>					
			— I ——						
Γ		(e) Transfer of gi	ft						
	Transferee's name, address, a	nd ZIP + 4	Relationship 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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

Da	MASSACHUSETTS SOLD		20-1909556
Pai			nds or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir		1
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor a	dvised funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds car	be used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purp	ose conferring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 9	90, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	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 organization held a quali	fied conservation contribution in the fo	orm 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
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		
	Number of conservation easements included in (c) acquired		
-	listed in the National Register		
3	Number of conservation easements modified, transferred, re		· · · · · · · · · · · · · · · · · · ·
	year >		, and organization daming the tax
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe	· —	
•	violations, and enforcement of the conservation easements i	·	
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	Land volunteer reals devoted to morntoning, inopeding,	Thanding of violations, and officioling	sonservation easements daring the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing cons	ervation easements during the year
•	S	aling of violations, and emoroling cons	civation casements during the year
8	Does each conservation easement reported on line 2(d) above	we eatisfy the requirements of section	170/h)(//)(R)(i)
Ü	and section 170(h)(4)(B)(ii)?	·	
9	In Part XIII, describe how the organization reports conservat		
3	include, if applicable, the text of the footnote to the organiza	·	
	conservation easements.	illori 3 ililariciai statements that descri	ses the organization's accounting for
Pai	t III Organizations Maintaining Collections o	f Art. Historical Treasures, o	r Other Similar Assets
	Complete if the organization answered "Yes" on Form		
12	If the organization elected, as permitted under SFAS 116 (AS		atomont and balance shoot works of art
ıa	historical treasures, or other similar assets held for public ex	•	
	•	, ,	lerance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that described a promitted under SEAS 116 (A)		
D	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance o	r public service, provide the following amounts
	relating to these items:		•
	(i) Revenue included on Form 990, Part VIII, line 1		· · · · · · · · · · · · · · · · · · ·
_			' '
2	If the organization received or held works of art, historical tre		ncial gain, provide
	the following amounts required to be reported under SFAS 1		
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2017

732051 10-09-17

	t III Organizations Maintaining C	Collections of A				her		ar Asse			ige z
3	Using the organization's acquisition, accessi										
•	(check all that apply):	ori, aria otrior rocore	40, 011001	it diriy or tire	ronowing triat are	a oigii	mount	400 01 110	0011001101	1 100111	J
а	Public exhibition	c	ı 🗆	Loan or exc	change programs						
b	Scholarly research	6		Other	mango programo						
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	in how th	nev further t	the organization's e	xemn	t nurna	nse in Par	ł XIII		
5	During the year, did the organization solicit of							300 IIII ai	. ,		
Ū	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran										
	reported an amount on Form 990, Pa	_	010 11 1110	, organizatio	or anowered 165	01110	000	,, r a. r . r ,			
	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other assets i	not inc	luded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
_									Amount		
С	Beginning balance						1c				
	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.					-]
Par											
		(a) Current year		rior year	(c) Two years back		Three y	ears back	(e) Four	years	back
1a	Beginning of year balance	, , , , ,	` ,			1			,		
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 cur		ce (line 1	a. column (a)) held as:						
а	Board designated or quasi-endowment	,	%	9,(
b	Permanent endowment ▶	%									
С	Temporarily restricted endowment	·									
	The percentages on lines 2a, 2b, and 2c sho										
За	Are there endowment funds not in the posse		ation tha	at are held a	and administered fo	or the	organiz	zation			
	by:	3					J		Γ	Yes	No
	(i) unrelated organizations								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza										
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 99	0, Part I\	/, line 11a. \$	See Form 990, Par	X, lin	e 10.				
	Description of property	(a) Cost or o					mulate	ed	(d) Bool	- valu	——— Э
		basis (investr					ciation		.,		
	Land		-								
b	Buildings										
	Leasehold improvements										
	Equipment										
	Other										
	Add lines 1a through 1e (Column (d) must e		X colur	nn (R) line	10c.)						0.

