GOVERNMENT COPY

_	8879-EO	
Form	00/3-EU	

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

20	1	6

Department of the Treasury Internal Revenue Service Name of exempt organization Do not send to the IRS. Keep for your records.

. 2016, and ending

Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Employer identification number

THE ILENE BEAL CHARITABLE FOUNDATION

47-7387821

20

Name and title of officer J. BRIAN POTTS

TRUSTEE

Type of Return and Return Information (Whole Dollars Only) Part I

For calendar year 2016, or fiscal year beginning

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, 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 1 line in Part I.

1b
2b
e 5) 4b 833.

Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 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 organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's 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 organization's 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 organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X lauthorize WALDRON H RAND & CO P.C.	to enter my PIN 02026
ERO firm name	Enter five numbers, bu do not enter all zeros
as my signature on the organization's tax year 2016 electronically filed return. If I have in is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State prenter my PIN on the return's disclosure consent screen.	
As an officer of the organization, I will enter my PIN as my signature on the organization indicated within this return that a copy of the return is being filed with a state agency(ies program, I will enter my PIN on the return's disclosure consent screen.	
Officer's signature 🕨	Date ►
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
	D12522442 not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically f confirm that I am submitting this return in accordance with the requirements of Pub. 4163 , Moder <i>e-file</i> Providers for Business Returns.	
ERO's signature	Date
ERO Must Retain This Form - See Instru Do Not Submit This Form To the IRS Unless Requ	

LHA For Paperwork Reduction Act Notice, see instructions.

Forr	n 9	90-PF	NDED TO NOVE Return of Private ction 4947(a)(1) Trust Treat	MBER 1 Found ted as Private	5, 201 ation Foundation	7	OMB No. 1545-0052
Depa	artmen	t of the Treasury	social security numbers on m 990-PF and its separate				2010
-		venue Service Information about For Indar year 2016 or tax year beginning	in 550-FT and its separate	, and e		.govnonnissopi.	Open to Public Inspection
		foundation		,	y	A Employer identification	1 number
	HE				1	47-7387821	
		IND Street (or P.O. box number if mail is not delivered to street FEDERAL STREET	t address)		Room/suite	B Telephone number $617 - 482 - 52$	270
Cit	y or t	own, state or province, country, and ZIP or foreign p	oostal code			C If exemption application is p	
		TON, MA 02110 all that apply: Initial return	Initial return of a fo	ormer public o	charity	D 1. Foreign organizations	s, check here
		Final return	Amended return			2. Foreign organizations me check here and attach co	eeting the 85% test,
H (Check	X Address change type of organization: X Section 501(c)(3) e	Name change xempt private foundation			E If private foundation sta	
			Other taxable private foundation			under section 507(b)(1	
		arket value of all assets at end of year J Account Part II, col. (c), line 16) 0	ing method: X Cash ther (specify)		uai	F If the foundation is in a under section 507(b)(1)	
	▶\$	12,705,695. (Part I, colu	ımn (d) must be on cash l	basis.)			
Pa	art I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)	(a) Revenue and expenses per books		vestment ome	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	11,296,186.				
	2	Check Life foundation is not required to attach Sch. B Interest on savings and temporary					
	3 4	cash investments Dividends and interest from securities	139,808.	1 3	9,808.		STATEMENT 1
	-	Gross rents	139,000.	10	9,000.		SIAIEMENI I
		Net rental income or (loss)					
		Net gain or (loss) from sale of assets not on line 10	-29,065.				
Revenue	b	Gross sales price for all 1,383,390.					
eve	7	Capital gain net income (from Part IV, line 2)			0.		
Œ	8	Net short-term capital gain					
	9	Income modifications Gross sales less returns					
		and allowances					
		Less: Cost of goods sold					
ш		Gross profit or (loss) Other income					
	12	Total. Add lines 1 through 11	11,406,929.	13	9,808.	0.	
	-	Compensation of officers, directors, trustees, etc.	31,507.		0.	0.	
		Other employee salaries and wages					
	15	Pension plans, employee benefits					
Ises	16a	Legal fees					
Expenses	b	Accounting fees	56 405		6 405		
		Other professional fees STMT 2	56,485.	5	6,485.	0.	0.
ativ	1/	Interest	535.		34.	0.	0.
stra	10	Depreciation and depletion			54.	0.	0.
nin	20	Occupancy					
Administrative	21	Travel, conferences, and meetings					
and		Printing and publications					
		Other expenses					
Operating	24	Total operating and administrative					
Deel		expenses. Add lines 13 through 23	88,527.	5	<u>6,519.</u>	0.	
0	25	Contributions, gifts, grants paid	250,000.				250,000.
	26	Total expenses and disbursements.		-	C F10	_	
	07	Add lines 24 and 25	338,527.	5	<u>6,519.</u>	0.	250,000.
		Subtract line 26 from line 12: Excess of revenue over expenses and disbursements	11,068,402.				
		Net investment income (if negative, enter -0-)	11,000,402.	8	3,289.		
		Adjusted net income (if negative, enter -0-).		0	-,	0.	

623501 11-23-16 LHA For Paperwork Reduction Act Notice, see instructions.

	Attached schedules and amounts in the description	Deginging of year		47-7387821 Page 2				
Do-	+ II Balance Sheets Automation and amounts in the description	Beginning of year End of year		year				
Par	t II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only.	(a) Book Value	(b) Book Value	(c) Fair Market Value				
1	1 Cash - non-interest-bearing		313,559.	313,559.				
2	2 Savings and temporary cash investments	1,117,034.	137,781.	137,781.				
	3 Accounts receivable >							
	Less: allowance for doubtful accounts 🕨							
4	4 Pledges receivable ►							
	Less: allowance for doubtful accounts 🕨							
5	5 Grants receivable							
	6 Receivables due from officers, directors, trustees, and other							
	disqualified persons							
7	7 Other notes and loans receivable							
	Less: allowance for doubtful accounts 🕨							
<u>9</u> 8	8 Inventories for sale or use							
Assets	9 Prepaid expenses and deferred charges							
₹ 10	0a Investments - U.S. and state government obligations							
	b Investments - corporate stock STMT 4	0.	6,304,400.	6,700,887.				
	c Investments - corporate bonds			• •				
	1 Investments - land, buildings, and equipment: basis							
	Less: accumulated depreciation							
12	2 Investments - mortgage loans							
13	3 Investments - other STMT 5	0.	5,429,696.	5,553,468.				
14	4 Land, buildings, and equipment: basis ▶		, ,	, ,				
	Less: accumulated depreciation							
15	5 Other assets (describe >							
16	6 Total assets (to be completed by all filers - see the							
	instructions. Also, see page 1, item I)	1,117,034.	12,185,436.	12,705,695.				
17	7 Accounts payable and accrued expenses							
18	8 Grants payable							
	9 Deferred revenue							
. <u> </u>	0 Loans from officers, directors, trustees, and other disqualified persons							
	1 Mortgages and other notes payable							
<u>ا</u>	2 Other liabilities (describe)							
	· · · · · · · · · · · · · · · · · · ·							
23	3 Total liabilities (add lines 17 through 22)	0.	0.					
	Foundations that follow SFAS 117, check here							
	and complete lines 24 through 26 and lines 30 and 31.							
8 24	4 Unrestricted							
8 26								
Fund Balances	Foundations that do not follow SFAS 117, check here 🔜 🕨 🔀							
ц.	and complete lines 27 through 31.							
ັງ 27		0.	0.					
Net Assets		1,117,034.	1,117,034.					
¥ 29		0.	11,068,402.					
je so		1,117,034.	12,185,436.					
-								
31	1 Total liabilities and net assets/fund balances	1,117,034.	12,185,436.					
Dor	t III Analysis of Changes in Net Assets or Fund B							

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30		
(must agree with end-of-year figure reported on prior year's return)	1	1,117,034.
2 Enter amount from Part I, line 27a	2	11,068,402.
3 Other increases not included in line 2 (itemize)	3	0.
4 Add lines 1, 2, and 3	4	12,185,436.
5 Decreases not included in line 2 (itemize)	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	12,185,436.
		Form 990-PF (2016)

		ILENE BEAL CHAR and Losses for Tax on In			10	N		47-738	7821	Page 3
	(a) List and desc	ribe the kind(s) of property sold (e.g arehouse; or common stock, 200 shs	., real estate,		(b) P D	How acquired - Purchase - Donation	(C) () Date acquired mo., day, yr.)		te sold lay, yr.)
1	a					Donation	_			
	SEE ATTACHED	STATEMENTS								
-	C						_			
_	d									
	e (e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale	1		((h) Gain or (loss) e) plus (f) minus (
	a									
	b									
_	C									
	d e 1,383,390.			1,412,45	5				_29	,065.
_		ng gain in column (h) and owned by [.]			J.		(I) Ga	ains (Col. (h) gain		,005.
_	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Ex	ccess of col. (i) col. (j), if any			col. (k)), but not less that osses (from col. (ו -0-) or	
	a									
	b									
_	c d									
	e								-29	,065.
-	-	∫ If gain, also enter	r in Part I line	7	٦					<u>,</u>
	Capital gain net income or (net ca		- in Part I, line		}	2			-29	<u>,065.</u>
3	If gain, also enter in Part I, line 8,		iu (0).		J					
c	If (loss), enter -0- in Part I, line 8		Deduced	Tour on Not	<u></u>	3		N/A		
-		Inder Section 4940(e) for					Incor	ne		
(ŀ	or optional use by domestic private	e foundations subject to the section 4	4940(a) tax on	net investment in	come	e.)				
lf	section 4940(d)(2) applies, leave the	his part blank.								
W	as the foundation liable for the sec	tion 4942 tax on the distributable am	nount of any ye	ear in the base per	iod?				Yes	X No
lf		lify under section 4940(e). Do not co								
1		each column for each year; see the ir	nstructions be	fore making any e	ntries	3.			(4)	
	(a) Base period years	(b) Adjusted qualifying dis	tributions	Net value of no	(C) ncha		eate	Distrib	(d) oution ratio	(a))
	Calendar year (or tax year beginni	ing in /	3,350.	Net value of flo	пспа	220,0		(col. (b) div		.(c)) 15223
	<u> </u>		5,550.			220,0	50.		• 0	13223
	2013									
_	2012									
	2011									
								2	.0	15223
3	•	5-year base period - divide the total on the total of total of the total of the total of total			-			3	.0	<u>15223</u>
4	Enter the net value of noncharitab	ple-use assets for 2016 from Part X,	line 5					4	6,881	,513.
5	Multiply line 4 by line 3							5	104	,757.
		ne (1% of Part I, line 27b)						6		833.
								7	105	,590.
		n Part XII, line 4						8		,000.
		n line 7, check the box in Part VI, line					L			,

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			<u>73878</u>			Page 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49	948 -	see in	stru	ctior	าร)
1a	Exempt operating foundations described in section 4940(d)(2), check here 🕨 🛄 and enter "N/A" on line 1.					
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗶 and enter 1%	1			8	<u>33.</u>
	of Part I, line 27b					
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).					
	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			8	33.
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			8	33.
6	Credits/Payments:					
	2016 estimated tax payments and 2015 overpayment credited to 2016 6a					
	Exempt foreign organizations - tax withheld at source 6b					
	Tax paid with application for extension of time to file (Form 8868) 6c 1,000.					
	Backup withholding erroneously withheld 6d					~ ~
7	Total credits and payments. Add lines 6a through 6d	7			1,0	<u>00.</u> 24.
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached	8				24.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			- 1	4.2
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			1	<u>43.</u>
	Enter the amount of line 10 to be: Credited to 2017 estimated tax The second	11				0.
	rt VII-A Statements Regarding Activities				Yes	No
18	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene i		-		162	X
	any political campaign?		····· –	1a 15		X
D	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)			1b		~
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials published	ea or				
	distributed by the foundation in connection with the activities.			10		Х
	Did the foundation file Form 1120-POL for this year?			1c		
u	(1) On the foundation. \triangleright \$ 0. (2) On foundation managers. \triangleright \$ 0.					
•	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
U	managers. \triangleright \$0.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		х
-	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			3		х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		Х
	If "Yes," has it filed a tax return on Form 990-T for this year?			4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		Х
	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?			6	Х	
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 XV			7	Х	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	MA					
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		L	8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calen					
	year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	L'MT	6	10	Х	

