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CLIENT'S COPY



October 20, 2025

The Hideo Sasaki Foundation
110 Chauncy St
Boston, MA 02111
Attention: John Cinkala, Treasurer

Dear John:

Enclosed is the organization's 2024 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990-PF RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by November 17, 2025.

Your balance due of \$627 will be automatically withdrawn from your account ending in 2880 on October 20, 2025. Refer to Form 990-PF on the Direct Deposit/Debit Report for complete account information.

The 990-PF return includes a penalty for underpayment of estimated tax from Form 2220 of \$20.

Please note that the Form 990-PF return contains excess distribution carryover of \$163,188. This may be applied to tax year 2025 and subsequent years.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,

John Burke, CPA
Principal

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2024, or fiscal year beginning _____, 2024, and ending _____, 20____

2024

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

THE HIDEO SASAKI FOUNDATION

EIN or SSN

04-3534908

Name and title of officer or person subject to tax **JOHN CINKALA
TREASURER**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

1a Form 990 check here	<input type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a Form 990-EZ check here ...	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ...	<input checked="" type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b <u>607.</u>
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **BA, INC.** to enter my PIN **34908**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

04007506446

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date 10/20/25

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2024)

LHA 402521 12-26-24

For calendar year **2024** or tax year beginning , and ending

Name of foundation THE HIDEO SASAKI FOUNDATION		A Employer identification number 04-3534908
Number and street (or P.O. box number if mail is not delivered to street address) 110 CHAUNCY ST	Room/suite	B Telephone number 617-923-7330
City or town, state or province, country, and ZIP or foreign postal code BOSTON, MA 02111		C If exemption application is pending, check here ... <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ... <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 117,963.	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ... <input type="checkbox"/>

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received	426,579.			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	13,250.	13,250.		STATEMENT 1
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	30,387.			
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)		30,387.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss)					
11 Other income					
12 Total. Add lines 1 through 11	470,216.	43,637.	0.		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	0.	0.	0.	0.
	14 Other employee salaries and wages	286,260.	0.	0.	0.
	15 Pension plans, employee benefits				
	16a Legal fees STMT 2	960.	0.	0.	0.
	b Accounting fees STMT 3	29,125.	0.	0.	0.
	c Other professional fees STMT 4	6,443.	0.	0.	0.
	17 Interest				
	18 Taxes STMT 5	26,696.	0.	0.	0.
	19 Depreciation and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings	8,096.	0.	0.	0.
	22 Printing and publications				
	23 Other expenses STMT 6	64,528.	0.	0.	0.
	24 Total operating and administrative expenses. Add lines 13 through 23	422,108.	0.	0.	0.
	25 Contributions, gifts, grants paid	87,684.			87,684.
26 Total expenses and disbursements. Add lines 24 and 25	509,792.	0.	0.	87,684.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements ...	-39,576.				
b Net investment income (if negative, enter -0-)		43,637.			
c Adjusted net income (if negative, enter -0-)			0.		

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only.		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	188,568.	103,587.	103,587.
	2 Savings and temporary cash investments			
	3 Accounts receivable	8,339.		
	Less: allowance for doubtful accounts	7,016.	8,339.	8,339.
	4 Pledges receivable			
	Less: allowance for doubtful accounts			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable			
	Less: allowance for doubtful accounts			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	5,606.	6,037.	6,037.
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock			
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment: basis			
Less: accumulated depreciation				
12 Investments - mortgage loans				
13 Investments - other	STMT 8	443,117.	500,813.	0.
14 Land, buildings, and equipment: basis				
Less: accumulated depreciation				
15 Other assets (describe)				
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)		644,307.	618,776.	117,963.
Liabilities	17 Accounts payable and accrued expenses	6,500.	1,000.	
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe)			
	23 Total liabilities (add lines 17 through 22)		6,500.	1,000.
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 24, 25, 29, and 30.			
	24 Net assets without donor restrictions			
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds	0.	0.	
	27 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
	28 Retained earnings, accumulated income, endowment, or other funds	637,807.	617,776.	
	29 Total net assets or fund balances	637,807.	617,776.	
30 Total liabilities and net assets/fund balances	644,307.	618,776.		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	637,807.
2 Enter amount from Part I, line 27a	2	-39,576.
3 Other increases not included in line 2 (itemize) SEE STATEMENT 7	3	19,676.
4 Add lines 1, 2, and 3	4	617,907.
5 Decreases not included in line 2 (itemize) FEDERAL TAX PAID	5	131.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	617,776.

