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990-PF

Department of the Treasury

#### **Return of Private Foundation**

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052 2009

inte	mai K	evenue Ser	rice (//) Note The foundation may be ab	ie to use a copy of this retu	in to satisfy state re	Ornin	requirements		
Fo	r ca	lendar	year 2009, or tax year beginning	, а	nd ending		-		
G	Ch	eck all t	nat apply Initial return Amended return	Initial return of a for Address change		-	Final re	eturn	
U		he IRS bel.	Name of foundation RILEY MABEL LOUISE TR U/WILL	Audress change	Na	A Employer identification number 04-6278857			
(	-	rwise, int	Number and street (or P O box number if mail is not o	delivered to street address)	Room/suite	B Telephone number (see page 10 of the instruction			
_		ype.	BNY Mellon, N A - P O BOX 185  City or town, state, and ZIP code			<u> </u>	(617)722		
		pecific ctions.	Pittsburgh	PA			exemption application is p . Foreign organizations, ch	· · · =	
			of organization X Section 501(c)(3) exc		on		Foreign organizations me	_	
Ë	] Se	ction 49	47(a)(1) nonexempt charitable trust	Other taxable private	foundation	٦	check here and attach co		
1	of y		t value of all assets at end m Part II, col (c),  \$ 54,617,995   Part I, column	pecify)		F If	private foundation status v nder section 507(b)(1)(A), the foundation is in a 60-m nder section 507(b)(1)(B),	check here  nonth termination	
Pa	irt l	amour	ysis of Revenue and Expenses (The total of ts in columns (b), (c), and (d) may not necessanly equa ounts in column (a) (see page 11 of the instructions))	(a) Nevertue and	(b) Net investm	ent	(c) Adjusted net income	(d) Disbursements for chantable purposes (cash basis only)	
	1	Contril	outions, gifts, grants, etc., received (attach schedule)		75 17 2		1.7		
	2	Check	►X if the foundation is not required to attach Sch. B		*******		1 25 2		
	3	Intere	st on savings and temporary cash investments	0	<del></del>	0	<del> </del>		
	4	4 Dividends and interest from securities 5 a Gross rents		1,252,360	1,041		<del> </del>	ļ	
	5				<u> </u>	0	<b> </b>		
ē			ntal income or (loss) 0	00.800	3		<del> </del>	* * * * * * * * * * * * * * * * * * * *	
Revenue	٥		ain or (loss) from sale of assets not on line 10	90,800		-	<del>                                     </del>		
Š	7		sales price for all assets on line 6a 5,237,259 il gain net income (from Part IV, line 2)	3.5 - 3.5 4.	<del></del>	.800		Lagrange at the state of the st	
œ	8		n gain het income (nom Fait IV, line 2) ort-term capital gain			,000	0	3, 4 7	
	9		e modifications	- Harris St. 1-1-19	10000				
			sales less returns and allowances VFD	-1113484112	Para Chair		At A LAND		
	1	<b>b</b> Less	Cost of goods sold	· 连续年。 - 三年			<b>赞成了了小学的</b> 海里	高端排作 "2岁"。	
	1	c Gross		0	The Control	) #1. •		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	11	Other	profit or (loss) (attach schedule) income (attach schedule) 1 7 2010 Add lines 1 through 11	-24,466	-35	,045	0	'22 + P	
	12	Total.	Add lines 1 through 11	1,318,694	1,097	,294	0		
S	13		ensation of officers directors trustees, etc	251,305	150	<u>,783</u>		100,522	
SE	14		employee salaries and wages	<u> </u>					
be	15		on plans, employee benefits	105.			ļ	1051	
Expenses	16		fees (attach schedule)	1,054	<u> </u>	<u>0</u>	<del></del>	1,054	
Š			nting fees (attach schedule)	0		0	<del></del>		
ati	17	Intere	professional fees (attach schedule)				<del>-</del>		
str	18		attach schedule) (see page 14 of the instructions)	31,545	21	,190	0	0	
Ξ	19		cration (attach schedule) and depletion	0		0			
틍	20	Occup	, ,						
Ž	21	Trave	, conferences, and meetings						
P	22	Printin	g and publications .						
9	23	Other	expenses (attach schedule)	374,872	201	,800	0	173,072	
Operating and Administrati	24		operating and administrative expenses.						
era			nes 13 through 23	358,776		773	0	274,648	
Õ	25		outions, gifts, grants paid	1,991,725	070			1,991,725	
_	26		xpenses and disbursements. Add lines 24 and 25	2 650,501	373	773	0	2,266,373	
	27		ct line 26 from line 12	1_331,807	193	25.		-	
	Į.		of revenue over expenses and disbursements vestment income (if negative, enter -0-)	-1.331,007	723	521			
			ted net income (if negative, enter -0-)	42.2	34. ·			12.	
	l			1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	4 mm 3 m 2 m ( m)	1	l0		