Form **990-PF** (2016)

orm	990-PF (2016) THE ILENE BEAL CHARITABLE FOUNDATION 47-738	7821		Page 5
Pa	rt VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		Х
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)			Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address N/A			
14	The books are in care of \blacktriangleright J. BRIAN POTTS Telephone no. \blacktriangleright 617–4	82-5	270	
	Located at \blacktriangleright C/O FTC, P.O. BOX 55806, BOSTON, MA ZIP+4 \blacktriangleright 0		-58	<u>06</u>
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		🕨	
	and enter the amount of tax-exempt interest received or accrued during the year 15	Ν	[/A	
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country			
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person? Yes 🚺 No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes 🚺 No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 2016?	1c		х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2016?			
	If "Yes," list the years			
h	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.) N/A	2b		
r	If the provisions of section $4942(a)(2)$ are being applied to any of the years listed in 2a, list the years here.	20		
2.	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
Ja				

during the year?	Yes X No
b If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified	persons after
May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943	(c)(7)) to dispose
of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use So	chedule C,
Form 4720, to determine if the foundation had excess business holdings in 2016.)	N/A
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	

 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?
 4a

 b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that
 4a

 had not been removed from jeopardy before the first day of the tax year beginning in 2016?
 4b

Form **990-PF** (2016)

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Х

3b

Form 990-PF (2016) THE ILENE BEAL CHARITABI			47-73878	21 Pag	e 6
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be F	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:		_			
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Ye	es X No		
(2) Influence the outcome of any specific public election (see section 4955);					
any voter registration drive?			es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	es X No		
 (4) Provide a grant to an organization other than a charitable, etc., organization 4945(d)(4)(A)? (see instructions) 		Ve	es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary					
the prevention of cruelty to children or animals?			es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un					
section 53.4945 or in a current notice regarding disaster assistance (see instru			N/A	5b	
Organizations relying on a current notice regarding disaster assistance check	here				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption					
expenditure responsibility for the grant?					
If "Yes," attach the statement required by Regulations section 53.494					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	()				
a personal benefit contract?					
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	narconal hanafit contract?			6b 2	X
If "Yes" to 6b, file Form 8870.					<u>.</u>
7a At any time during the tax year, was the foundation a party to a prohibited tax	chalter transaction?				
 b If "Yes," did the foundation receive any proceeds or have any net income attrib 				7b	
Part VIII Information About Officers, Directors, Trust				10	
Paid Employees, and Contractors		mayers, myrny	y		
1 List all officers, directors, trustees, foundation managers and their	compensation.				
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expens account, ot	
	to position	`enter'-0-)´	compensation	allowance	S
	_				
	_				
SEE STATEMENT 7		31,507.	0.).
	_				
	-				
2 Compensation of five highest-paid employees (other than those in	- - - - - - - - - - - - - - - - - - -	enter "NONE."			
2 Compensation of five highest-paid employees (other than those inc (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	enter "NONE." (c) Compensation	(d) Contributions to employee benefit plans and deferred commensation	(e) Expens account, ot allowance	her
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average		employee benefit plans	(e) Expensaccount, ot allowance	her
	(b) Title, and average hours per week		employee benefit plans and deferred	account. ot	her
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		employee benefit plans and deferred	account. ot	her
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		employee benefit plans and deferred	account. ot	her
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		employee benefit plans and deferred	account. ot	her

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

► 0 Form **990-PF** (2016)

3 Five highest-paid independent contractors for professional services. If non		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensatio
FIDUCIARY TRUST COMPANY	INVESTMENT AND ASSE	Г
175 FEDERAL STREET, BOSTON, MA 02110	MANAGEMENT	56,485
otal number of others receiving over \$50,000 for professional services		•
Part IX-A Summary of Direct Charitable Activities	•	
List the foundation's four largest direct charitable activities during the tax year. Include releva number of organizations and other beneficiaries served, conferences convened, research par	ant statistical information such as the pers produced, etc.	Expenses
N/A		
Part IX-B Summary of Program-Related Investments		American
Describe the two largest program-related investments made by the foundation during the tax N/A	year on lines 1 and 2.	Amount
N/A		
All other program-related investments. See instructions.		
Fotal. Add lines 1 through 3	►	0
	F	orm 990-PF (201

Form **990-PF** (2016)

Form 990-PF (2016)

THE ILENE BEAL CHARITABLE FOUNDATION

a Average of monthly fair market value of securities 1a 6, 644, 557. b Average of monthly cash balances 1b 2664, 482. c Fair market value of all other assits 1c 73, 269. d Total (add lines 1a, b, and c) 1d 6, 986, 308. e Reduction claimed for blockage or other factors reported on lines 1a and to (tast addialed explanation) 1d 6, 986, 308. 2 Acquisition indebtedness applicable to line 1 assets 2 0. 3 Subtract line 2 from line 14 0. 3 6, 986, 308. 4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 104, 795. 5 Net value of noncharitable-activities. Enter 1 1/2% of line 3. Enter here and on Part V, line 4 5 6, 881, 513. 6 Natinum investment treutm. Teture . Teture Site of line 3. Enter here and on Part V, line 4 5 6, 881, 513. 7 Minimum investment income for 2016 from Part VI, line 5 2a 833. 1 1 Minimum investment income for 2016 from Part VI, line 5 3 434, 076. 2 8333. 8 Distributable amount teor 2016 from Part VI, line 5 <td< th=""><th>1 Fair market value of assets not used (or held for use) directly in car</th><th>rving out charitable etc. purposes:</th><th></th><th></th><th></th></td<>	1 Fair market value of assets not used (or held for use) directly in car	rving out charitable etc. purposes:					
b Average of monthly cash balances the factors reported on lines ta and to fact a cash of the factors reported on lines ta and to cather do the blockage or other factors reported on lines ta and to cather do the blockage or other factors reported on lines ta and to cather do the blockage or other factors reported on lines ta and to cather do the blockage or other factors reported on lines ta and to cather do the blockage or other factors reported on lines ta and to cather do the blockage or other factors reported on lines ta and to cather do the blockage or other factors reported on lines ta and to cather do the blockage or other factors reported on lines ta and to cather do the do the charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 (104, 7.95) 4 (204, 7.95) 5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter there and on Part V, line 4 (2016) 5 (2016) 1	· · · ·			1a	6.644.557.		
c Fair market value of all other assets ic 73, 269 d Total (add lines 1a, b, and c) id 6, 986, 308. e Reduction claimed for blockage or other factors reported on lines 1a and tc (attach detailed explanation) ie 0. 2 Acquisition indebtedness applicable to line 1 assets 2 0. 3 Subtract line 2 from line 1 3 6, 986, 308. 4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 104, 795. 5 Metvalue of anontaritable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 6, 881, 513. 6 Minimum investment return. Futer 5% of line 5 and do not complete this part.) 1 344, 076. Part XI Distributable Amount (see instructione) (Section 4942(i)(3) and (i)(5) private operating foundations and certain foreign organizations check here ▶ in and do not complete this part.) 1 344, 076. 2a Ras and 2b 2a 833. 1 344, 076. 2a and bit							
d Total (add lines 1a, b, and c) 1d 6, 986, 308. e Reduction claimed to blockage or other factors reported on lines 1a and 1e 0. 1 (datach detabled explanation) 2 0. 2 Acquisition indebtedness applicable to line 1 assets 2 0. 3 Subtract line 2 from line 1d 3 6, 986, 308. 4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 104, 795. 5 Met value of noncharitable-use assets. Subtract line 4 from line 2. Enter here and on Part V, line 4 6 6, 881, 513. 6 Minimum investment return. Enter 5% of line 5 ad do not complete this part.) 1 344, 076. 7 Tax on investment income for 2016 from Part VI, line 5 2a 833. 1 0 Income tax for 2016. (This dees not include the tax from Part VI.) 2b 2c 8333. 1 Add lines 2 and 2b 2 8 343, 243. 6 Hours and a continue there adjustments. Subtract line 2 crom line 1 3 343, 243. 6 Add lines 3 and 4 5 343, 243. 6 Dettributable amount sa diguted, Subtract line 5. Enter here and on Part XIII, line 1 7 343, 243. 7 Dettributable amount sa diguted, Subtract line 5. Enter he				10			
e Reduction claimed for blockage or other factors reported on lines 1a and to (attach detailed explanation) 1 0 2 2 Acquisition indebtedness applicable to line 1 assets 2 0 3 6,986,308,4 3 Subtract line 2 from line 1d 3 6,986,308,4 1004,795,5 4 1004 or charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 6 6,881,513,3 5 Netvalue of noncharitable activities. Enter 1 1/2% of line 3. Enter here and on Part V, line 4 5 6,986,308,4 6 344,076,5 6 344,076,5 6 344,076,5 Part XII Distributable Amount (see instructions) (Section 4942()(3) and ()(5) private operating foundations and certain foreign organizations check here b 1 344,076,5 1 Minimum investment income for 2016 from Part V, line 5 2a 833,3 0 Informit investment income for 2016 from Part VI, line 5 3 343,243,4 4 0,5 343,243,4 0,5 5 343,243,4 6 0,7 343,243,4 6 0,7 343,243,4 4 0,6 6 0,7 343,243,4 4				1d			
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3 Subtract line 2 from line 1 d. 3 6 , 986 , 308 , 308 , 4 104 , 795 , 5 ket value of noncharitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 104 , 795 , 5 6 (881, 513 , 6 304 , 795 , 5 6 (881, 513 , 6 344 , 076 , 881, 513 , 6 344 , 076 , 881, 513 , 6 344 , 076 , 781 , 7	2 Acquisition indebtedness applicable to line 1 assets			2	0.		
4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 1.04,795.5 5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 6,881,513. 6 3.0 Bitinium investment return. Enter 5% of line 5 6 3.044,076. Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(6) private operating foundations and certain foreign organizations check here ▶ and do not complete this part.) 1 3.044,076.2 1 Minimum investment return from Part X, line 6 2a 8.33. 2 1 3.44,076.2 2 8.33. 0 2c 8.33. 3 3.43,243.2 4 0.0 4 4.00.2 5 3.43,243.2 4 4.00.2 5 3.43,243.2 4 4.00.2 5 3.43,243.2 4 4.00.3 5 3.43,243.2 5 3.43,243.2 4 0.0 5 3.43,243.2 4 0.0 6 0.1 7 3.43,243.2 7 3.43,243.2 4	3 Subtract line 2 from line 1d			3	6,986,308.		
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Part XI Distributable Amount (see instructions) (Section 4942(i)(3) and (i)(5) private operating foundations and certain foreign organizations check here ▶ and do not complete this part.) 1 Minimum investment return from Part X, line 6 1 344,076 2a 833. 1 344,076 2a Tax on investment income for 2016 from Part VI, line 5 2a 833. 2b 2c 833. 2 In come tax for 2016. (This does not include the tax from Part VI.) 2b 2c c Add lines 2a and 2b 3 343,243. 3 0 bistributable amount before adjustments. Subtract line 2c from line 1 3 343,243. 4 0. 5 343,243. 4 5 Add lines 3 and 4 5 343,243. 6 0. 7 343,243. 6 6 0.0 7 343,243. 6 0.0 7 343,243. 6 0.0 0.0 0.0 7 343,243. 6 0.0 0.0 0.0 0.0 7 343,243. 6 0.0 0.0 0.0 0.0 0.0 0.0				6	344,076.		
2a Tax on investment income for 2016 from Part VI, line 5 2a 833. b Income tax for 2016. (This does not include the tax from Part VI.) 2b 2c 8333. a Distributable amount before adjustments. Subtract line 2c from line 1 3 343,243. 4 0. 5 343,243. 5 Add lines 3 and 4 5 343,243. 6 0.0 5 343,243. 7 Distributable amount streated as qualifying distributions 6 0.0 5 Add lines 3 and 4 5 343,243. 6 0.0 1 7 343,243. 7 Distributable amount (see instructions) 6 0.0 7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 7 343,243. Part XII Qualifying Distributions (see instructions) 1 1a 250,000. 1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 1a 250,000. 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. 2 2 3	Part XI Distributable Amount (see instructions) (See	ction 4942(j)(3) and (j)(5) private opera		d certain			
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b Income tax for 2016. (This does not include the tax from Part VI.) 20 c Add lines 2a and 2b 2c 3 Distributable amount before adjustments. Subtract line 2c from line 1 3 343, 243. 4 Recoveries of amounts treated as qualifying distributions 4 0 5 343, 243. 4 0 6 Deduction from distributable amount (see instructions) 6 0.0 7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 7 343, 243. Part XII Qualifying Distributions (see instructions) 1 7 343, 243. 1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 1a 250, 000. 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. 2 2 3 Amounts set aside for specific charitable projects that satisfy the: 3a 3a 3b 4 Qualifying distributions. Add lines 1 a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 250, 000. 5 4 Qualifying distributions. Subtract line 27b 5 8333. 5							
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3 Distributable amount before adjustments. Subtract line 2c from line 1 3 3 43, 243. 4 Recoveries of amounts treated as qualifying distributions 4 0. 5 Add lines 3 and 4 5 343, 243. 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 XIII, line 1 7 343, 243. 8 Optimize a set	c Add lines 2a and 2b			2c	833.		
4 Recoveries of amounts treated as qualifying distributions 4 0 5 Add lines 3 and 4 5 343,243 6 0 0 5 343,243 6 0 0 7 343,243 7 0 343,243 6 0 7 343,243 6 0 0 7 343,243 7 343,243 0 9 Part XII Qualifying Distributions (see instructions) 7 343,243 1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 1 1 1 250,000 1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 1 1 1 250,000 1 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 1 1 0 2 3 Amounts set aside for specific charitable projects that satisfy the: 3a 3a 3b 3a 4 0.0100 3b 3b 3b 3b 3b 3b 3a	Distributable amount before adjustments. Subtract line 2c from line 1				343,243.		
5 Add lines 3 and 4 5 343,243 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 XIII, line 1 7 343,243 Part XII Qualifying Distributions (see instructions) 7 343,243 Part XII Qualifying Distributions (see instructions) 7 343,243 1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 1a 250,000 a Expenses, contributions, gifts, etc total from Part I, column (d), line 26 1a 250,000 b Program-related investments - total from Part IX-B 1b 0 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 3 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 4 Suitability test (prior IRS approval required) 3a b Cash distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 250,000 5 Suitability addity addistributions. Subtract line 5 from line 4 5 833 6 <				4	0.		
6 0 7 343,243 9 9 9 9 9 9 1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: a 250,000 b Porgram-related investments - total from Part I, column (d), line 26 b Porgram-related investments - total from Part IX-B 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 3 Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required) b Cash distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 c 3a b 250,000. c 3a c 250,000.				5	343,243.		
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 7 343,243 Part XII Qualifying Distributions (see instructions) 1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: a Expenses, contributions, gifts, etc total from Part I, column (d), line 26 b Program-related investments - total from Part IX-B 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 3 Amounts set aside for specific charitable projects that satisfy the:	6 Deduction from distributable amount (see instructions)			6	0.		
1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 1 1 2 2 1 1 2 2 1 1 2 2 1 1 2 5 0 <td></td> <td></td> <td></td> <td>7</td> <td>343,243.</td>				7	343,243.		
b Program-related investments - total from Part IX-B 1b 0.4 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 2 3 Amounts set aside for specific charitable projects that satisfy the: 3a 2 a Suitability test (prior IRS approval required) 3a 3a b Cash distribution test (attach the required schedule) 3b 4 250,000 4 250,000 5 833 6 249,167 5 Rojusted qualifying distributions. Subtract line 5 from line 4 249,167 6 249,167 6 249,167 0 0 0 0 0	1 Amounts paid (including administrative expenses) to accomplish cl						
 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 3 Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required) b Cash distribution test (attach the required schedule) 4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 250,000 5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b 6 Adjusted qualifying distributions. Subtract line 5 from line 4 6 249,167 Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 							
 3 Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required) b Cash distribution test (attach the required schedule) 4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 250,000 5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b 6 Adjusted qualifying distributions. Subtract line 5 from line 4 6 249,167 Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 	b Program-related investments - total from Part IX-B				υ.		
a Suitability test (prior IRS approval required) 3a b Cash distribution test (attach the required schedule) 3b 4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 250,000. 5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b 5 833. 6 Adjusted qualifying distributions. Subtract line 5 from line 4 6 249,167. Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section		rrying out charitable, etc., purposes		2			
b Cash distribution test (attach the required schedule) 3b 4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 250,000 5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b 5 833 6 Adjusted qualifying distributions. Subtract line 5 from line 4 Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 6 249,167							
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 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b Adjusted qualifying distributions. Subtract line 5 from line 4 Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 							
income. Enter 1% of Part I, line 27b <u>5 833</u> 6 Adjusted qualifying distributions. Subtract line 5 from line 4 <u>6 249, 167</u> Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section				4	250,000.		
6 Adjusted qualifying distributions. Subtract line 5 from line 4 6 249,167. Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section				-	000		
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section					<u>033.</u> 210 167		
				-			
	Note: The amount on line 6 will be used in Part V, column (b), in si 4940(e) reduction of tax in those years.	ubsequent years when calculating whe	liner the foundation of	juannes tor	the section		