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	VARIOUS STOCK		01/01/24	12/31/24
b	VARIOUS STOCK		01/01/23	12/31/24
c	VARIOUS STOCK		01/01/23	12/31/24
d				
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))
a				2,704.
b				30,516.
c				-2,833.
d				
e				

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			2,704.
b			30,516.
c			-2,833.
d			
e			

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	30,387.
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8	3	N/A

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

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary - see instructions)	1	607.
b	All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2	0.
3	Add lines 1 and 2	3	607.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4	0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	607.
6	Credits/Payments:		
a	2024 estimated tax payments and 2023 overpayment credited to 2024	6a	0.
b	Exempt foreign organizations - tax withheld at source	6b	0.
c	Tax paid with application for extension of time to file (Form 8868)	6c	0.
d	Backup withholding erroneously withheld	6d	0.
7	Total credits and payments. Add lines 6a through 6d	7	0.
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	20.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	627.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	
11	Enter the amount of line 10 to be: Credited to 2025 estimated tax Refunded	11	

Part VI-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ <u>0.</u> (2) On foundation managers. \$ <u>0.</u>		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ <u>0.</u>		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?		X
If "Yes," attach a detailed description of the activities.		
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		N/A
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?		X
If "Yes," attach the statement required by General Instruction T.		
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. _____ <u>MA</u>		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2024 or the tax year beginning in 2024? See the instructions for Part XIII. If "Yes," complete Part XIII		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	X	
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	X	
Website address <u>SASAKIFOUNDATION.ORG</u>		
14 The books are in care of <u>JOHN CINKALA</u> Telephone no. <u>617-909-2386</u> Located at <u>110 CHAUNCEY ST, BOSTON, MA</u> ZIP+4 <u>02111</u>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year	15	N/A
16 At any time during calendar year 2024, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?		X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country		

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

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

Table with columns for question ID, description, Yes, and No. Rows include 1a(1) through 1a(6), 1b, 1d, 2a, 2b, 3a, 3b, 4a, and 4b. 'Yes' and 'No' columns contain 'X' or 'N/A'.

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

	Yes	No
5a During the year, did the foundation pay or incur any amount to:		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?		X
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?		X
(3) Provide a grant to an individual for travel, study, or other similar purposes?		X
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions		X
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?		X
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	N/A	
c Organizations relying on a current notice regarding disaster assistance, check here	<input type="checkbox"/>	
d If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d).	N/A	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.		X
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		X
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X

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

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

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 10		0.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000 0

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

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

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		0

Total number of others receiving over \$50,000 for professional services 0

Part VIII-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 TRUSTEES OF TUFTS COLLEGE - THE GRANTS AND AWARDS ARE TO BE USED FOR VARIOUS EDUCATIONAL SERVICES IN THE AREA OF DESIGN, GRANTS, ETC.	15,000.
2 BOSTON PUBLIC HOUSING - THE GRANTS AND AWARDS ARE TO BE USED FOR VARIOUS EDUCATIONAL SERVICES IN THE AREA OF DESIGN, GRANTS, ETC.	10,000.
3 CHINATOWN COMMUNITY LAND TRUST - THE GRANTS AND AWARDS ARE TO BE USED FOR VARIOUS EDUCATIONAL SERVICES IN THE AREA OF DESIGN, GRANTS, ETC.	10,500.
4 RESIST INC - THE GRANTS AND AWARDS ARE TO BE USED FOR VARIOUS EDUCATIONAL SERVICES IN THE AREA OF DESIGN, GRANTS, ETC.	10,000.

Part VIII-B Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	
2	
All other program-related investments. See instructions.	
3 NONE	
	0.
	0.
Total. Add lines 1 through 3	0.

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

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:			
a	Average monthly fair market value of securities	1a	471,965.
b	Average of monthly cash balances	1b	146,077.
c	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	618,042.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	618,042.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	9,271.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	608,771.
6	Minimum investment return. Enter 5% (0.05) of line 5	6	30,439.

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

1	Minimum investment return from Part IX, line 6	1	30,439.
2a	Tax on investment income for 2024 from Part V, line 5	2a	607.
b	Income tax for 2024. (This does not include the tax from Part V.)	2b	
c	Add lines 2a and 2b	2c	607.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	29,832.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	29,832.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	29,832.

Part XI Qualifying Distributions (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	87,684.
b	Program-related investments - total from Part VIII-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the:			
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	87,684.