Schedule D (Form 990) 2017

Schedule D	(Form 990) 2017	MASSACHUSETTS	SOLDIERS	LEGACY	FUND		20-1909556	Page 3
Part VII	Investments -	Other Securities.						
	Complete if the orga	anization answered "Yes" on F	orm 990, Part IV, li	ine 11b. See F	orm 990, Pai	rt X, line 12.		
(a) Descrip	tion of security or categ	Ory (including name of security)	(b) Book value	(c) Me	thod of valua	ation: Cost or	end-of-year market v	/alue
(1) Financia	al derivatives							
(2) Closely-	held equity interests							
(3) Other								
(A)								
(B)								
(C)								
(D)								
(E)								
(F)								
(G)								
(H)								
Total. (Col. (b	o) must equal Form 990	, Part X, col. (B) line 12.)						
		Program Related.		•				
	Complete if the org	anization answered "Yes" on F	orm 990. Part IV. li	ine 11c. See F	orm 990. Par	rt X. line 13.		
	(a) Description of	investment	(b) Book value				end-of-year market v	/alue
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
	a) must equal Form 990	, Part X, col. (B) line 13.)						
Part IX	Other Assets.	, 1 at 17, 001. (b) iiii0 10.)						
1 0.1 0 1.1		anization answered "Yes" on F	orm 990 Part IV li	ine 11d See F	orm 990 Pai	rt X line 15		
	Complete in the org	(a) Desc			01111 000, 1 01	7, 1110 10.	(b) Book va	lue
(1)			'				+ ` '	
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(9)	mn (b) must squal Es	orm 000 Part V and (P) line 15	1					
Part X	Other Liabilitie	orm 990, Part X, col. (B) line 15.	-)					
I alt X		anization answered "Yes" on F	Form 000 Port IV I	ina 11a ar 11f	Soo Form 00	00 Bort V line	. 25	
		escription of liability	1 - Onn 990, Part IV, II	(b) Book va		50, Part A, III le	: 20.	
1.		escription or hability		(b) Book va	alue			
	eral income taxes							
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
		orm 990, Part X, col. (B) line 25.	·					
2. Liability	for uncertain tax pos	sitions. In Part XIII, provide the	text of the footnot	e to the organ	ization's fina	ncial statemer	nts 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 X Schedule D (Form 990) 2017 Schedule D (Form 990) 2017 MASSACHUSETTS SOLDIERS LEGACY FUND

20-1909556 Page 4

Pai	rt XI	Reconciliation of Revenue per Audited Financial Statemer	nts With Revenue per R	Return.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total	revenue, gains, and other support per audited financial statements		1
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net u	nrealized gains (losses) on investments	2a	
b	Donat	ted services and use of facilities	2b	
С	Recov	veries of prior year grants	2c	_
d	Other	(Describe in Part XIII.)	2d	
е	Add li	nes 2a through 2d		2e
3	Subtr	act line 2e from line 1		3
4	Amou	nts included on Form 990, Part VIII, line 12, but not on line 1:		
а		tment expenses not included on Form 990, Part VIII, line 7b		4
b		(Describe in Part XIII.)	4b	
С		nes 4a and 4b		4c
5		revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
Pa	rt XII	Reconciliation of Expenses per Audited Financial Stateme	ents with Expenses per	Return.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1		expenses and losses per audited financial statements		1
2		nts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1	
а		ted services and use of facilities		4 1
b		year adjustments		-
С		losses		-
d		(Describe in Part XIII.)		-
		nes 2a through 2d		2e
3		act line 2e from line 1		3
4		ints included on Form 990, Part IX, line 25, but not on line 1:	40	
a		tment expenses not included on Form 990, Part VIII, line 7b		-
b		(Describe in Part XIII.) nes 4a and 4b		4c
5		nes 4a and 4b expenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 18.)</i>		5
		Supplemental Information.		1 - 1
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	V, lines 1b and 2b; Part V, line	4; Part X, line 2; Part XI,
		4 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit		, , , , ,
PAI	RT X	i, LINE 2:		
THI	E OR	GANIZATION IS EXEMPT FROM INCOME TAX AS	A PUBLIC CHARI	TY UNDER
a = .	~== ~	N 501/6//2/ OF THE THEFTHE DEVELOPE GOD		
SE(CTTO	N 501(C)(3) OF THE INTERNAL REVENUE COD	E. MANAGEMENT B	BELIEVES THAT
m	- OD	CANTEL MICH ODER A MED AND CONCICU	1531M WINII IMO MA	A EXEMPE
THI	1 OR	GANIZATION OPERATES IN A MANNER CONSIST	ENT WITH ITS TA	XY-FYFWL.L.
cm z	лттс	AT BOTH THE STATE AND FEDERAL LEVEL.		
517	41.02	AT BOTH THE STATE AND FEDERAL LEVEL.		
тит	₹ OR	.GANIZATION ANNUALLY FILES IRS FORM 990-	PETTIENT OF ORCA	MTZZTTON
1 111	OIV	GANIZATION ANNOADDI FIDES INS FORM 990	RETORN OR ORGA	MIZATION
EXI	тчм	FROM INCOME TAX, REPORTING VARIOUS INF	י יים איים איים איים איים איים איים איי	חד בשפון פקד שאי
1771	31411 1	TROM INCOME TAX, REPORTING VARIOUS INF	ORMATION THAT I	THE TRO CALC
MOI	NI TO	R THE ACTIVITIES OF TAX EXEMPT ENTITIES	. THE ORGANIZAT	ION CURRENTLY
HAS	S NO	EXAMINATIONS IN PROGRESS.		