Form 990-PF (2016)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI,	001203		2013	
				343,243.
2 Undistributed income, if any, as of the end of 2016:a Enter amount for 2015 only			1,261.	
b Total for prior years:			1,201.	
		0.		
3 Excess distributions carryover, if any, to 2016:				
a From 2011				
b From 2012				
c From 2013				
d From 2014				
e From 2015				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2016 from				
Part XII, line 4: ► \$ 250,000.				
a Applied to 2015, but not more than line 2a \dots			1,261.	
b Applied to undistributed income of prior				
years (Election required - see instructions) \dots		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2016 distributable amount				248,739.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2016 (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:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	Ο.			
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 2015. Subtract line				
4a from line 2a. Taxable amount - see instr. \ldots			0.	
f Undistributed income for 2016. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2017				94,504.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	0			
may be required - see instructions)	0.			
8 Excess distributions carryover from 2011	0			
not applied on line 5 or line 7 9 Excess distributions carryover to 2017.	0.			
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:	0.			
a Excess from 2012				
b Excess from 2013				
c Excess from 2014				
d Excess from 2015				
e Excess from 2016				

623581 11-23-16

Form 990-PF (2016) THE ILE		RITABLE FOU		<u>47-73</u> N/A	87821 Page 10
1 a If the foundation has received a ruling of				II, 11	
foundation, and the ruling is effective for					
b Check box to indicate whether the found				4942(j)(3) or 49	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
investment return from Part X for	()	()	()		
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon: a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return					
shown in Part X, line 6 for each year					
listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest, dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info	rmation (Comple	te this part only i	f the foundation	had \$5,000 or mo	ore in assets
at any time during t					
1 Information Regarding Foundatio	n Managers:				
a List any managers of the foundation whe	-	than 2% of the total contr	ibutions received by the	foundation before the clo	se of any tax
year (but only if they have contributed m					
NONE					
b List any managers of the foundation whe	own 10% or more of th	e stock of a cornoration (or an equally large portio	on of the ownership of a p	artnershin or
other entity) of which the foundation has			of all equally large portion		ai thei ship of
5,	a to to or grouter interes				
NONE	0	Ocholouchie etc. De			
2 Information Regarding Contributi		• • •	-		and the foundable
Check here ► X if the foundation o the foundation makes gifts, grants, etc.					
	, , , , , , , , , , , , , , , , , , ,	-			. u.
a The name, address, and telephone numl	per or e-mail address of t	ne person to whom applic	cations should be addres	ssed:	

 ${\bf b}\,$ The form in which applications should be submitted and information and materials they should include:

${\bf c}\,$ Any submission deadlines:

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

Form 990-PF (2016) THE ILENE BEAL CHARITABLE FOUNDATION Part XV Supplementary Information (continued)

47-7387821 Page 11

3 Grants and Contributions Paid During the		Payment		
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	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
a Paid during the year				
JEWTON WELLESLEY HOSPITAL		PC	FOR ADDITION TO THE	
2014 WASHINGTON ST.			ILENE BEAL ENDOWED	
NEWTON, MA 02462			CHIEF OF	
·			HEMATOLOGY/ONCOLOGY	125,000
ELLIE FUND FOR BREAST CANCER		PC	SUPPORT FOR CANCER	
200 RESERVOIR STREET		FC	PATIENTS AND THEIR	
NEEDHAM, MA 02494			FAMILIES	25,000
NEEDRAM, MA 02494			FAMILIES	25,000
DANA FARBER CANCER INSTITUTE		PC		
450 BROOKLINE AVE.			TO ESTABLISH AN	
BOSTON, MA 02215			ENDOWED FUND TO	
			SUPPORT CANCER CARE IN	
			THE COMMUNITY	100,000
Total			► 3a	250.000
b Approved for future payment				
NONE				

Form 990-PF (2016)

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income		led by section 512, 513, or 514	(e)
-	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code	Amount	code	Amount	
a			+		
D			+		
C					
d					
e					
t					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			1 4	120 000	
4 Dividends and interest from securities			14	139,808.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property			+		
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property			+		
7 Other investment income					
8 Gain or (loss) from sales of assets other			1.0		
than inventory			18	-29,065.	
9 Net income or (loss) from special events			+		
10 Gross profit or (loss) from sales of inventory			+		
11 Other revenue:					
a			+		
b					
C					
d					
е			+		
12 Subtotal. Add columns (b), (d), and (e)		0.		110,743.	0.
13 Total. Add line 12, columns (b), (d), and (e)					110,743.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Acco	omplishment of Ex	kempt	Purposes	
		- 			
Line No. Explain below how each activity for which inco			A contrib	uted importantly to the accomp	dishment of
▼ the foundation's exempt purposes (other than	i by providing id	nus ioi such purposes).			

THE ILENE BEAL CHARITABLE FOUNDATION

Part	XVII	Information Re Exempt Organ		nsfers To a	and Transactions a	and Relation	onships With Noncha	ritable	e	
1 D	id the ord			of the followin	g with any other organizati	on described in	section 501(c) of		Yes	No
					7, relating to political organ					
		from the reporting found	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			illutiono :				
					-			1a(1)		Х
										X
		sactions:						14(2)		
			hle exempt organiza	ation				1b(1)		Х
()) Durch	ases of assets from a no	ncharitable evennt	organization				1b(2)		X
(2	Renta	Lof facilities equinment	or other assets	019a1112atio11				1b(2)		X
(•	I) Reimh	ursement arrangements						1b(3)		X
(5	i) Loans	or loan quarantees						1b(5)		X
(6) Perfoi	mance of services or me	mhershin or fundra	isina solicitatio	ne			1b(6)		X
								10(0)		X
							fair market value of the goods,	· ·	ente	
0	r services olumn (d	-	oundation. If the fou other assets, or serv	indation receive vices received.	• •	ue in any transa	action or sharing arrangement, s	show in		nts
()		(-)	(0)	N/A		(1) 0000			rangenie	
			1	11/21						
in	section		r than section 501(c	c)(3)) or in sect	or more tax-exempt organ ion 527?		ped [Yes	X] No
		(a) Name of org	janization		(b) Type of organization		(c) Description of relations	hip		
		N/A								
	1									
<u>.</u>					g accompanying schedules and n taxpayer) is based on all inform		to the best of my knowledge Ma	ay the IRS urn with th own below	discuss	his
Sigr		, , ,			1		shi shi	<u>own</u> below	(see ins	≇r tr.)?
Here		- house of a ff' is a state					STEE	X Yes		No
	Sign	ature of officer or trustee		Duencusta	Date	Title				
		Print/Type preparer's na	ame	Preparer's si	gnature	Date	Check if PTIN			
Paid							self- employed			
		BRIAN DLUG			~~ ~ ~			<u>1394</u>		
Fiel	barer	Firm's name 🕨 WAL	UKON H. F	KAND &	CO P.C.		Firm's EIN ► 04-2	1597	δT	

Firm's address ► 850 WASHINGTON STREET, SUITE 200	
DEDHAM, MA 02026	Phone no. 781-449-5825

Form **990-PF** (2016)