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions.

Form 990-PF (2009)

Form 990-PF (2009) RILEY MABEL LOUISE TR U/WILL 04-6278857 Pa									
D.	et li	End	of year						
Ľ	11.11	Balance Sheets Adached scredules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value				
	1	Cash—non-interest-bearing		0					
	2	Savings and temporary cash investments	1,490,021	1,985,181	1,985,181				
	3	Accounts receivable   0	<b>公里的一个</b>		电线接流 工具				
	1	Less allowance for doubtful accounts	0	0	0				
	4	Pledges receivable   0	\$ - 1 - 1 - F	9-11	- 5 20 2				
	i	Less allowance for doubtful accounts	0		0				
	5	Grants receivable							
	6	Receivables due from officers, directors, trustees, and other							
	}	disqualified persons (attach schedule) (see page 15 of the	1	]	İ				
	_	instructions).	0 20 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	0	0				
	7	Other notes and loans receivable (attach schedule)							
š	] _	Less allowance for doubtful accounts	0	<u> </u>	0				
Assets	8	Inventories for sale or use	ļ	0	\ 				
Ä		Prepaid expenses and deferred charges .	ļ	0	<b></b>				
	10 a	Investments—US and state government obligations (attach schedule)	0	<del> </del>	0				
	1	nvestments—corporate stock (attach schedule)	0	45,459,066	46,692,925				
		Investments—corporate bonds (attach schedule)	0	0	0				
	11	Investments—land, buildings, and equipment basis	<b>注述新述</b> [2]						
	l	Less accumulated depreciation (attach schedule)	]0	0	0				
	12	Investments—mortgage loans	<b></b>	<del></del>	<u></u>				
	13	Investments—other (attach schedule)	47,109,251	5,516,405	5,939,889				
	14	Land, buildings, and equipment basis			The same states				
	ĺ	Less accumulated depreciation (attach schedule)	0	0	0				
	15	Other assets (describe ► OTHER ASSETS )	6,243,874	0	0				
	16	Total assets (to be completed by all filers—see the							
	1	instructions Also, see page 1, item l)	54,843,146	52,960,652	54,617,995				
	17	Accounts payable and accrued expenses	<del></del>	0					
S	18	Grants payable							
Liabilities	19	Deferred revenue	<u> </u>	0					
Ē	20	Loans from officers, directors, trustees, and other disqualified persons	0	<u> </u>					
ٿ	21 22	Mortgages and other notes payable (attach schedule)	0	0					
	23	Other liabilities (describe   Total liabilities (add lines 17 through 22)	0	0					
	25		<u>U</u>		A 100				
w		Foundations that follow SFAS 117, check here			多變化,來自				
ë	24	and complete lines 24 through 26 and lines 30 and 31.							
alances	24	Unrestricted							
gal	25	Temporarily restricted .							
7	26	Permanently restricted  Foundations that do not follow SFAS 117, check here	<del></del>						
Fund B		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.	İ						
L.	27	Capital stock, trust principal, or current funds	54,843,146	52,960,651	المريح المشراري				
s or	28	Paid-in or capital surplus, or land, bldg, and equipment fund	34,043,140	32,900,031					
Net Assets	29	Retained earnings, accumulated income, endowment, or other funds							
155	30	Total net assets or fund balances (see page 17 of the							
تد	"	instructions)	54,843,146	52,960,651	12 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2				
Ž	31	Total liabilities and net assets/fund balances (see page 17	3 7,0 10,1 10	02,000,001					
		of the instructions)	54,843,146	52,960,651	**				
Pa	t III	Analysis of Changes in Net Assets or Fund Balances	3,0,0,,40	22,000,001	<del></del>				
		net assets or fund balances at beginning of year—Part II, column (a), line	30 (must agree with		<del></del>				
		-year figure reported on prior year's return)			54,843,146				
2	Enter a	amount from Part I, line 27a	2	-1,331,807					
3	Other	increases not included in line 2 (itemize)  See Attached Stateme	nt	3	189,901				
4	Add lır	nes 1, 2, and 3		4	53,701,240				
5	Decrea	ases not included in line 2 (itemize) ► See Attached Statement		5	740,589				
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 6 52,960,651								