Form 990-PF (2024)

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2023	(c) 2023	(d) 2024
1 Distributable amount for 2024 from Part X, line 7				29,832.
2 Undistributed income, if any, as of the end of 2024:				
a Enter amount for 2023 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2024:				
a From 2019	34,447.			
b From 2020	31,708.			
c From 2021	6,375.			
d From 2022				
e From 2023	67,253.			
f Total of lines 3a through e	139,783.			
4 Qualifying distributions for 2024 from Part XI, line 4: \$	87,684.			
a Applied to 2023, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2024 distributable amount				29,832.
e Remaining amount distributed out of corpus	57,852.			
5 Excess distributions carryover applied to 2024 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:	197,635.			
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2023. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2024. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2025				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
8 Excess distributions carryover from 2019 not applied on line 5 or line 7	34,447.			
9 Excess distributions carryover to 2025. Subtract lines 7 and 8 from line 6a	163,188.			
10 Analysis of line 9:				
a Excess from 2020	31,708.			
b Excess from 2021	6,375.			
c Excess from 2022				
d Excess from 2023	67,253.			
e Excess from 2024	57,852.			

Part XIII Private Operating Foundations (see instructions and Part VI-A, question 9)

N/A

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2024, enter the date of the ruling

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

Table with 5 columns: (a) 2024, (b) 2023, (c) 2022, (d) 2021, (e) Total. Rows include 2a-e (Qualifying distributions) and 3a-d (Alternative tests).

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

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

NONE

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

NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here [X] if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

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

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

c Any submission deadlines:

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

Part XIV Supplementary Information *(continued)*

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution **	Amount
Name and address (home or business)				
a Paid during the year				
AYNI INSTITUTE 50 MAVERICK SQUARE BOSTON, MA 02128	NONE		GRANT PAYMENT 1 OF 3: MOVEMENT TRAINING AND CULTURAL CENTER AND GRANT PAYMENT 3 OF 3:	5,000.
BOSTON PUBLIC HOUSING CORPORATION 52 CHAUNCY ST BOSTON, MA 02111	NONE		GRANT 2 OF 3: EARLY EDUCATOR SPACE 2.0 AND GRANT 3 OF 3: EARLY EDUCATOR SPACE 2.0	10,000.
CHINATOWN COMMUNITY LAND TRUST 28 ASH ST. BOSTON, MA 02111	NONE		GRANT PAYMENT 2 OF 3: IMPROVING OPEN SPACE IN CHINATOWN AND GRANT PAYMENT 3 OF 3:	10,500.
COMMUNITY ART CENTER, INC. 119 WINDSOR ST # 6 CAMBRIDGE, MA 02139	NONE		YOUTH MENTAL HEALTH AND WELLNESS MINI GRANT; YOGA & MINDFULNESS GRANT	2,000.
EAST END HOUSE, INC. 105 SPRING ST CAMBRIDGE, MA 02141	NONE		HEALTHY EATING/ACTIVE LIVING MINI GRANT; SPROUT ED GRANT AND YOUTH MENTAL HEALTH	3,000.
Total	SEE CONTINUATION SHEET(S)			3a 87,684.
b Approved for future payment				
NONE				
Total				
				3b 0.

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
GREEN CAMBRIDGE, INC. 99 BISHOP ALLEN DR SUITE 1C CAMBRIDGE, MA 02139	NONE		HEALTHY EATING/ACTIVE LIVING MINI GRANT: GROW TO CONSUME	1,000.
LESLEY UNIVERSITY 29 EVERETT STREET CAMBRIDGE, MA 02138	NONE		HEALTHY EATING/ACTIVE LIVING MINI GRANT	1,000.
ON THE RISE INC. 341 BROADWAY CAMBRIDGE, MA 02139	NONE		HEALTHY EATING/ACTIVE LIVING MINI GRANT; DAY OF JOY	1,184.
RESIST INC P.O. BOX 301240 BOSTON, MA 02130	NONE		GRANT PAYMENT 2 OF 3: RECLAIM ROXBURY, SURVIVAL GUIDE TO LIVING AND STAYING IN ROXBURY	10,000.
SPONSOR INC DBA MISSION EARTH 1257 WORCESTER ROAD, BOX #312 FRAMINGHAM, MA 01701	NONE		YOUTH MENTAL HEALTH AND WELLNESS MINI GRANT; JOYWEAVERS GRANT	2,000.
THE HARBORKEEPERS 434 CHELSEA STREET, 2ND FLOOR EAST BOSTON, MA 02128	NONE		GRANT PAYMENT 2 OF 3: BUILDING FOOD RESILIENCE AND GRANT PAYMENT 3 OF 3:	5,000.
TRANSITION HOUSE, INC. 136 BISHOP ALLEN DR CAMBRIDGE, MA 02139	NONE		HEALTHY EATING/ACTIVE LIVING MINI GRANT	1,000.
TRUSTEES OF TUFTS COLLEGE 150 HARRISON AVE BOSTON, MA 02111	NONE		EDUCATION SUPPORT-RACIAL EQUITY IN POLICY & PLANNING FELLOWSHIP SPONSORSHIP	15,000.
SOCIEDAD LATINA, INC 1530 TREMONT ST ROXBURY, MA 02120	NONE		DESIGN GRANTS PAYMENT 1: GARDENS FOR ALL (JARDINES PARA TODOS)	5,500.
FOUR CORNERS MAIN STREET, INC 337 WASHINGTON ST BOSTON, MA 02121	NONE		DESIGN GRANTS PAYMENT 1: INCLUSIVE FOUR CORNERS	5,500.
Total from continuation sheets				57,184.