Schedule D (Form 990) 2017	MASSACHUSETTS	SOLDIERS	LEGACY	FUND	20-1909556	Page 5
Schedule D (Form 990) 2017 Part XIII Supplemental Info	rmation (continued)					
	,					

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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.

2017
Open to Public

Inspection

Name of the organization **Employer identification number** 20-1909556 MASSACHUSETTS SOLDIERS LEGACY FUND Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2017)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CATIONAL ASSISTANCE	59	371,340.	0.		
t IV Supplemental Information. Provide the information.	tion required in Part I, lin	e 2; Part III, column	(b); and any other a	dditional information.	

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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. Open to Public

OMB No. 1545-0047

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

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) (2017)

732211 09-07-17

TAX RETURN FILING INSTRUCTIONS

MASSACHUSETTS FORM PC

FOR THE YEAR ENDING

December 31, 2017

Prepared for	MASSACHUSETTS SOLDIERS LEGACY FUND 225 Cedar Hill Street No. 200 Marlborough, MA 01752
Prepared by	KAHN, LITWIN, RENZA & CO., LTD. 800 South Street, Suite 300 Waltham, MA 02453
Amount due or refund	Balance due of \$250.00
Make check payable to	Not Applicable
Mail tax return and check (if applicable) to	Non-Profit Org/Public Charities Div Office of the Attorney General One Ashburton Place Boston, MA 02108
Return must be mailed on or before	May 15, 2018
Special Instructions	The report should be signed and dated by the authorized individual(s). Payment for the balance due must be made electronically via the Commonwealth of Massachusetts website at: Www.mass.gov/ago/epay All the necessary attachments should be included with Form PC before filing.

Office Use Only: Fiscal Year

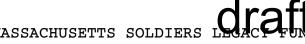
THE COMMONWEALTH OF MASSACHUSETTS OFFICE OF THE ATTORNEY GENERAL NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION ONE ASHBURTON PLACE BOSTON, MASSACHUSETTS 02108