Form 990-PF (2009) RILEY MA	BEL LOUISE TR U/MILL					0-	4-6278857	Page 3
Part IV Capital Gains an	d Losses for Tax on Inve	stment In	con	ne				
	e kınd(s) of property sold (e.g., real es se, or common stock, 200 shs. MLC (			(b) How acquired P—Purchase D—Donation		Date acquired no , day, yr )	(d) Date (mo , da	
1a See Attached Statement	<del></del>		$\neg$	D-Donation		<del></del>	<del> </del>	
b					<del> </del>		<b>†</b>	
С								
d								
<u>e</u>							<u> </u>	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	, , , ,		other basis nse of sale	<b>.</b>			
_a0	0			0				0
<u>b</u> 0	0			0				0
<u>c</u> 0	0			0				0
<u>d</u> 0	0			0				0
e 0	<u>-</u>		-1-4	0	<u> </u>			0
Complete only for assets snow	ing gain in column (h) and owne				1		l (h) gain minus	
(i) FM/V as of 12/31/69	(j) Adjusted basis as of 12/31/69			sofcol(ı) (ı),ıfany			rt less than -0-) ( from col (h))	or
<b>a</b> 0	0			0,,,,,	<del> </del>			0
<b>b</b> 0	<u>0</u>						<del></del> -	
<b>c</b> 0		<del></del>		0				0
<b>d</b> 0	0			0				<del></del>
<b>e</b> 0	0			0				0
2 Capital gain net income or (		lso enter in enter -0- in			2			90,800
3 Net short-term capital gain of	• •			•				00,000
	ine 8, column (c) (see pages							
instructions) If (loss), enter	-0- in Part I, line 8 .			<del>}</del>	3			0
Part V Qualification Und	er Section 4940(e) for Re	duced Ta	10 X	Net Investme	ent In	come		
(For optional use by domestic p	rivate foundations subject to	the section	4940	0(a) tax on net in	vestm	ent income	)	
If section 4940(d)(2) applies, lea	ave this part blank							
Was the foundation liable for the	•	nbutable an	nour	nt of any year in	the ba	se nerrod?	☐ Yes [¥	l No
If "Yes," the foundation does no						po		, .,,
<del></del>	unt in each column for each				ions be	efore making	any entries	
(a)	(b)		_	(c)		_	(d)	
Base period years  Calendar year (or tax year beginning in	Adjusted qualifying distribution	ns Net va	lue of	nonchantable-use a	ssets		Inbution ratio	-11
2008	3,015	.829		59,290	.561	(001 10)		050865
2007	3,408			66,316				051398
2006	3,258			61,119				053308
2005	3,300			57,145				057754
2004	2,525	,588		53,570				047145
2 Total of line 1, column (d)					L	2	0	260470
3 Average distribution ratio for					1	j		
the number of years the four	ndation has been in existence	e if less than	า 5 y	ears	L	3	0	052094
				_	ł			
4 Enter the net value of nonch	haritable-use assets for 2009	from Part X	, line	÷ 5	<u> </u>	4	48,0	060,510
5 Multiply line 4 by line 3						5	2,5	03,664
6 Enter 1% of net investment	income (1% of Part I, line 27t	·) .				6		7,235
7 Add lines 5 and 6				_		7	2 "	10,899
				,				
8 Enter qualifying distributions If line 8 is equal to or greate	from Part XII, line 4 r than line 7, check the box in	Part VI Im	e 1h	and complete t	hat na	8 Rt using a 1%	2,2	266,373
the Bort VI instructions on p				, and complete t	pa	usg u 17	Tun rate of	