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
FRIENDS OF MORSE SCHOOL 40 GRANITE ST CAMBRIDGE, MA 02139	NONE		HEALTHY EATING/ACTIVE LIVING MINI GRANT	1,000.
PROJECT RESTORE US, INC 310 MASSACHUSETTS AVE CAMBRIDGE, MA 02139	NONE		HEALTHY EATING/ACTIVE LIVING MINI GRANT	2,000.
CAMBRIDGE ECONOMIC OPPORTUNITY COMMITTEE, INC 11 INMAN ST, CAMBRIDGE, MA 02139	NONE		HEALTHY EATING/ACTIVE LIVING MINI GRANT; YOGA FOR SENIORS	1,000.
LONNELL ROBERTS-WELLS 34 ARLINGTON ST EVERETT, MA 02149	NONE		HEALTHY EATING/ACTIVE LIVING MINI GRANT	1,000.
FRIENDS OF BALDWIN SCHOOL, INC 85 OXFORD STREET CAMBRIDGE, MA 02138	NONE		YOUTH MENTAL HEALTH AND WELLNESS MINI GRANT	2,000.
CITIZENS OF THE WORLD, INC 5371 WILSHIRE BLVD, SUITE 210 LOS ANGELES, CA 90036	NONE		YOUTH MENTAL HEALTH AND WELLNESS MINI GRANT; SHADE	2,000.
EMMANUEL GOSPEL CENTER, INC 44 MOULTRIE ST DORCHESTER, MA 02124	NONE		PITCH NIGHT SPEAKER STIPEND: THE LOT NEXT DOOR	500.
THIRD SECTOR NEW ENGLAND, INC 89 SOUTH STREET, SUITE 700 BOSTON, MA 02111	NONE		PITCH NIGHT SPEAKER STIPEND: COMMUNITY, SUSTAINABILITY, AND ROBOTICS - REVERE YOUTH IN ACTION	500.
Total from continuation sheets				

Part XIV Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - AYNI INSTITUTE

GRANT PAYMENT 1 OF 3: MOVEMENT TRAINING AND CULTURAL CENTER

AND

GRANT PAYMENT 3 OF 3: MOVEMENT TRAINING AND CULTURAL CENTER

NAME OF RECIPIENT - CHINATOWN COMMUNITY LAND TRUST

GRANT PAYMENT 2 OF 3: IMPROVING OPEN SPACE IN CHINATOWN

AND

GRANT PAYMENT 3 OF 3: IMPROVING OPEN SPACE IN CHINATOWN

AND

DESIGN GRANTS PAYMENT 1: PLANNING FOR A CHINATOWN LIBRARY PARK

NAME OF RECIPIENT - EAST END HOUSE, INC.