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

Form PC

	1 011	11 F O				
Report for the Fiscal Period: $01/01/17$ to $12/31$	/17			Check all items atta (if applicable)		
Attorney General's Account #: 044401	_			Filing Fee or P X Electronic Pay Confirmation		
Federal ID #: 20-1909556				X Copy of IRS R		
Electronic Payment Confirmation #:				X Audited Finance Statements/Re	eview	
When did the organization first engage in charitable work in Massachusetts?		11/22/2	2004	Amended Artic By-Laws X Schedule A-1 X Schedule A-2	cles/	
Has the organization applied for or been granted IRS tax exempt status?		X Yes	Schedule RO Schedule VCC Probate Accou			
If yes, date of application OR date of determination letter:		02/24/2	2005	1 Tobate Accor	J. 11.	
IRS Exemption under 501(c):		3				
If exempt under 501(c), are contributions to the organization tax deductible as charitable contributions? X Yes No						
Organization Data						
Name: MASSACHUSETTS SOLDIERS LEGAC	Y FUN	ס				
Mailing Address: 225 CEDAR HILL STREET,	NO. 2	00				
City: MARLBOROUGH	S	tate: MA	ZIP:	01752		
Phone Number: 508-630-2382		Fax Number:				
Email: PTROVATO@COPLEYEQUITY.COM		Website: WWW.1	MSLFUND.ORG			
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	•	ling tables found in th	he instructions.			
Category	Code		Category		Code	
County (Table 1) 8 Organization Purpose Code 1						
Type of Organization (Table 2) 20 Organization Purpose Code 2						
Please check box if final return prior to dissolution:						
Form PC Rev. 11/2016 778001 04-01-17 Office Use Only: Pay				ayment Received		

2



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?	11/22/2004
----	--	------------

2. Where was the organization created? ${\underline{\tt MASSACHUSETTS}}$

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

Corporation	Testamentary Trust	
Unincorporated Association	Inter Vivos Trust	
	•	

Other (please describe): TRUST

4. Was your organization related to any other organization(s) during the reporting year (see definition of "Related Organization")? If yes, please X No complete the Schedule RO on pages 13 and 14.

5. Enter your summary of financial data:

	Financial Data	Amounts
A.	Contributions, gifts, grants, and similar amounts received	210,188.
В.	Gross support and revenue	783,834.
C.	Program services and similar amounts paid out	468,738.
D.	Fundraising expenses	10,628.
E.	Management and general expenses	39,188.
F.	Payments to affiliates	0.
G.	Total expenses	518,554.
Н.	Net assets or fund balances at the end of the year	4,514,921.

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 DIRECTOR	40.00	75,600.	5,292.	0.
†		40.00	73,000.	3,232.	
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 res		
	provide explanation (attach separate sheet).	Yes	X No

Form PC

Page 2 of 15 Rev. 11/2016 MASSACHUSETTS SOLDIERS

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	9,075.	MARKETING
2.	SMARTFISH	6,396.	MARKETING
3.	KAHN, LITWIN,& RENZA		ACCOUNTING & AUDITING
4.	SUPPORTING STRATEGIES	5,591.	BOOKKEEPING
5.	FRONT STREAM GIFTWORKS	1,114.	MANAGEMENT SYSTEM

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

Bank	Address	Phone Number
	100 NORTH TRYON STREET, CHARLOTTE	
BANK OF AMERICA		800-432-1000
	200 SEAPORT BOULEVARD, BOSTON, MA	
NATIONAL FINANCIAL SERVICES	02110	800-752-7053
10. What is the organization's accounting method?	Cash X Accrual	
	Other (specify):	
11. If organization's mailing address is a P.O. Box, lis	t the organization's full street address:	
Address: 225 CEDAR HILL ST S	TE 200	
City: MARLBOROUGH	State: MA ZIF	Code: 01752
12. Contact Person Name: ERICA ZEIGER		
Street Address: 225 CEDAR HILL S	T STE 200	
City: MARLBOROUGH	State: MA ZIF	Code: 01752

Form PC

Page 3 of 15

	MASSACHUSETTS SOLDIERS LEGACT FUND 20-1	L909556	
13.	During the fiscal year reported here, did your organization solicit contributions or have funds solicited on its behalf?	X Yes	☐ No
14.	At any time during the fiscal year following the year reported here, will your organization, or others acting on its behalf, solicit contributions? If you answered yes to Question 13 or 14, you must complete Schedule A-1 and/or Schedule A-2 unless the solicitation certificate requirement.	X Yes	□ No
15.	. If you are claiming an exemption from the solicitation certificate requirement, please indicate by checking to identify which exemption applies to your organization.	the box to the right	
	a religious organization		
	an organization which: (a) does not raise more than \$5,000 during a calendar year Or does not receimore than ten persons during a calendar year; AND (b) carries out all of its activities, including fundation volunteers. (The conditions at both (a) and (b) must be met for your organization to qualify for this expectation.	aising, through unpaid	

draft

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

STATEMENT 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

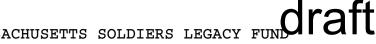
19. Has this organization or any of its officers, directors, employees or fundraisers solicited funds in any other state?