For	m 990-PF (2009) RILEY MABEL LOUISE TR U/MILL 04-6	3278857	. Ł	Page 4				
P	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of	the inst	truct	ions)				
1	1 a 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	1	4,470					
here and enter 1% of Part I, line 27b								
c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%								
of Part I, line 12, col. (b)  2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-).								
3	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) . 2  Add lines 1 and 2  3		4,470	<del>( </del>				
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)  4		4,470	<del>'}</del>				
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	1,	4,470	,				
6	Credits/Payments.	<u> </u>	·, · · · ·	100				
	a 2009 estimated tax payments and 2008 overpayment credited to 2009   6a   25,856   25,856		<i>3</i> -	130				
	b Exempt foreign organizations—tax withheld at source . 6b			127				
	c Tax paid with application for extension of time to file (Form 8868) . 6c 0	1	a se a comp	1				
	d Backup withholding erroneously withheld 6d		40	13.7				
7	Total credits and payments Add lines 6a through 6d	2	5,85 <del>6</del>	<u> </u>				
8	Enter any penalty for underpayment of estimated tax. Check here		0	<u> </u>				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		0	¥—				
10 11	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid    Total the amount of line 10 to the Condition of the continued of t	1	1,386	1				
	Enter the amount of line 10 to be Credited to 2010 estimated tax 11,386 Refunded 11		<u>,                                     </u>	<del> </del>				
	rt VII-A Statements Regarding Activities		<u> </u>	<del> </del>				
1	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	+				
	participate or intervene in any political campaign?	1a	├	LX.				
	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the	1	ĺ					
	instructions for definition)?  If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	1b	Pary In	X				
	published or distributed by the foundation in connection with the activities							
	C Did the foundation file Form 1120-POL for this year?	1c	- 1.2°	x				
	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		Ma To Se	144				
	(1) On the foundation   \$ (2) On foundation managers  \$	*	300	$dr \rightarrow$				
(	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	- 1	45.19	, ,				
	on foundation managers   \$	- 1		1.56				
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	1 37		1				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles		ا الله المراه	J., .				
4.	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes  Did the foundation have unrelated business gross income of \$1,000 or more during the year?	3		X.				
	of the roundation have differed business gross income of \$1,000 or more during the year?  If "Yes," has it filed a tax return on Form 990-T for this year?	4a 4b		X				
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X				
-	If "Yes," attach the statement required by General Instruction T		<b>5.49</b>					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either		7	(XP) /				
	By language in the governing instrument, or							
	By state legislation that effectively amends the governing instrument so that no mandatory directions			4.				
	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	_X_					
8 a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the	.	*	* 1				
	instructions) ► MA		4	1				
ľ	of the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney		-,	•				
9	General (or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	X					
J	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page 27)?	- 1	(n' )					
	If "Yes," complete Part XIV	9		Х				
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing	1		_^_				
	their names and addresses	10	į	Х				
		لتنب						