HEALTHY EATING/ACTIVE LIVING MINI GRANT; SPROUT ED GRANT

AND

YOUTH MENTAL HEALTH AND WELLNESS MINI GRANT; HEALTH & BIPOC ART

NAME OF RECIPIENT - RESIST INC

GRANT PAYMENT 2 OF 3: RECLAIM ROXBURY, SURVIVAL GUIDE TO LIVING AND STAYING IN ROXBURY

AND

GRANT PAYMENT 3 OF 3: RECLAIM ROXBURY, SURVIVAL GUIDE TO LIVING AND STAYING IN ROXBURY

NAME OF RECIPIENT - THE HARBORKEEPERS

GRANT PAYMENT 2 OF 3: BUILDING FOOD RESILIENCE

AND

GRANT PAYMENT 3 OF 3: BUILDING FOOD RESILIENCE

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

THE HIDEO SASAKI FOUNDATION

Employer identification number

04-3534908

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)() (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (Rev. 12-2024)

Name of organization THE HIDEO SASAKI FOUNDATION	Employer identification number 04-3534908
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ECONOMIC DEVELOPMENT & INDUSTRIAL CORPORATION OF BOSTON 22 DRYDOCK AVE # 301 BOSTON, MA 02210	\$ 35,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	CITY OF BOSTON 1 CITY HALL SQUARE BOSTON, MA 02210	\$ 112,911.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	FOUNDANT FOUNDATION 110 CHAUNCY STREET BOSTON, MA 02111	\$ 1,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	METRO NORTH WORKFORCE BOARD 240 ELM STREET SOMERVILLE, MA 02144	\$ 180,582.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE HIDEO SASAKI FOUNDATION	Employer identification number 04-3534908
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization THE HIDEO SASAKI FOUNDATION	Employer identification number 04-3534908
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

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

Underpayment of Estimated Tax by Corporations

Attach to the corporation's tax return. **FORM 990-PF**

2024

Go to www.irs.gov/Form2220 for instructions and the latest information.

Name THE HIDEO SASAKI FOUNDATION	Employer identification number 04-3534908
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Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment			
1 Total tax (see instructions)		1	607.
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a		
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b		
c Credit for federal tax paid on fuels (see instructions)	2c		
d Total. Add lines 2a through 2c		2d	
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty		3	607.
4 Enter the tax shown on the corporation's 2023 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5		4	358.
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3		5	358.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

6 The corporation is using the adjusted seasonal installment method.

7 The corporation is using the annualized income installment method.

8 The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

	(a)	(b)	(c)	(d)	
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	05/15/24	06/15/24	09/15/24	12/15/24
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10	90.	89.	90.	89.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11				
Complete lines 12 through 18 of one column before going to the next column.					
12 Enter amount, if any, from line 18 of the preceding column	12				
13 Add lines 11 and 12	13				
14 Add amounts on lines 16 and 17 of the preceding column	14		90.	179.	269.
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	0.	0.	0.	0.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		90.	179.	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17	90.	89.	90.	89.
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18				

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

For Paperwork Reduction Act Notice, see separate instructions. Form 2220 (2024)

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions 19				
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2024 and before 7/1/2024	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 8\% (0.08)}{366}$...	22 \$	\$	\$	\$
23 Number of days on line 20 after 6/30/2024 and before 10/1/2024	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 8\% (0.08)}{366}$...	24 \$	\$	\$	\$
25 Number of days on line 20 after 9/30/2024 and before 1/1/2025	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 8\% (0.08)}{366}$...	26 \$	\$	\$	\$
27 Number of days on line 20 after 12/31/2024 and before 4/1/2025	27	SEE ATTACHED WORKSHEET		
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 7\% (0.07)}{365}$...	28 \$	\$	\$	\$
29 Number of days on line 20 after 3/31/2025 and before 7/1/2025	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$	30 \$	\$	\$	\$
31 Number of days on line 20 after 6/30/2025 and before 10/1/2025	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$	32 \$	\$	\$	\$
33 Number of days on line 20 after 9/30/2025 and before 1/1/2026	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$	34 \$	\$	\$	\$
35 Number of days on line 20 after 12/31/2025 and before 3/16/2026	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$	36 \$	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37 \$	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns	38 \$			20.

* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 800-829-4933 to get interest rate information.

FORM 990-PF	DIVIDENDS AND INTEREST FROM SECURITIES				STATEMENT 1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
EASTERN BANK INVESTMENTS	13,250.	0.	13,250.	13,250.	13,250.
TO PART I, LINE 4	13,250.	0.	13,250.	13,250.	13,250.

FORM 990-PF	LEGAL FEES				STATEMENT 2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
LEGAL FEES	960.	0.	0.	0.	
TO FM 990-PF, PG 1, LN 16A	960.	0.	0.	0.	

FORM 990-PF	ACCOUNTING FEES				STATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ACCOUNTING/TAX	29,125.	0.	0.	0.	
TO FORM 990-PF, PG 1, LN 16B	29,125.	0.	0.	0.	