Use Only

		CONT	TNUA	TION FO	R 990-PF, P	ART IV
THE ILENE BEAL C	HARITABLE FOUNDA		3878		-	F 2
Part IV Capital Gains and Lo	sses for Tax on Investment Income					
	d describe the kind(s) of property sold rick warehouse; or common stock, 20			(b) How acquire P - Purchase D - Donation		l) Date sold 10., day, yr.)
1a APPLE COMPUTER	INC COM			Р	04/11/1606	/14/16
b HOME DEPOT INC				Р	04/11/1606	<u> </u>
	YS 20+YEAR TREAS	BOND ETF		P	06/14/1609	<u> </u>
d MCDONALDS CORP				P		$\frac{14}{16}$
e MICROSOFT CORP				P P	04/11/1606	
<u>f PUBLIC STORAGE</u>	AL BOND FUND ADV			P P	04/11/1611 04/11/1609	1 = 2 1 = 2
	METICS & FRAGRAN			P P	08/05/1506	
i VANGUARD UTILI				P	06/15/1611	/11/16
GENERAL MILLS				P	08/01/1506	$\frac{11}{14}$
k QUESTAR CORP C				P	08/01/1509	1 = = 1 = =
SIMON PROPERTY				P	08/05/1511	<u> </u>
m BANK OF AMERIC	A CORP			P	08/01/1511	/15/16
n MICROSOFT CORP	COM			Р	08/01/1506	/14/16
0 VANGUARD LTD T	ERM TAX-EXEMPT A	DMIRAL SHS		Р	08/01/1506	/15/16
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale			h) Gain or (loss) plus (f) minus (g)	
a 19,490.		21,960).			2,470.
<u>b 25,057.</u>		26,742				1,685.
<u>c</u> 135,582.		135,480				102.
<u>d 24,553.</u>		25,614				1,061.
<u>e 24,874.</u>		27,410				2,536.
<u>f 86,002.</u>		103,692			-1	7,690.
g 22,281.		22,060				221.
h 47,489.		41,149			1	6,340.
<u>i 154,392.</u>		167,676			-1	3,284.
<u>j 38,994.</u>		37,425				<u>1,569.</u>
<u>k 37,500.</u>		<u> </u>				-218.
<u>1 73,016.</u> m 97,908.		89,406				<u>4,322.</u> 8,502.
<u>m 97,908.</u> n 74,623.		76,620				1,997.
$\frac{11}{0}$ 509,925.		509,925				0.
	ng gain in column (h) and owned by t			(1) [(1)	osses (from col. (h))	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		Gains (excess	s of col. (h) gain over col not less than "-0-")	. (k),
a		(1)				2,470.
<u>a</u> b						1,685.
<u> </u>						102.
d					-	1,061.
е						2,536.
f						7,690.
<u>g</u>						221.
h						6,340.
i					-1	3,284.
j						1,569.
k						-218.
<u> </u>						4,322.
m						8,502.
n					_	<u>1,997.</u>
0						0.
2 Capital gain net income or (net ca	apital loss) { If gain, also enter If (loss), enter "-0	in Part I, line 7 -" in Part I, line 7)	. 2			
	ss) as defined in sections 1222(5) an	2				
If (loss), enter "-0-" in Part I, line a		J	3			

THE ILENE BEAL CH	ARITABLE FOUNDA		TINU 73878		8 990-PF, PAGE 2	PART IV OF 2
	es for Tax on Investment Income					
(a) List and c 2-story brid	lescribe the kind(s) of property so k warehouse; or common stock, 2	ld, e.g., real estate, 200 shs. MLC Co.		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(, aa), j,
1a WEYERHAEUSER CO	COM			Р	08/01/15	11/10/16
b						
c d						
e						
f						
g						
h						
i						
<u>j</u>						
<u>k</u>						
m						
n					<u> </u>	
0			-			
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h (e)) Gain or (loss) plus (f) minus (g)	
a 11,704.		12,24	0.			-536.
b						
C						
d						
e f						
g						
h						
i						
j						
k						
m						
n						
0						
Complete only for assets showing	gain in column (h) and owned by	the foundation on 12/31/69		(I) Lo:	sses (from col. (h))	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		Gains (excess but r	of col. (h) gain over not less than "-0-")	col. (K),
a						-536.
b						
C						
d						
e f						
g						
h						
i						
j						
k						
m						
n						
0						
2 Capital gain net income or (net cap	ital loss) { If gain, also ente	r in Part I, line 7	2			-29,065.
			2			<u>2</u> 9,009.
3 Net short-term capital gain or (loss If gain, also enter in Part I, line 8, cr		iiu (b):	,			
If (loss), enter "-0-" in Part I, line 8	\ · /	J	3		N/A	

Department of the Treasury

Internal Revenue Service

or 990-PF)

Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

2016

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Name of the organization

vame of the organizat	non	Employer identification number
	THE ILENE BEAL CHARITABLE FOUNDATION	47-7387821
Drganization type (che	eck 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	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	

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

501(c)(3) taxable private foundation

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

X 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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
 - For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., purpose, charitable, etc., contributions totaling \$5,000 or more during the year

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

Employer identification number

47-7387821

THE ILENE BEAL CHARITABLE FOUNDATION

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	ESTATE OF ILENE BEAL C/O FTC, P.O. BOX 55806 BOSTON, MA 02205-5806	\$ <u>11,296,186.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll On Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

17

Name of organization

Page 3

Employer identification number

47-7387821

THE ILENE BEAL CHARITABLE FOUNDATION

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

Schedule E	B (Form 990, 990-EZ, or 990-PF) (2016)			Page 4					
Name of org				Employer identification number					
יים איי	LENE BEAL CHARITABLE FC			47-7387821					
Part III	Exclusively religious, charitable, etc., con	tributions to organizations described	in section 501(c)(7), (8), or	r (10) that total more than \$1,000 for					
	the year from any one contributor. Complete completing Part III, enter the total of exclusively religiou	COIUMNS (a) INFOUGN (e) and INE TOIIO\ us, charitable, etc., contributions of \$1,000 or	NING IINE ENTRY. For organization less for the year. (Enter this info. onc	ns > \$					
(a) No.	Use duplicate copies of Part III if addition	nal space is needed.							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held					
Parti									
-		(e) Transfer of gift	•						
			L						
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee					
()))									
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held					
Part I									
-	(e) Transfer of gift								
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	insferor to transferee					
	-								
(a) No			1						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held					
Faili									
-	(e) Transfer of gift								
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee					
(a) No									
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held					
1 4111									
-	(e) Transfer of gift								
r	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee					

Form	2220 Underpayment	of	Estimated T	ax by	Corpo	orations		OMB No. 1545-0123
	epartment of the Treasury ternal Revenue Service ► Attach to the corporation's tax return. FORM 990-PF ► Information about Form 2220 and its separate instructions is at www.irs.gov/form2220.							2016
		220 a	nd its separate instruction	ons is at wu	/w.irs.gov/f		an idan ti	
Nam	THE ILENE BEAL CHARITABLE	5						ification number 387821
) h			
bill t	e: Generally, the corporation isn't required to file Form he corporation. However, the corporation may still use nated tax penalty line of the corporation's income tax is	Forr	n 2220 to figure the pe	enalty. If so		-	-	
_	art I Required Annual Payment		,					
1	Total tax (see instructions)						1	833.
2 a	Personal holding company tax (Schedule PH (Form 1120), lin	e 26)	included on line 1		2a			
	Look-back interest included on line 1 under section 460(b)(2)							
	contracts or section 167(g) for depreciation under the income	e fore	cast method		2b			
	Credit for federal tax paid on fuels (see instructions)				2c			
ď	Total. Add lines 2a through 2c						2d	
	Subtract line 2d from line 1. If the result is less than \$500, do			•				
	doesn't owe the penalty						3	833.
	Enter the tax shown on the corporation's 2015 income tax ret							
	or the tax year was for less than 12 months, skip this line a	na en	iter the amount from line	3 ON line 5			4	
5	Required annual payment. Enter the smaller of line 3 or line	∕l lf i	the cornoration is require	d to skin line	а Л			
	enter the amount from line 3						5	833.
	art II Reasons for Filing - Check the boxes belo							055.
	even if it doesn't owe a penalty. See instructions.			onoonou, un	oorporation			
6	The corporation is using the adjusted seasonal install	ment	method.					
7	The corporation is using the annualized income instal							
8	The corporation is a "large corporation" figuring its firs	st req	uired installment based o	n the prior y	ear's tax.			
P	art III Figuring the Underpayment							
			(a)	(b)	(C)		(d)
	Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (<i>Form 990-PF filers:</i>							
	Úse 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	05/15/16	06/1	L5/16	09/15/	/16	12/15/16
	Required installments. If the box on line 6 and/or line 7	-						/_0/_0
	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	208.		209.		208.	208.
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.							
	Enter amount, if any, from line 18 of the preceding column	12						
	Add lines 11 and 12	13			200		117	6.05
	Add amounts on lines 16 and 17 of the preceding column	14	0		208.	4	<u>117.</u> 0.	<u>625.</u> 0.
	Subtract line 14 from line 13. If zero or less, enter -0-	15	0.		0.		υ.	0.
	If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16			208.		1 17.	
	14. Otherwise, enter -0- Underpayment. If line 15 is less than or equal to line 10,	10			200.		<u> / •</u>	
	subtract line 15 from line 10. Then go to line 12 of the next							
	column. Otherwise, go to line 18	17	208.		209.		208.	208.
	Overpayment. If line 10 is less than line 15, subtract line 10							

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. LHA

from line 15. Then go to line 12 of the next column

Form **2220** (2016)

FORM 990-PF Form 2220 (2016)

THE ILENE BEAL CHARITABLE FOUNDATION

Part IV Figuring the Penalty

			(a)	(b)	(C)		(d)
)	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					
	Number of days from due date of installment on line 9 to the						
	date shown on line 19	20					
	Number of days on line 20 after 4/15/2016 and before 7/1/2016	21					
	Underpayment on line 17 x Number of days on line 21 x 4% (0.04)	22	\$	\$	\$		\$
	Number of days on line 20 after 06/30/2016 and before 10/1/2016 \hdots	23					
	Underpayment on line 17 x Number of days on line 23 x 4% (0.04) $\frac{366}{366}$	24	\$	\$	\$		\$
	Number of days on line 20 after 9/30/2016 and before 1/1/2017	25					
	Underpayment on line 17 x Number of days on line 25 x 4% (0.04) \dots	26	\$	\$	\$		\$
	Number of days on line 20 after 12/31/2016 and before 4/1/2017	27	SE	E ATTACHED	WORKSHEE	Т	
	Underpayment on line 17 x Number of days on line 27 x 4% (0.04)	28	\$	\$	\$		\$
	Number of days on line 20 after 3/31/2017 and before 7/1/2017	29					
	Underpayment on line 17 x Number of days on line 29 x *%	30	\$	\$	\$		\$
	Number of days on line 20 after 6/30/2017 and before 10/1/2017	31					
	Underpayment on line 17 x Number of days on line 31 x *%	32	\$	\$	\$		\$
	Number of days on line 20 after 9/30/2017 and before 1/1/2018	33					
	Underpayment on line 17 x Number of days on line 33 x *%	34	\$	\$	\$		\$
	Number of days on line 20 after 12/31/2017 and before 3/16/2018	35					
	Underpayment on line 17 x Number of days on line 35 x *%	36	\$	\$	\$		\$
	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$		\$
	Penalty. Add columns (a) through (d) of line 37. Enter the to or the comparable line for other income tax returns			line 33;		38	\$ 2

information on the Internet, access the IRS website at *www.irs.gov.* You can also call 1-800-829-4933 to get interest rate information.

Form **2220** (2016)

FORM 990-PF UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s)				Identifying Num	iber
THE ILENE	BEAL CHARITA	BLE FOUNDATIO	N	47-738	7821
(A)	(B)	(C)	(D)	(E)	(F)
*Date	Amount	Adjusted Balance Due	Number Days Balance Due	Daily Penalty Rate	Penalty
		-0-			
05/15/16	208.	208.	31	.000109290	1
06/15/16	209.	417.	92	.000109290	4
09/15/16	208.	625.	91	.000109290	6
12/15/16	208.	833.	16	.000109290	1
12/31/16	0.	833.	135	.000109589	12
				<u> </u>	
nalty Due (Sum of Co	lumn F).				24

* Date of estimated tax payment, withholding credit date or installment due date.

THE ILENE BEAL CHARJTARLE FOUNDATION

FEDERAL TAXES

FOREIGN TAXES PAID

TO FORM 990-PF, PG 1, LN 18

THE ILENE BEAL CHA	ARITABLE FO	OUNDATION			47-7387821
FORM 990-PF	DIVIDEND	S AND INTER	EST FROM SECU	RITIES ST	FATEMENT 1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	REVENUE	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
FIDUCIARY TRUST ACCOUNT #06338400	139,808	•	0. 139,808	139,808.	139,808.
TO PART I, LINE 4 =	139,808		0. 139,808	139,808.	139,808.
FORM 990-PF	0'	THER PROFES	SIONAL FEES	SI	FATEMENT 2
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT AND ASSET MANAGEMENT FEES		56,485.	56,485.	0.	0.
TO FORM 990-PF, PG 1	_, LN 16C	56,485.	56,485.	0.	0.
FORM 990-PF		TAX	ES	SI	ratement 3
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
MA FILING FEES		500.	0.	0.	0.

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23

۲ 	STATEMENT	4
BOOK VALUE	FAIR MARKET VALUE	
6,304,400.	6,700,88	7.
6,304,400.	6,700,88	7.
	6,304,400.	FAIR MARKET BOOK VALUE VALUE 6,304,400. 6,700,88

OTHER INVESTMENTS		STATEMENT 5
VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
COST	1 166 004	1,149,040.
COST	1,100,004.	1,149,040.
	3,894,660.	4,257,890.
COST	147.673.	146,538.
e cost		210,0000
	221,359.	0.
LINE 13	5,429,696.	5,553,468.
	VALUATION METHOD COST COST COST E COST	VALUATION METHOD BOOK VALUE COST 1,166,004. COST 3,894,660. COST 147,673. E COST 221,359.