Yes X No

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

Page 4 of 15 Rev. 11/2016 NONE



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

OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES 2 FORM PC STATEMENT NAME AND ADDRESS TITLE ERICA ZEIGER DIRECTOR 225 CEDAR HILL STREET, NO. 200 MARLBOROUGH, MA 01752 ROBERT T. HALE JR TRUSTEE 225 CEDAR HILL STREET, NO. 200 MARLBOROUGH, MA 01752 GLENN MANGURIAN TRUSTEE 225 CEDAR HILL STREET, NO. 200 MARLBOROUGH, MA 01752 ERIC KAPITULIK TRUSTEE 225 CEDAR HILL STREET, NO. 200 MARLBOROUGH, MA 01752 PETER G. TROVATO TRUSTEE 225 CEDAR HILL STREET, NO. 200 MARLBOROUGH, MA 01752 THOMAS JENNINGS TRUSTEE 225 CEDAR HILL STREET, NO. 200 MARLBOROUGH, MA 01752 TIMOTHY PINCH TRUSTEE 225 CEDAR HILL STREET, NO. 200 MARLBOROUGH, MA 01752 RYAN DURKIN TRUSTEE 225 CEDAR HILL STREET, NO. 200 MARLBOROUGH, MA 01752

FORM PC	PAGE 4, LINE 18 STATEMENT 3
NAME AND ADDRESS	AREA OF RESPONSIBILITY
PETER G. TROVATO 225 CEDAR HILL ST. MARLBOROUGH, MA 01752	RESPONSIBLE FOR CUSTODY OF FUNDS
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	RESPONSIBLE FOR DISTRIBUTION OF FUNDS

...draft

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

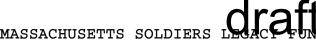
PETER G. TROVATO 225 CEDAR HILL ST. MARLBOROUGH, MA 01752 RESPONSIBLE FOR FUNDRAISING

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

8



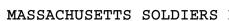
20.	Has this organization or any of its officers, directors, or employees:
	If yes, please attach an explanation.

	(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 "Relaies" (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.	ated	
	(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.

Form PC

Rev. 11/2016 Page 5 of 15





20-1909556

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
В.	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	X No
F.	Has your organization furnished goods, services, or facilities to a related party?	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	X No
Н.	Has your organization paid or became obligated to pay wages, salary, or other compensation to a related party?	Yes	X No
I.	Has your organization transferred income or assets to or for use by a related party?	Yes	X No
J.	Was your organization a party to any transaction in which any of its officers, directors, or trustees has a material financial interest, or did any officer, director or trustee receive anything of value not reported as compensation?	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 or organization?	Yes	X No
M.	Did your organization make a grant award or contribution to any other organization in which any of this organization's officers, directors or trustees has a relationship?	Yes	X No

Form PC 778006 04-01-17 Page 6 of 15 Rev. 11/2016



Signature Required				
Under penalty of perjury, I declare that the information furnished in this report, including all attachments, is true and correct to the best of my knowledge.				
, .				
Signature:	Date:			
Printed Name: PETER G. TROVATO				
Title: TRUSTEE				
Name of Preparer: KAHN, LITWIN, RENZA & CO.,	LTD.			
Address 800 SOUTH STREET, SUITE 300				
City WALTHAM	State MA ZIP Code 02453			
Phone Number 781-547-8800				