FORM 990-PF	OTHER PROFESSIONAL FEES				STATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
OUTSIDE CONTRACT SERVICES	5,588.	0.	0.	0.	
SOFTWARE SUBSCRIPTION	855.	0.	0.	0.	
TO FORM 990-PF, PG 1, LN 16C	6,443.	0.	0.	0.	

FORM 990-PF

TAXES

STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ER PAYROLL TAXES	26,696.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 18	26,696.	0.	0.	0.

FORM 990-PF

OTHER EXPENSES

STATEMENT 6

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
BANK FEES	7,415.	0.	0.	0.
FILING FEES	72.	0.	0.	0.
OFFICE/ADMINISTRATIVE EXPENSE	10,313.	0.	0.	0.
INSURANCE	1,651.	0.	0.	0.
STRIPE & SQUARE FEES	11.	0.	0.	0.
PROGRAM EXPENSES	16,642.	0.	0.	0.
BONTERRA FEES	1,302.	0.	0.	0.
MEMBERSHIP DUES	3,445.	0.	0.	0.
EVENT EXPENSES	12,198.	0.	0.	0.
SUPPLIES	154.	0.	0.	0.
STIPEND	270.	0.	0.	0.
MISC EXPENSE	11,055.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 23	64,528.	0.	0.	0.

FORM 990-PF

OTHER INCREASES IN NET ASSETS OR FUND BALANCES

STATEMENT 7

DESCRIPTION	AMOUNT
UNREALIZED GAIN ON STOCKS, NET OF INVESTMENT EXPENES	19,676.
TOTAL TO FORM 990-PF, PART III, LINE 3	19,676.

FORM 990-PF

OTHER INVESTMENTS

STATEMENT 8

DESCRIPTION	VALUATION METHOD	BOOK VALUE
EASTERN BANK INVESTMENTS	MARKET VALUE	500,813.
TOTAL TO FORM 990-PF, PART II, LINE 13		500,813.

FORM 990-PF

LIST OF SUBSTANTIAL CONTRIBUTORS
PART VI-A, LINE 10

STATEMENT 9

NAME OF CONTRIBUTOR	ADDRESS
CHRISTOPHER SGARZI	33 MAPLE STREET CONCORD, MA 01742
SASAKI ASSOCIATES INC	110 CHAUNCY STREET BOSTON, MA 02111
BOSTON GLOBAL INVESTORS	155 SEAPORT BLVD BOSTON, MA 02210
CAMBRIDGE PUBLIC HEALTH DEPARTMENT	119 WINDSOR STREET CAMBRIDGE, MA 02139
METRO NORTH WORKFORCE BOARD	240 ELM STREET SOMERVILLE, MA 02144

FORM 990-PF

PART VII - LIST OF OFFICERS, DIRECTORS
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 10

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JOHN CINKALA 68 MARLBOROUGH STREET #4 BOSTON, MA 02116	TREASURER 5.00	0.	0.	0.
MARY ANNE OCAMPO 23 GRANVILLE ROAD CAMBRIDGE, MA 02138	CHAIR 5.00	0.	0.	0.
MEREDITH MCCARTHY 9 PARK STREET BOSTON, MA 02132	VICE CHAIR 5.00	0.	0.	0.
TAO ZHANG 19 CLIFTON ST CAMBRIDGE, MA 02140	MEMBER 5.00	0.	0.	0.
CHRIS SGARZI 33 MAPLE ST CONCORD, MA 01742	MEMBER 5.00	0.	0.	0.
BEN ZUNKELER 58 GLEN ROAD, UNIT 3 JAMAICA PLAIN, MA 02130	SECRETARY 5.00	0.	0.	0.
JULIA CARLTON MACKAY 20 ELIOT RD ARLINGTON, MA 02474	MEMBER 5.00	0.	0.	0.
DANYSON TAVARES 70 ENDICOTT STREET UNIT 105 NORWOD, MA 02062	MEMBER 5.00	0.	0.	0.
TIMOTHY GALE 14 MONDAMIN CT SOMERVILLE, MA 02143	MEMBER 5.00	0.	0.	0.
FELICIA JIANG 9 SEAVERNS AVE 3F BOSTON, MA 02130	MEMBER 5.00	0.	0.	0.

THE HIDEO SASAKI FOUNDATION

04-3534908

GABRIEL RAMOS
534 COLUMBUS AVENUE APT 5B
BOSTON, MA 02118

MEMBER
5.00

0. 0. 0.

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VII

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