FORM 990-PF	LIST OF SUBSTANTIAL CONTRIBUTORS	STATEMENT	6				
PART VII-A, LINE 10							

NAME OF CONTRIBUTOR

ADDRESS

ESTATE OF ILENE BEAL

175 FEDERAL STREET BOSTON, MA 02110

FORM 990-PF PA	STATEMENT 7				
NAME AND ADDRESS		TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	
J. BRIAN POTTS C/O FTC, P.O. BOX 55 BOSTON, MA 02205-580		TRUSTEE 2.00	0.	0.	0.
NOLLY E. CORLEY C/O FTC, P.O. BOX 55 BOSTON, MA 02205-580		TRUSTEE 2.00	9,080.	0.	0.
JOSEPH ERDMAN C/O FTC, P.O. BOX 55 BOSTON, MA 02205-580		TRUSTEE 2.00	9,080.	0.	0.
KATHLEEN M. MCCARTHY C/O FTC, P.O. BOX 55 BOSTON, MA 02205-580	806	TRUSTEE 2.00	9,080.	0.	0.
DAVID VAUGHN C/O FTC, P.O. BOX 55 BOSTON, MA 02205-580		TRUSTEE 2.00	4,267.	0.	0.
TOTALS INCLUDED ON 9	90-PF, PAG	E 6, PART VIII	31,507.	0.	0.

25

(Rev. January 2017)

Application for Automatic Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enter file	er's identifying	number
Type or print	Name of exempt organization or other filer, see instr	Employe	r identification r	number (EIN) or		
	THE ILENE BEAL CHARITABLE		47-738	7821		
File by the due date for	Number, street, and room or suite no. If a P.O. box,	see instruc	tions.	Social se	curity number ((SSN)
filing your return. See	175 FEDERAL STREET					
instructions	City, town or post office, state, and ZIP code. For a BOSTON, MA 02110	foreign add	ress, see instructions.			
Enter the	Return Code for the return that this application is for (f	ile a separa	te application for each return)			0 4
Applicat	ion	Return	Application			Return
ls For		Code	Is For			Code
) or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990)-BL	02	Form 1041-A			08
Form 472	20 (individual)	03	Form 4720 (other than individual)			09
Form 990)-PF	04	Form 5227			10
Form 990	D-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	0-T (trust other than above)	06	Form 8870			12
 If the If this box I re 	hone No. \blacktriangleright <u>617-482-5270</u> organization does not have an office or place of busines is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box \blacktriangleright quest an automatic 6-month extension of time until the organization named above. The extension is for the	t Group Exe and atta	emption Number (GEN) .ch a list with the names and EINs o MBER 15, 2017 , to file	f this is fo f all memb	r the whole gro ers the extensi	on is for.
►	X calendar year 2016 or tax year beginning			Final retur	 n	
3a lftl	his application is for Forms 990-BL, 990-PF, 990-T, 4720	0, or 6069,	enter the tentative tax, less any			
noi	nrefundable credits. See instructions.			3a	\$	0.
b If t	his application is for Forms 990-PF, 990-T, 4720, or 606	9, enter an	y refundable credits and			
est	imated tax payments made. Include any prior year over	3b	\$	0.		
c Ba	lance due. Subtract line 3b from line 3a. Include your p	ayment wit	h this form, if required,			
by	using EFTPS (Electronic Federal Tax Payment System)	. See instru	ctions.	3c	\$	0.
Caution: instructio	If you are going to make an electronic funds withdrawa	al (direct de	bit) with this Form 8868, see Form 8	453-EO ai	nd Form 8879-E	O for payment
		_			-	- (

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2017)

STATE COPY

Office	Use	Onlv:	Fiscal	Year
011100	000	<i>c</i> ,.	, 100ai	100

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

F	orm PC	
Report for the Fiscal Period: $01/01/16$ to $12/31/16$		Check all items attached (if applicable)
Attorney General's Account #: 059429		Filing Fee or Printout of Electronic Payment Confirmation
Federal ID #: <u>47-7387821</u>		X Copy of IRS Return
Electronic Payment Confirmation #:		Statements/Review
When did the organization first engage in charitable work in Massachusetts?	08/01/2015	By-Laws Schedule A-1 Schedule A-2
Has the organization applied for or been granted IRS tax exempt status?	X Yes No	Schedule RO Schedule VCO Probate Account
If yes, date of application OR date of determination letter:	02/03/2016	
IRS Exemption under 501(c):	3	
If exempt under 501(c), are contributions to the organization tax deductible as charitable contributions?	Yes X No	
Organization Data		
Name: THE ILENE BEAL CHARITABLE FOUND	ATION	
Mailing Address: 175 FEDERAL STREET		
City: BOSTON	State: MA	ZIP: 02110
Phone Number: 617-482-5270	Fax Number:	
Email:	Website:	
In the table below, please enter the appropriate codes from the corresp Enter up to 2 codes from Table 3 for your organization's main purpose(s)	

Category	Code	Category	Code
County (Table 1)	13	Organization Purpose Code 1	60
Type of Organization (Table 2)	20	Organization Purpose Code 2	

Please check box if final return prior to dissolution:

Office Use Only: Payment Received

THE ILENE BEAL CHARITABLE FOUNDATION

47-7387821

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? 08/01/2015
- 2. Where was the organization created? **MASSACHUSETTS**
- 3. What is the form of organization? (check one)

Corporation	Testamentary Trust	
Unincorporated Association	Inter Vivos Trust	X

Other (please describe):

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

5. Enter your summary of financial data:

	Financial Data	Amounts
A.	Contributions, gifts, grants, and similar amounts received	11,296,186.
В.	Gross support and revenue	11,406,929.
C.	Program services and similar amounts paid out	250,000.
D.	Fundraising expenses	0.
E.	Management and general expenses	0.
F.	Payments to affiliates	0.
G.	Total expenses	338,527.
Н.	Net assets or fund balances at the end of the year	12,185,436.

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
	JOSEPH ERDMAN				
1.	TRUSTEE	2.00	9,080.	0.	0.
	KATHY MCCARTHY				
2.	TRUSTEE	2.00	9,080.	0.	0.
	NOLLY CORLEY				
З.	TRUSTEE	2.00	9,080.	0.	0.
	DAVID VAUGHN				
4.	TRUSTEE	2.00	4,267.	0.	0.
5.					

7. Was any compensation provided to any of the individuals listed in question 6 above which was not quantified in your response to 6? *If yes, please provide explanation (attach separate sheet).*

THE ILENE BEAL CHARITABLE FOUNDATION

47-7387821

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

	Name/Title	Amount of Compensation	Type(s) of Service
			INVESTMENT AND
1.	FIDUCIARY TRUST COMPANY	56,485.	ASSET MANAGEMENT
2.			
3.			
4.			
5.			

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

	Bank	Address		Phone Number
FIDUCI	ARY TRUST COMPANY	P.O. BOX 55806, BOS 02205-5806	TON, MA	617-482-5270
10. What i	s the organization's accounting method?	X Cash Accrual		
		Other (specify):		
11. If orga	nization's mailing address is a P.O. Box, I	st the organization's full street address:		
Addre	SS:			
City:			State: Zl	P Code:
12. Conta	ct Person Name: J. BRIAN PO	ITS		
Street	Address: 175 FEDERAL STR	EET		
City: <u>E</u>	BOSTON		State: MA ZI	P Code: 02110
Phone	Number: <u>617-482-5270</u>			

X No

Yes

THE ILENE BEAL CHARITABLE FOUNDATION

- 13. During the fiscal year reported here, did your organization solicit contributions or have funds solicited on its behalf?
- 14. At any time during the fiscal year fe acting on its behalf, solicit contribu If you answered yes to Question 13 the solicitation certificate requireme
- 15. If you are claiming an exemption fr to identify which exemption applies

a religious organization

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

- 16. Attach a list of names, addresses (street and/or mailing), and telephone numbers of other offices/chapters/branches/affiliates. STATEMENT 1
- 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?

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.

	Yes	X No	
ollowing the year reported here, will your organization, or others utions?	Yes	X No	
e or 14, you must complete Schedule A-1 and/or Schedule A-2 unless you are exempt from ant.	n		
om the solicitation certificate requirement, please indicate by checking the box to the rig s to your organization.	jht		

47 - 7387821

FORM PC NAME,	ADDRESS, PHONE OF O	THER OFFICES	STATEMENT	1
NAME AND ADDRESS		PHONE NUMBER		
NONE				
FORM PC OFFICERS	, DIRECTORS, TRUSTEE	S AND EXECUTIVES	STATEMENT	2
NAME AND ADDRESS		TITLE		
J. BRIAN POTTS C/O FTC, P.O. BOX 55806 BOSTON, MA 02205-5806		TRUSTEE		
NOLLY E. CORLEY C/O FTC, P.O. BOX 55806 BOSTON, MA 02205-5806		TRUSTEE		
JOSEPH ERDMAN C/O FTC, P.O. BOX 55806 BOSTON, MA 02205-5806		TRUSTEE		
XATHLEEN M. MCCARTHY C/O FTC, P.O. BOX 55806 BOSTON, MA 02205-5806		TRUSTEE		
DAVID VAUGHN C/O FTC, P.O. BOX 55806 BOSTON, MA 02205-5806		TRUSTEE		

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FORM PC	PAGE 4, LINE 18 STATEMENT 3
NAME AND ADDRESS	AREA OF RESPONSIBILITY
J. BRIAN POTTS C/O FTC, P.O. BOX 55806 BOSTON, MA 02205-5806	RESPONSIBLE FOR CUSTODY OF FUNDS
J. BRIAN POTTS C/O FTC, P.O. BOX 55806 BOSTON, MA 02205-5806	RESPONSIBLE FOR DISTRIBUTION OF FUNDS
J. BRIAN POTTS C/O FTC, P.O. BOX 55806 BOSTON, MA 02205-5806	CUSTODY OF FINANCIAL RECORDS
J. BRIAN POTTS C/O FTC, P.O. BOX 55806 BOSTON, MA 02205-5806	AUTHORIZED TO SIGN CHECKS

20.		THE ILENE BEAL CHARITABLE FOUNDATION 4 this organization or any of its officers, directors, or employees: 4 s, please attach an explanation. 4	17-7387821	
	(a)	Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions?	Ye	s 🚺 No
	(b)	Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency?	Ye	s 🚺 No
	(c)	Been the subject of a proceeding regarding any solicitation or registration?	Ye	s 🚺 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?	Ye	s 🚺 No
21.		e any restrictions been removed during the year from donor-restricted funds? s, <i>please attach an explanation.</i>	Ye	s 🚺 No
22.		e donor-restricted funds been loaned to unrestricted funds? s, please attach an explanation.	Ye	s 🚺 No
23.	Part	question involves "Termination of Employment or Changes of Control Compensatory Arranger es" (see instructions and definition sections). Report only if payments made or promised to any ur months salary or \$100,000, whichever dollar amount is less.		
	(a)	Did you make actual payments or otherwise transfer value under such an arrangement to any in Related Party definition, sections (a) or (b), which payments are not reported in Question 6 of		s 🗌 No
	(b)	Do you have an agreement with any individual described in Related Party definition, sections or such an agreement?	(a) or (b), containing	s 🗌 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.

47-7387821

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?	X Yes	🗌 No
١.	Heavieur arganization transferred income or coasts to ar far use by a related party?	Yes	X No
1.	Has your organization transferred income or assets to or for use by a related party?		
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
К.	Has your organization invested in any corporate stock of a company in which any officer, director, or trustee owns		
κ.	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		
L.	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
L			

STATEMENT 4

COMPENSATION

FORM PC

NAME AND ADDRESS

NOLLY E. CORLEY C/O FTC, P.O. BOX 55806 BOSTON, MA 02205-5806

NATURE OF TRANSACTION

PROCEDURE FOLLOWED

THE COMPENSATION WAS SET BY THE BOARD TAKING INTO CONSIDERATION THE TRUSTEE' S DUTIES, TIME DEVOTED TO THE FOUNDATION'S AFFAIRS, AND THE TRUSTEE'S BACKGR OUND AND EXPERIENCE.

PAGE 6, LINE 24

NAME AND ADDRESS

JOSEPH ERDMAN C/O FTC, P.O. BOX 55806 BOSTON, MA 02205-5806

NATURE OF TRANSACTION

COMPENSATION

PROCEDURE FOLLOWED

THE COMPENSATION WAS SET BY THE BOARD TAKING INTO CONSIDERATION THE TRUSTEE' S DUTIES, TIME DEVOTED TO THE FOUNDATION'S AFFAIRS, AND THE TRUSTEE'S BACKGR OUND AND EXPERIENCE.