Form PC 778007 04-01-17

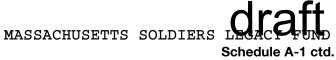
Page 7 of 15 Rev. 11/2016

20-1909556

Solicitation Activities During Fiscal Year Covered By This Report

ist any names which will be used by the organization in copage 1.	connection with the so	icitation of funds, other than th	e official name which ap	oears on
3490 1.				
Types of solicitation activities in which you expect to enga	age (check all that appl	<i>y</i>):		
Mass Mailing	X	Via the Internet		X
Mass Mailing Door-to-door		Raffle, beano, bingo or gamin	a event	
Entertainment event	X	Sale of goods other than by te		
Telemarketing without sale of goods or ads		Individual Mailings	ејернопе	X
Telemarketing with sale of goods Telemarketing with sale of goods		Corporate solicitations		X
Telemarketing with sale of ads		Grant Proposals		X
Other (specify):		- Grant Popodalo		
dentify the method or methods you expect to use for the Professional solicitor*	Tundraising (Creck air t	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				

______ State _



Solicitation Activities During Fiscal Year Covered By This Report

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

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	
Identify the individuals who will have final responsibility for the charity's distribution 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			01752
ERIC KAPITULIK Name and Title: TRUSTEE			
Address 225 CEDAR HILL ST			
City MARLBOROUGH	State MA	ZIP Code	01752

Form PC - Schedule A-1 778009 04-01-17



Schedule A-1 ctd. Solicitation Activities During Fiscal Year Covered By This Report

	Name and Title:			
	Address			
	City	State	ZIP Code	
	Name and Title:			
	Address			
	City	State	ZIP Code	
	Name and Title:			
	Address			
	City	State	ZIP Code	
Iden	tify the individuals who will have final responsibility for the charity's distrib PETER G. TROVATO Name and Title: TRUSTEE	oution of contributions:		
	Address 225 CEDAR HILL ST			
	City MARLBOROUGH			
	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-1 ctd. Solicitation Activities During Fiscal Year Covered By This Report

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 charit ${\tt ERICA}$ ${\tt ZEIGER}$	y's distribution of contributions:	
Name and Title: DIRECTOR		
Address 225 CEDAR HILL ST		
City MARLBOROUGH	State MA	ZIP Code 01752
Name and Title:		
Address		
City	State	ZIP Code
Name and Title:		
Address		
City		ZIP Code

20-1909556

Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

List any names which will be used by the organization in c page 1.	connection with the so	licitation of funds, other th	an the official name which app	pears on
Types of solicitation activities in which you expect to enga	age (check all that appl	(y):		
Mass Mailing	X	Via the Internet		X
Door-to-door		Raffle, beano, bingo or g	aming event	
Entertainment event	X	Sale of goods other than	by telephone	
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):				
Identify the method or methods you expect to use for the Professional solicitor*	Turidraising (check air	Own employees		X
Professional fundraising counsel*		Volunteers		X
Commercial co-venturer*		T GIGINIS GIS		
* 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	



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: $\textbf{PETER} \quad \textbf{G} \quad \textbf{TROVATO}$

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
dentify the individuals who will have final responsibility for the cha ROBERT T。 HALE JR Name and Title: TRUSTEE	arity's distribution of contributions:	
Address 225 CEDAR HILL ST		
City MARLBOROUGH	State MA	ZIP Code 01752
GLENN MANGURAIAN Name and Title: TRUSTEE		
Address 225 CEDAR HILL ST		
	State MA	
ERIC KAPITULIK Name and Title: TRUSTEE		
Address 225 CEDAR HILL ST		
City MARI BOROUGH	State MA	ZIR Codo 01752



Schedule A-2 ctd. Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

	ZIP Code
State	ZIP Code
State	ZIP Code
tribution of contributions:	
State MA	ZIP Code 01752
State MA	ZIP Code 01752
State MA	ZIP Code 01752
	State State tribution of contributions: State MA State MA



Schedule A-2 ctd. Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

	Name and Title:		
	Address		
	City		
	Name and Title:		
	Address		
	City	State	ZIP Code
	Name and Title:		
	Address		
	City	State	ZIP Code
den	tify the individuals who will have final responsibility for the charity's distrib ${ t ERICA} \ { t ZEIGER}$	ution of contributions:	
	Name and Title: DIRECTOR		
	Address 225 CEDAR HILL ST		
	City MARLBOROUGH	State MA	ZIP Code 01752
	Name and Title:		
	Address		
	City		ZIP Code
	Name and Title:		
	Address		
	City		ZIP Code



Two different signatures required. 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	