Form	n 990-PF (2009) RILEY MABEL LOUISE TR U/WILL 04-62	78857	F	Page 5
Pai	rt VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		×
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before  August 17, 2008?	12		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	1
	Website address ► N/A			
14	The books are in care of ► BNY Mellon, N.A. Telephone no ► (617)722-7	772		
	Located at PO BOX 185 Pittsburgh PA ZIP+4 ► 15230-018	5		
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			
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.	1,3	Yes	No
1a	Dunng the year did the foundation (either directly or indirectly)	7.5 m	- A	\$600
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No		an .	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	100 mg		1
	a disqualified person?		1.00	*
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No	100	ا يوني	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? . X Yes No	42.3	7. July 1	A
	(5) Transfer any income or assets to a disqualified person (or make any of either available	¥	25.4	<b>*</b>
	for the benefit or use of a disqualified person)?	5' '	7/1/2	
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	3, 41	2 v.	ر الأخلي د الأخلي
	If the foundation agreed to make a grant to or to employ the official for a period		in in	·
	after termination of government service, if terminating within 90 days) Yes X No			24
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations	127 5	\$```	**
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?  Organizations relying on a current notice regarding disaster assistance check here	1b	Staring.	X as :-
С	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 2009?	1c	(2. 4 <u>.</u>	<b>X</b> X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	5.00		18
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d	1		
	and 6e, Part XIII) for tax year(s) beginning before 2009?	\$105 <sup>4</sup> /2		
	If "Yes," list the years 20	2		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	2	44.4	
	(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 page 20 of the instructions)	2b	Nextos	X
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business	\$ 1. S	`\$, <b>*</b> }	*
vu	enterprise at any time during the year?  Yes X No		- {	
b	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation	1 1	j	•
	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved	1 1	- 1	
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3)		į	
	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 2009)	3ь	N/A	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	$\Box$	Х
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable	1 7	T	
	purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b	]	_X_

Form 990-PF (2009)

Fom	1 990-PF (2009) RILEY MABEL LOUISE TRU	J/WILL			04-6278857	Page 6
Pa	rt VII-B Statements Regarding Activiti	es for Which For	m 4720 May Be R	Required (continued)		
5a	Dunng the year did the foundation pay or incur any	y amount to:			, 2'	
	(1) Carry on propaganda, or otherwise attempt t	o influence legislation	(section 4945(e))? .	Yes	X No	
	(2) Influence the outcome of any specific public	election (see section 4	1955), or to carry	<del></del>	_ +	`   ·
	on, directly or indirectly, any voter registratio	n dnve?		Yes	X No	-
	(3) Provide a grant to an individual for travel, stu	idy or other similar ou	rnoses?	Yes	X No	
	(4) Provide a grant to an organization other than	•	,	[		
	in section 509(a)(1), (2), or (3), or section 49			Yes	X No	`   ·
	(5) Provide for any purpose other than religious,		•			1 1
	educational purposes, or for the prevention of	•	•	Yes	X No	
b	If any answer is "Yes" to 5a(1)–(5), did any of the	transactions fail to qua	lify under the exception	ons described in		
Regulations section 53 4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)?						
	Organizations relying on a current notice regarding			▶[		- [z
С	If the answer is "Yes" to question 5a(4), does the f	oundation claim exem	ption from the	(		
	tax because it maintained expenditure responsibility "Yes," attach the statement required by Regulation	•	<b>N/A</b> 5(d)	Yes	□ No	5- A 18- 3
6a	Did the foundation, during the year, receive any ful		• •		ر ا د ا	"过速"
-	premiums on a personal benefit contract?			· Yes	X No	
b	Did the foundation, during the year, pay premiums	directly or indirectly of	on a personal benefit o		. 6b	X
	If "Yes" to 6b, file Form 8870	•	•			1.5,1
	At any time during the tax year, was the foundation				X No	
_	If yes, did the foundation receive any proceeds or				7b	X
2	Information About Officers,	Directors, Trust	ees, Foundation	Managers, Highly P	aid Employee	es,
	and Contractors				<del></del>	
	List all officers, directors, trustees, founda	(b) Title, and average	(c) Compensation		e instructions).	<u>.                                    </u>
	(a) Name and address	hours per week	(If not paid, enter	(d) Contributions to employee benefit plans	(e) Expense	
	<del></del>	devoted to position	-0-)	and deferred compensation	n other allow	rances
	Mellon, N.A	Co-Trustee	400.044			_
	BOX 185 Pittsburgh PA 15230-0185	See Attached	133,944		<u> </u>	0
AIN	DREW C BAILEY	Co-Trustee As Needed	45 000		o	_
PΩ	BERT W HOLMES	Co-Trustee	45,898		<del>-4</del>	0
170		As Needed	35,768		0	0
GR		Co-Trustee	35,700		4	
<u> </u>		As Needed	35,695		ما	0
	Compensation of five highest-paid employ			ne 1—see page 23 of t	<u></u>	
	If none, enter "NONE."	(000,000,000,000,000,000,000,000,000,00		ooo pago zo o		,,,
		(b) Title, and avera	ane T	(d) Contributions to	<del></del>	
(a)	Name and address of each employee paid more than \$50,			employee benefit	(e) Expense a	-
		devoted to position	on	plans and deferred compensation	other allow	ances
Non	e					
					_	
<b>-</b> -				}	-	
					+	
			}		}	
Tota	al number of other employees paid over \$50,0	000	<del></del>	<del></del>	<b>•</b>	0
		<del></del>			Form 990-	