NAME AND ADDRESS

KATHLEEN M. MCCARTHY C/O FTC, P.O. BOX 55806 BOSTON, MA 02205-5806

NATURE OF TRANSACTION

COMPENSATION

PROCEDURE FOLLOWED

THE COMPENSATION WAS SET BY THE BOARD TAKING INTO CONSIDERATION THE TRUSTEE' S DUTIES, TIME DEVOTED TO THE FOUNDATION'S AFFAIRS, AND THE TRUSTEE'S BACKGR OUND AND EXPERIENCE.

AMOUNT INVOLVED

AMOUNT INVOLVED

9,080.

9,080.

AMOUNT INVOLVED

9,080.

STATEMENT 4

47-7387821

NAME AND ADDRESS

DAVID VAUGHN C/O FTC, P.O. BOX 55806 BOSTON, MA 02205-5806

NATURE OF TRANSACTION

COMPENSATION

AMOUNT INVOLVED

4,267.

PROCEDURE FOLLOWED

THE COMPENSATION WAS SET BY THE BOARD TAKING INTO CONSIDERATION THE TRUSTEE' S DUTIES, TIME DEVOTED TO THE FOUNDATION'S AFFAIRS, AND THE TRUSTEE'S BACKGR OUND AND EXPERIENCE.

NAME AND ADDRESS

FIDUCIARY TRUST COMPANY C/O FTC, P.O. BOX 55806 BOSTON, MA 02205-5806

NATURE OF TRANSACTION

SERVICE FEES

AMOUNT INVOLVED

56,485.

PROCEDURE FOLLOWED

J. BRIAN POTTS, A TRUSTEE, IS AN EXECUTIVE OF FIDUCIARY TRUST COMPANY (FTC). FTC IS THE CUSTODIAN OF THE FOUNDATION'S FUNDS AND PROVIDES INVESTMENT MANAG EMENT SERVICES TO THE FOUNDATION UNDER A WRITTEN AGREEMENT PURSUANT TO WHICH FTC PROVIDES ITS CUSTOMARY SERVICES AT ITS CUSTOMARY RATES.

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: J. BRIAN POTTS					
Title: TRUSTEE					
Name of Preparer: WALDRON H. RAND & CO P.C.					
Address 850 WASHINGTON STREET, SUITE 200					
City DEDHAM	State <u>MA</u>	ZIP Code 02026			
Phone Number 781-449-5825					

THE ILENE BEAL CHARITABLE FOUNDATION Schedule A-1

47-7387821

Solicitation Activities During Fiscal Year Covered By This Report

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

Types of solicitation activities in which you expect to engage (check all that apply):

Mass Mailing		Via the Internet	
Door-to-door		Raffle, beano, bingo or gaming event	
Entertainment event		Sale of goods other than by telephone	
Telemarketing without sale of goods or ads		Individual Mailings	
Telemarketing with sale of goods		Corporate solicitations	
Telemarketing with sale of ads		Grant Proposals	
Other (specify):			

Identify the method or methods you expect to use for the fundraising (check all that apply):

Professional solicitor*	Own employees		
Professional fundraising counsel*	Volunteers		
Commercial co-venturer*			
* Provide applicable names and addresses:			
Professional Solicitor Name:			
Address			
City	State	ZIP Code	
Professional Fundraising Counsel Name:			
Address			
City	State	ZIP Code	
Commercial Co-Venturer Name:			
Address			
City	State	ZIP Code	

THE ILENE BEAL CHARITABLE FOUNDATION 47-7387821 Schedule A-1 ctd. Solicitation Activities During Fiscal Year Covered By This Report

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

	Name and Title:		
	Address		
	City	State	ZIP Code
	Name and Title:		
	Address		
	City	State	ZIP Code
	Name and Title:		
	Address		
	City	State	ZIP Code
Ident	ify the individuals who will have final responsibility for the charity's distrib	ution of contributions:	
	Name and Title:		
	Address		
	City	State	ZIP Code
	Name and Title:		
	Address		
	City	State	ZIP Code
	Name and Title:		
	Address		
	City	State	ZIP Code

Schedule A-2

47-7387821

Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

FORM NOT APPLICABLE

Types of solicitation activities in which you expect to engage (check all that apply):

Mass Mailing	Via the Internet	
Door-to-door	Raffle, beano, bingo or gaming event	
Entertainment event	Sale of goods other than by telephone	
Telemarketing without sale of goods or ads	Individual Mailings	
Telemarketing with sale of goods	Corporate solicitations	
Telemarketing with sale of ads	Grant Proposals	

Other (specify):

Identify the method or methods you expect to use for the fundraising (check all that apply):

Professional solicitor*	Own employees		
Professional fundraising counsel*	Volunteers		
Commercial co-venturer*			
* Provide applicable names and addresses:			
Professional Solicitor Name:			
Address			
City	State	ZIP Code	
Professional Fundraising Counsel Name:			
Address			
City	State	ZIP Code	
Commercial Co-Venturer Name:			
Address			
City	State	ZIP Code	

THE ILENE BEAL CHARITABLE FOUNDATION 47-7387821 Schedule A-2 ctd.

Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

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

Na	ame and Title:		
Ac	ddress		
Ci	ity	State	ZIP Code
Na	ame and Title:		
Ac	ddress		
Ci	ty	State	ZIP Code
Na	ame and Title:		
Ac	ddress		
Ci	ity	State	ZIP Code
Identify	the individuals who will have final responsibility for the charity's distrib	ution of contributions:	
N	amo and Title		
	ame and Title:		
Ac	ddress		
Ci		State	ZIP Code
Na	ame and Title:		
Ac	ddress		
Ci	ity	State	ZIP Code
Na	ame and Title:		
Ac	ddress		
Ci	ty	State	ZIP Code

Certification by Organization

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: J. BRIAN POTTS	
Title: TRUSTEE	
Signature:	Date:
Printed Name:	
Title:	

Schedule RO

1. Please read the instructions and definition of "Related Organization" carefully before completing this section. (*If you have more than five Related Organizations, please attach a list.*)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds	B. 3rd party restricted funds	C. Unrestricted funds	D. Total net assets
	(-) liabilities	(-) liabilities	(·) liabilities	(A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds	B. 3rd party restricted funds	C. Unrestricted funds	D. Total net assets
	(-) liabilities	(-) liabilities	(·) liabilities	(A+B+C)

Name:	-	Primary purpose or activity:		
FYE	A. Donor restricted funds	B. 3rd party restricted funds	C. Unrestricted funds	D. Total net assets
	(·) liabilities	(·) liabilities	(-) liabilities	(A+B+C)

Name:		Primary purpose or activity:					
FYE	A. Donor restricted funds	B. 3rd party restricted funds	C. Unrestricted funds	D. Total net assets			
	(·) liabilities	(-) liabilities	(·) liabilities	(A+B+C)			

Name:		Primary purpose or activity:					
FYE	A. Donor restricted funds	B. 3rd party restricted funds	C. Unrestricted funds	D. Total net assets			
	(·) liabilities	(·) liabilities	(·) liabilities	(A+B+C)			

Schedule RO ctd.

2. List the total compensation paid by your organization and/or any other related organization to your chief executive (e.g., executive director) and to the four other current or former directors, trustees, officers, or employees within the system of related organizations identified at question 1, on page 13, receiving the highest aggregate compensation (see *instructions*). Use additional lines below to itemize by compensation source.

Name:		Title:					
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:				

Name:		Title:					
Income Source: Salary and Other Income:		Benefits Plan:	Other Compensation:				

Name:		Title:					
Income Source: Salary and Other Income:		Benefits Plan:	Other Compensation:				

Name:		Title:				
		Benefits Plan:	Other Compensation:			

Name:		Title:					
Income Source:	Salary and Other Income:	Benefits Plan: Other Compensati					

З.	Is asset and/or compensation information for religious organizations and/or certain non-charitable entities related to
	foundations excluded pursuant to instructions?

X No

Yes

Form 990-PF									
Department of the Treasury									
-				m 990-PF and its separate			.govnonn990pi.	Open to Public Inspection	
		f foundation	cymnig		, and c	nunig	A Employer identification	number	
п							17 7207021		
	'HE	ILENE BEAL C				Room/suite	47-7387821 B Telephone number		
		FEDERAL STRE				1100mbdullo	617-482-52	70	
		own, state or province, count		ostal code			C If exemption application is p		
		TON, MA 0211	<u>L U</u> nitial return	Initial return of a fo	ormer public (harity	D 1. Foreign organizations	s, check here	
		Fi	inal return	Amended return					
<u> </u>			ddress change	Name change			2. Foreign organizations me check here and attach co		
H (_	type of organization:		kempt private foundation Other taxable private founda	ation		E If private foundation sta under section 507(b)(1)		
I Fa		arket value of all assets at end			Accr	ual	F If the foundation is in a		
		Part II, col. (c), line 16)		ther (specify)			under section 507(b)(1)		
	\$			mn (d) must be on cash l				(A)	
Pa	art I	Analysis of Revenue and I (The total of amounts in column necessarily equal the amounts i	is (b), (c), and (d) may not	(a) Revenue and expenses per books		vestment ome	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)	
	1	Contributions, gifts, grants,	etc., received	11,296,186.					
	2	Check if the foundation is Interest on savings and temporar	not required to attach Sch. B						
	3	cash investments	-	120 000	1 0	0 000			
	4	Dividends and interest from		139,808.	13	9,808.		STATEMENT 5	
		Gross rents							
	6a	Net gain or (loss) from sale of ass		-29,065.					
Revenue	b	Gross sales price for all assets on line 6a 1	.,383,390.						
evel	7	Capital gain net income (from Par				0.			
ũ	8	Net short-term capital gain							
	9	Income modifications Gross sales less returns							
	10a	and allowances							
		Less: Cost of goods sold							
		Gross profit or (loss)							
	12	Other income		11,406,929.	13	9,808.	0.		
		Compensation of officers, directo		31,507.		0.0000. 0.	0.	0.	
		Other employee salaries and		51/50/1				<u> </u>	
	15	Pension plans, employee be							
Expenses	16a	Legal fees							
ben	b	Accounting fees							
		Other professional fees	STMT 6	56,485.	5	6,485.	0.	0.	
tive	17	Interest Taxes		5 25					
stra		Taxes	STMT /	535.		34.	0.	0.	
inic	19	Depreciation and depletion							
Administrative		Occupancy Travel, conferences, and me							
and /		Printing and publications							
		Other expenses							
Operating	24	Total operating and admini							
ber		expenses. Add lines 13 thro		88,527.	5	6,519.	0.	0.	
0	25	Contributions, gifts, grants p		250,000.				250,000.	
	26	Total expenses and disburs		220 505	_	C F10	_		
	07	Add lines 24 and 25		338,527.	5	<u>6,519.</u>	0.	250,000.	
		Subtract line 26 from line 12 Excess of revenue over expenses		11,068,402.					
		Net investment income (if no		11,000,402.	8	3,289.			
		Adjusted net income (if nega			0	-,_0,	0.		

623501 11-23-16 LHA For Paperwork Reduction Act Notice, see instructions.

For	<u>m 99</u>	0-PF (2016) THE ILENE BEAL CHARITABL	LE FOUNDATION	47-7387821 Page 2			
	art	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		
Ρ	art	column should be for end-of-year amounts only.	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash - non-interest-bearing		313,559.	313,559.		
	2	Savings and temporary cash investments	1,117,034.	137,781.	137,781.		
		Accounts receivable		·	•		
		Less: allowance for doubtful accounts >					
Assets	4	Pledges receivable >					
		Less: allowance for doubtful accounts >					
	5	Grants receivable					
		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					
Ÿ		Investments - U.S. and state government obligations					
		Investments - corporate stock STMT 8	0.	6,304,400.	6,700,887.		
		Investments - corporate bonds			· · ·		
		Investments - land, buildings, and equipment: basis					
		Less: accumulated depreciation					
	12	Investments - mortgage loans					
	13	Investments - other STMT 9	0.	5,429,696.	5,553,468.		
	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)	1,117,034.	12,185,436.	12,705,695.		
	17	Accounts payable and accrued expenses					
	18	Grants payable					
ŝ		Deferred revenue					
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons					
iab	21	Mortgages and other notes payable					
-	22	Other liabilities (describe 🕨)					
	23	Total liabilities (add lines 17 through 22)	0.	0.			
		Foundations that follow SFAS 117, check here					
~		and complete lines 24 through 26 and lines 30 and 31.					
čě	24	Unrestricted					
llan	25	Temporarily restricted					
Fund Balances	26	Permanently restricted					
nnd		Foundations that do not follow SFAS 117, check here 🔜 🕨 🗴					
Ē		and complete lines 27 through 31.					
ts or		Capital stock, trust principal, or current funds	0.	0.			
Net Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	1,117,034.	1,117,034.			
tAs	29	Retained earnings, accumulated income, endowment, or other funds $__$	0.	11,068,402.			
Ne	30	Total net assets or fund balances	1,117,034.	12,185,436.			
	31	Total liabilities and net assets/fund balances	1,117,034.	12,185,436.			
Ρ	art	III Analysis of Changes in Net Assets or Fund Ba	lances				

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30		
	(must agree with end-of-year figure reported on prior year's return)	1	1,117,034.
2	Enter amount from Part I, line 27a	2	11,068,402.
3	Other increases not included in line 2 (itemize) 🕨	3	0.
4	Add lines 1, 2, and 3	4	12,185,436.
5	Decreases not included in line 2 (itemize) 🕨	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	12,185,436.
			Form 990-PF (2016)

		ILENE BEAL CHAR and Losses for Tax on In			סוי	N		47	-7387	821	Page 3
	(a) List and desc	ribe the kind(s) of property sold (e.g. arehouse; or common stock, 200 shs	, real estate,		(b) P	How acqui - Purchas - Donatior	red e	(c) Date ac (mo., day		(d) Dat (mo., d	
18	<u> </u>		,			Donation					
t	SEE ATTACHED	STATEMENTS									
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale					n or (loss) (f) minus (g	I)	
a	l										
t											
	1 202 200			1,412,45	5.					-29	,065.
_		ng gain in column (h) and owned by t					(1)	Gains (Col	l. (h) gain r		/0001
_	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	()	cess of col. (i) col. (j), if any			còl.	(k), buṫ no	rom col. (h	-0-) or	
- 2											
_ <u>t</u>											
										-29	,065.
2	Capital gain net income or (net ca	apital loss) { If gain, also enter If (loss), enter -0-			}	2					,065.
3	Net short-term capital gain or (los	ss) as defined in sections 1222(5) an	d (6):		2						
	If gain, also enter in Part I, line 8,	column (c).							NT / N		
F	If (loss), enter -0- in Part I, line 8 Part V Qualification U	Inder Section 4940(e) for	Reduced	Tax on Net	Inv	3 Vestmer	nt Inco	ome	N/A		
_		e foundations subject to the section 4									
		-				,					
	section 4940(d)(2) applies, leave t	nis part blank.									
		tion 4942 tax on the distributable am	55		riod?				l	Yes	X No
<u> f'</u>		lify under section 4940(e). Do not co each column for each year; see the ir			ntrio	2					
<u>-</u>	(a)	(b)		IOIC IIIAKIIIY AIIY C	(C)					(d) ition ratio	
	Base periód years Calendar year (or tax year beginni		tributions	Net value of no			assets	(C	Distribu ol. (b) divid	itión ratio ded by col.	(C))
	2015		3,350.			220,	,056		. ,		15223
	2014										
	2013							_			
	2012										
	2011										
2	Total of line 1, column (d)							2		.0	15223
3	Average distribution ratio for the	5-year base period - divide the total o	on line 2 by 5,	or by the number	of ye	ears					
	the foundation has been in existe	nce if less than 5 years						3		.0	15223
4	4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5					4	6	5,881	<u>,513.</u>		
5	5 Multiply line 4 by line 3			5		104	<u>,757.</u>				
6	6 Enter 1% of net investment income (1% of Part I, line 27b)				6			833.			
7	Add lines 5 and 6							7		105	,590.
8		n Part XII, line 4						8		250	,000.
_	If line 8 is equal to or greater than See the Part VI instructions.	n line 7, check the box in Part VI, line	ib, and comp	Diete that part usin	g a 1	% tax rate.					

		<u>7-738</u>			Page 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49	48 - see	instru	ictio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here 🕨 🛄 and enter "N/A" on line 1.				
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗶 and enter 1%	1		8	33.
	of Part I, line 27b				
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).				
	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		8	33.
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		8	33.
6	Credits/Payments:				
	2016 estimated tax payments and 2015 overpayment credited to 2016 6a				
	Exempt foreign organizations - tax withheld at source 6b				
	Tax paid with application for extension of time to file (Form 8868) 6c 1,000.				
	Backup withholding erroneously withheld 6d				
7	Total credits and payments. Add lines 6a through 6d	7		1,0	<u>00.</u> 24.
8	Enter any penalty for underpayment of estimated tax. Check here 🔀 if Form 2220 is attached	8			24.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		1	<u>43.</u>
	Enter the amount of line 10 to be: Credited to 2017 estimated tax	11			0.
	rt VII-A Statements Regarding Activities			Vee	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in			Yes	
	any political campaign?				X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?		. 1b		Х
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials published	ed or			
	distributed by the foundation in connection with the activities.				37
	Did the foundation file Form 1120-POL for this year?		. 1c		Х
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				
	(1) On the foundation. \triangleright \$ 0. (2) On foundation managers. \triangleright \$ 0.				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
•	managers. \triangleright \$ 0.				v
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		. 2		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		3		v
4.0	bylaws, or other similar instruments? <i>If</i> "Yes," <i>attach a conformed copy of the changes</i> Did the foundation have unrelated business gross income of \$1,000 or more during the year?				X X
	If "Yes," has it filed a tax return on Form 990-T for this year?		4a 4b		Λ
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		-		х
5	If "Yes," attach the statement required by General Instruction T.		J		- 23
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				
Ŭ	• 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 I 	aw			
	remain in the governing instrument?		6	х	
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 XV		. 7	X	
			-		
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)				
	MA				
h	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		8b	х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calen				
	year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV		9		х
<u>10</u>	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			Х	

	1 990-PF (2016) THE ILENE BEAL CHARITABLE FOUNDATION 47-7387	7821		Page 5
Pa	art VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	L
	Website address N/A			
14	The books are in care of J . BRIAN POTTS Telephone no. $\blacktriangleright 617-48$			
	Located at ► C/O FTC, P.O. BOX 55806, BOSTON, MA ZIP+4 ►02	2205	-58	06
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the year 15	N	/A	
16			Yes	
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
D	foreign country			
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required		Vaa	NIa
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	INO
18	 During the year did the foundation (either directly or indirectly): (1) Engage in the sale or exchange, or leasing of property with a disqualified person? 			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?			
	· · ·			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
Ľ	If any answer is "Yes" to $1a(1)$ -(6), did any of the acts fail to qualify under the exceptions described in Regulations	46		
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? N/A Organizations relying on a current notice regarding disaster assistance check here	1b		
	bild the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
Ľ		10		х
2	before the first day of the tax year beginning in 2016? Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	10		<u></u>
2	defined in section 4942(j)(3) or 4942(j)(5)):			
	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2016?			
ŀ	If "Yes," list the years Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
•	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.) N/A	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
3a	I bid the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
t	If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1060 , (2) the lange of the E year paried (or langer paried approved by the Commissioner under section $1040(a)(7)$) to diagona			

	may 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(C)(7)) to dispose		1	
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2016.) N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that				
	had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b		

Х

Х

Orm 990-PF (2016) THE ILENE BEAL CHARITABL	E FOUNDATION		<u>47-7387</u>	821	Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4/20 May Be H	sequirea (contin	ued)		
5a During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			es 🛛 X 🛛 No		
(2) Influence the outcome of any specific public election (see section 4955); o					
any voter registration drive?			es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section				
4945(d)(4)(A)? (see instructions)		Υε	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	or			
the prevention of cruelty to children or animals?		Υε	es 🚺 No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und					
section 53.4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr					
expenditure responsibility for the grant?			s No		
If "Yes," attach the statement required by Regulations section 53.4945					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	.,				
a personal benefit contract?		Γ Ye	s X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b	х
If "Yes" to 6b, file Form 8870.					
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?		S X No		
 b If "Yes," did the foundation receive any proceeds or have any net income attributed and set of the set of				7b	
Part VIII Information About Officers, Directors, Truste				10	
Paid Employees, and Contractors		inagoro, mgm			
1 List all officers, directors, trustees, foundation managers and their	compensation.				
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plan and deferred	(e)	Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	° acco	ount, other owances
	to position		compensation	un	
SEE STATEMENT 11		31,507.	0		0.
SEE STRIEMENT II		51,507.	0	•	0.
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Contributions to	(-)	Evnanca
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plan and deferred	s (e) acco	Expense unt, other
	devoted to position	(•)	compensation	allo	owańces
NONE					
					_

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

Form 990-PF (2016) THE ILENE BEAL CHARITABLE FOUN	NDATION	<u>47-7387</u>	821 Page 7
Part VIII Information About Officers, Directors, Trustees, Fou Paid Employees, and Contractors (continued)	ndation Managers, Highly	1	
3 Five highest-paid independent contractors for professional services. If none, e	enter "NONE "		
(a) Name and address of each person paid more than \$50,000	(b) Type of serv	C6	(c) Compensation
FIDUCIARY TRUST COMPANY	INVESTMENT AN		
175 FEDERAL STREET, BOSTON, MA 02110	MANAGEMENT AN	D ASSEI	56,485.
175 FEDERAL SIREEI, BOSION, MA 02110	MANAGEMENT		50,405.
Total number of others receiving over \$50,000 for professional services		►	0
Part IX-A Summary of Direct Charitable Activities			
List the foundation's four largest direct charitable activities during the tax year. Include relevant s number of organizations and other beneficiaries served, conferences convened, research papers			Expenses
1 N/A			-
1N/A			
2			
۲			
3			
4			
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year	ar on lines 1 and 9		Amount
1 N/A	al off filles 1 and 2.		Amount
N/A			
2			
-			
All other program-related investments. See instructions.			
3			
		<u> </u>	
Total. Add lines 1 through 3			0.

Form **990-PF** (2016)

THE ILENE BEAL CHARITABLE FOUNDATION

Ρ	art X Minimum Investment Return (All domestic foundations m	nust con	nplete this part. Foreign	foundations	s, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable	e. etc pi	Irposes:		
-	Average monthly fair market value of securities		-	1a	6,644,557.
b	Average of monthly cash balances				268,482.
C	Fair market value of all other assets				73,269.
d	Total (add lines 1a, b, and c)				6,986,308.
е	Reduction claimed for blockage or other factors reported on lines 1a and				
	1c (attach detailed explanation)	1e		D .	
2	Acquisition indebtedness applicable to line 1 assets				0.
3	Subtract line 2 from line 1d			3	6,986,308.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount,	see inst	ructions)	4	104,795.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on				6,881,513.
6	Minimum investment return. Enter 5% of line 5			. 6	344,076.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) an foreign organizations check here ► and do not complete this part.)	ıd (j)(5) p		s and certair	
1	Minimum investment return from Part X, line 6			1	344,076.
2a	Tax on investment income for 2016 from Part VI, line 5	2a	83	3.	
b	Income tax for 2016. (This does not include the tax from Part VI.)	2b			
C	Add lines 2a and 2b			2c	833.
3	Distributable amount before adjustments. Subtract line 2c from line 1				343,243.
4	Recoveries of amounts treated as qualifying distributions				0.
5	Add lines 3 and 4				343,243.
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 2				343,243.
P	art XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purp	oses:			
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26			1a	250,000.
b	Program-related investments - total from Part IX-B				0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitab	le, etc., p	ourposes	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)				
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, an				250,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net inves				•
	income. Enter 1% of Part I, line 27b			5	833.
6	Adjusted qualifying distributions. Subtract line 5 from line 4				249,167.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years with 4940(e) reduction of tax in those years.				

Form 990-PF (2016)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI,	001203		2013	
				343,243.
2 Undistributed income, if any, as of the end of 2016:a Enter amount for 2015 only			1,261.	
b Total for prior years:			1,201.	
		0.		
3 Excess distributions carryover, if any, to 2016:				
a From 2011				
b From 2012				
c From 2013				
d From 2014				
e From 2015				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2016 from				
Part XII, line 4: ► \$ 250,000.				
a Applied to 2015, but not more than line 2a \dots			1,261.	
b Applied to undistributed income of prior				
years (Election required - see instructions) \dots		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2016 distributable amount				248,739.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2016 (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:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	Ο.			
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 2015. Subtract line				
4a from line 2a. Taxable amount - see instr. \ldots			0.	
f Undistributed income for 2016. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2017				94,504.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	0			
may be required - see instructions)	0.			
8 Excess distributions carryover from 2011	0			
not applied on line 5 or line 7 9 Excess distributions carryover to 2017.	0.			
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:	0.			
a Excess from 2012				
b Excess from 2013				
c Excess from 2014				
d Excess from 2015				
e Excess from 2016				

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		RITABLE FOU		47-73	87821 Page 10
Part XIV Private Operating F	oundations (see in:	structions and Part VII-	A, question 9)	N/A	
1 a If the foundation has received a ruling o	determination letter that	it is a private operating			
foundation, and the ruling is effective for	2016, enter the date of t	he ruling			
b Check box to indicate whether the found				4942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the					
alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return					
shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt					
organizations as provided in					
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income Part XV Supplementary Info	rmation (Comple	to this part only i	f the foundation	had \$5,000 or ma	ra in acceta
at any time during t					JIE III assels
	-				
1 Information Regarding Foundatio	-				<i>c</i> .
a List any managers of the foundation why year (but only if they have contributed m			ibutions received by the	toundation before the clos	se of any tax
	iore inan 40,000). (Occ 3	cciion 507 (u)(2).)			
NONE					
b List any managers of the foundation whe other entity) of which the foundation has			or an equally large portion	on of the ownership of a pa	artnership or
37	a 10% of greater interes	ol.			
NONE					
2 Information Regarding Contributi					
Check here ► X if the foundation o					
the foundation makes gifts, grants, etc.	see instructions) to indiv	riduals or organizations ur	nder other conditions, co	omplete items 2a, b, c, and	l d.
a The name, address, and telephone numl	per or e-mail address of t	he person to whom applic	cations should be addres	sed:	

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:

Form 990-PF (2016) THE ILENE BEAL CHARITABLE FOUNDATION Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Y		Payment		
Recipient	If recipient is an individual,	Foundation	Purpose of grant or	
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
NEWTON WELLESLEY HOSPITAL		PC	FOR ADDITION TO THE	
2014 WASHINGTON ST.			ILENE BEAL ENDOWED	
NEWTON, MA 02462			CHIEF OF	
			HEMATOLOGY/ONCOLOGY	125,000
ELLIE FUND FOR BREAST CANCER		PC	SUPPORT FOR CANCER	
200 RESERVOIR STREET			PATIENTS AND THEIR	
NEEDHAM, MA 02494			FAMILIES	25,000
DANA FARBER CANCER INSTITUTE		PC		
450 BROOKLINE AVE.			TO ESTABLISH AN	
BOSTON, MA 02215			ENDOWED FUND TO	
			SUPPORT CANCER CARE IN	
			THE COMMUNITY	100,000
Total	1		► 3a	250,000
b Approved for future payment				
NONE				
NONE				
		1		

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Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated	business income		d by section 512, 513, or 514	(e)
	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	code	Amount	sion code	Amount	function income
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities			14	139,808.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			18	-29,065.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
C					
d					
e					
2 Subtotal. Add columns (b), (d), and (e)		C).	110,743.	0
13 Total. Add line 12, columns (b), (d), and (e)					
					1107/10
(See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to	a tha Acaa	nnlichmont of	Exampti	Burbasas	
		-		-	
Line No. Explain below how each activity for which incor			I-A contribut	ted importantly to the accomp	olishment of
the foundation's exempt purposes (other than being the foundation's exempt purposes)	by providing fund	is for such purposes).			

orm	990-PF	(2016)	

Pa	t XVI	Information Re Exempt Organ		nsfers To a	and Transactions a	and Relation	onships With Noncha	aritable	e	
1	Did the o	organization directly or indi		/ of the followin	g with any other organizati	on described in	section 501(c) of		Yes	No
		e (other than section 501(c								
		rs from the reporting found								
				-	-			1a(1)		Х
										Х
		ansactions:								
	(1) Sale	es of assets to a noncharita	ble exempt organization	ation				1b(1)		Х
	(2) Pur	chases of assets from a no	ncharitable exempt	organization				1b(2)		Х
	(3) Ren	ntal of facilities, equipment,	or other assets					1b(3)		Х
	(4) Reii	mbursement arrangements	;					1b(4)		Х
	(5) Loa	ns or loan guarantees						1b(5)		Х
	(6) Per	formance of services or me	embership or fundra	uising solicitatio	ns			. 1b(6)		Х
										Х
							fair market value of the goods,		sets,	
	or servid	ces given by the reporting f	oundation. If the fou	undation receiv	ed less than fair market val	ue in any transa	ction or sharing arrangement,	show in		
	column	(d) the value of the goods,	other assets, or ser	vices received.						
(a)Lir	ne no.	(b) Amount involved	(c) Name o	of noncharitable	e exempt organization	(d) Descr	ription of transfers, transactions, and	l sharing ar	rangeme	nts
				N/A						
			+							
0.0	ام الم ا					inationa descuib				
		undation directly or indirec	•					Yes	v	No
		on 501(c) of the Code (othe complete the following sch					L			
	11 165,	(a) Name of orc			(b) Type of organization		(c) Description of relation	shin		
		N/A	Jamzation		(b) Type of organization			51116		
		11/21								
		er penalties of perjury, I declare						ay the IRS of	discuss	this
Sig	n i	belief, it is true, correct, and cor	nplete. Declaration of p	preparer (other that	n taxpayer) is based on all inforr	nation of which pre	reparer has any knowledge.	turn with th	e prepar	er
He	re	e				TRUS		X Yes		No
	Si	gnature of officer or trustee	;		Date	Title				
		Print/Type preparer's na	ame	Preparer's s	ignature	Date	Check if PTIN			
							self- employed			
Pai		BRIAN DLUG	ASCH				PO	1394	<u>490</u>	<u>.</u>
Pre	Preparer Firm's name > WALDRON H. RAND &			RAND &	CO P.C.		Firm's EIN ► 04-2	7597	81	

Firm's address ► 850 WASHINGTON STREET, SUITE 200		
DEDHAM, MA 02026	Phone no.	781-449-5825
		Form 000_DE (0010)

Form **990-PF** (2016)

Use Only

		CONT	TNUA	ΤΟΝ ΕΟΙ	R 990-PF,	PART TV
THE ILENE BEAL CHARITABLE FOUNDATION 47-73878				PAGE 1	OF 2	
Part IV Capital Gains and Losses for Tax on Investment Income						
(a) List and describe the kind(s) of property sold, e.g., real estate,					d (c) Date acquired	(d) Date sold
2-story brick warehouse; or common stock, 200 shs. MLC Co.			D - Donation	(mo., day, yr.)	(mo., day, yr.)	
1a APPLE COMPUTER INC COM			P	04/11/160	6/14/16	
b HOME DEPOT INC	b HOME DEPOT INC COM			Р	04/11/160	6/14/16
c ISHARES BARCLA	YS 20+YEAR TREAS	BOND ETF		P	06/14/160	9/09/16
d MCDONALDS CORP COM			P	04/11/160	6/14/16	
e MICROSOFT CORP	COM			Р	04/11/160	6/14/16
f PUBLIC STORAGE	INC COM			P	04/11/161	1/10/16
g TEMPLETON GLOB	AL BOND FUND ADV	ISOR CL		P	04/11/160	9/09/16
h ULTA SALON COS	METICS & FRAGRAN	CE INC		P	08/05/150	6/14/16
<u>i VANGUARD UTILI</u>	TIES ADMIRAL SHA	RES		P	06/15/161	1/11/16
j GENERAL MILLS	COM			P	08/01/150	6/14/16
<u>k QUESTAR CORP C</u>	MOM			P	08/01/150	9/20/16
I SIMON PROPERTY	GROUP			P	08/05/151	1/10/16
m BANK OF AMERIC	A CORP			P	08/01/151	1/15/16
n MICROSOFT CORP				Р	08/01/150	6/14/16
	ERM TAX-EXEMPT A	DMIRAL SHS		Р	08/01/150	6/15/16
(e) Gross sales price	(f) Depreciation allowed	(g) Cost or other basis			1) Gain or (loss)	
	(or allowable)	plus expense of sale	_	(e)	plus (f) minus (g)	
<u>a 19,490.</u>		21,960				-2,470.
<u>b</u> 25,057.		26,742				<u>-1,685.</u>
<u>c 135,582.</u>		135,480				102.
<u>d</u> 24,553.		25,614				<u>-1,061.</u>
<u>e 24,874.</u>		27,410				<u>-2,536.</u>
<u>f</u> 86,002.		103,692			-	17,690.
g 22,281.		22,060				221.
<u>h 47,489.</u>		41,149				6,340.
<u>i 154,392.</u>		167,676	•		_	13,284.
<u>j</u> 38,994.		37,425	•			1,569.
<u>k 37,500.</u>		37,718	•			-218.
73,016.		77,338				-4,322.
<u>m 97,908.</u>		89,406	•			8,502.
n 74,623.		76,620	•			-1,997.
o 509,925 .		509,925	•			0.
Complete only for assets showi	ng gain in column (h) and owned by t	the foundation on 12/31/69		(I) Lo	sses (from col. (h))	
	(j) Adjusted basis	(k) Excess of col. (i)			of col. (h) gain over o	col. (k),
(i) F.M.V. as of 12/31/69	as of 12/31/69	over col. (j), if any		DUT	not less than "-0-")	
а						-2,470.
b						-1,685.
С						102.
d						-1,061.
е						-2,536.
f					-	17,690.
q						221.
h						6,340.
i					-	13,284.
i						1,569.
<u>,</u> k						-218.
<u></u>						-4,322.
 m						8,502.
<u>n</u>			+			-1,997.
0						<u> </u>
	1					0.
2 Capital gain net income or (net c	apital loss) {	in Part I, line 7	2			
		2	-			
3 Net short-term capital gain or (lo If gain, also enter in Part I, line 8,	ss) as defined in sections 1222(5) an	u (o):				
If (loss), enter "-0-" in Part I, line o,		ſ	3			
			0			

FORM 990-PF	DIVIDEND	S AND	INTERE	EST	FROM SECUR	ITIES S	STATEMENT	5
SOURCE	GROSS AMOUNT	G	PITAL AINS IDENDS	5	(A) REVENUE PER BOOKS			
FIDUCIARY TRUST ACCOUNT #06338400	139,808	•	C).	139,808.	139,808.	. 139,80)8.
TO PART I, LINE 4 =	139,808		().	139,808.	139,808.	139,80)8.
FORM 990-PF	0'	THER P	ROFESS	SION	IAL FEES	S	STATEMENT	6
DESCRIPTION			ISES		(B) INVEST- IT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAI PURPOSI	
INVESTMENT AND ASSET MANAGEMENT FEES		56	,485.		56,485.	0.	,	0.
TO FORM 990-PF, PG 1	_, LN 16C	56	,485.		56,485.	0.		0.
FORM 990-PF			TAXI	ES		ç	STATEMENT	7
DESCRIPTION			ISES		(B) ! INVEST- IT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAN PURPOSI	
MA FILING FEES FEDERAL TAXES FOREIGN TAXES PAID			500. 1. 34.		0. 0. 34.	0. 0. 0.		0. 0. 0.
TO FORM 990-PF, PG 1	., LN 18 _	·····	535.		34.	0.	 , =	0.

OK VALUE	FAIR MARKET VALUE	
6,304,400.	6,700,885	7.
6,304,400.	6,700,88	7.
	6,304,400.	OK VALUE VALUE 6,304,400. 6,700,887

	9
RKET E	
9,040).
7.890	э.
6,538	3.
(0.
3,468	3.
	9,040 7,890 6,538 0 53,468

FORM 990-PF	LIST OF SUBSTANTIAL CONTRIBUTORS	STATEMENT	10
	PART VII-A, LINE 10		

NAME OF CONTRIBUTOR

ADDRESS

ESTATE OF ILENE BEAL

175 FEDERAL STREET BOSTON, MA 02110

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FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS STATEMENT 11 TRUSTEES AND FOUNDATION MANAGERS

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
J. BRIAN POTTS C/O FTC, P.O. BOX 55806 BOSTON, MA 02205-5806	TRUSTEE 2.00	0.	0.	0.
NOLLY E. CORLEY C/O FTC, P.O. BOX 55806 BOSTON, MA 02205-5806	TRUSTEE 2.00	9,080.	0.	0.
JOSEPH ERDMAN C/O FTC, P.O. BOX 55806 BOSTON, MA 02205-5806	TRUSTEE 2.00	9,080.	0.	0.
KATHLEEN M. MCCARTHY C/O FTC, P.O. BOX 55806 BOSTON, MA 02205-5806	TRUSTEE 2.00	9,080.	0.	0.
DAVID VAUGHN C/O FTC, P.O. BOX 55806 BOSTON, MA 02205-5806	TRUSTEE 2.00	4,267.	0.	0.
TOTALS INCLUDED ON 990-PF,	PAGE 6, PART VIII	31,507.	0.	0.