Form 990-PF (2009) RILEY MABEL LOUISE TR U/WILL	04-6278857	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid and Contractors (continued)	1 Employees	5,
3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none, enter	r "NONE."	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compen	sation
NONE		0
		0
	<u> </u>	0
	<u> </u>	0
		0
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 statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc.	Expense	es
1 NONE		
2		
3		<del></del>
4		
Part IX-B Summary of Program-Related Investments (see page 24 of the instructions)		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2  1 NONE	Amount	
1 NONE		
2		
All other program-related investments. See page 24 of the instructions.  3 NONE.		
		0
Total. Add lines 1 through 3 . ▶		0

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Pa	rt X Minimum Investment Return (All domestic foundations must complete this part. Foreign	foundati	ons,
	see page 24 of the instructions.)		·
1	Fair market value of assets not used (or held for use) directly in carrying out chantable, etc.	> <u>\$</u>	
	purposes		
а	Average monthly fair market value of securities	1a	47,672,755
b	Average of monthly cash balances	1b	1,119,641
С	Fair market value of all other assets (see page 24 of the instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	48,792,396
е	Reduction claimed for blockage or other factors reported on lines 1a and	3	
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	48,792,396
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see page 25	<u> </u>	
	of the instructions)	4	731,886
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	48,060,510
6	Minimum investment return. Enter 5% of line 5	6	2,403,026
Par	t XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private of	perating	
	foundations and certain foreign organizations check here  and do not complete this part )	p = · · · · · · · · ·	
1	Minimum investment return from Part X, line 6	1	2,403,026
2a	Tax on investment income for 2009 from Part VI, line 5		27.00,020
b	Income tax for 2009. (This does not include the tax from Part VI) .		
С	Add lines 2a and 2b	2c	14,470
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	2,388,556
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	2,388,556
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	2,388,556
Par	Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	, K	
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	2,266,373
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 set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	0
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	2,266,373
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	2,266,373
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the found qualifies for the section 4940(e) reduction of tax in those years	lation	

-		L LOUISE TH UTVILL	<del></del>		04-	6278857 Page 3
Part	XIII Undistributed Inco	me (see page 26 of	the instructions)			
			(a)	(b)	(c)	(d)
1	Distributable amount for 2009 time 7	from Part XI,	Corpus	Years prior to 2008	2008	2009
2	Undistributed income, if any, as	s of the end of 2009:	N. Park		· · · · · · · · · · · · · · · · · · ·	2,388,556
a	Enter amount for 2008 only	s of the end of 2005.	1.25	4		
b	•	, 20 , 20		1	<del></del>	<del> </del>
3	Excess distributions carryover,			2 + 4 5 1 -	· · · · · · · · · · · · · · · · · · ·	<del> </del>
a	From 2004	NONE			<i>p</i> -	-
b	From 2005 .	499,088				\$
c	From 2006 .	240,245		The state of the s		
d	From 2007	178,318			ļ	(
e	From 2008	77,157	43 1 7 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			<b>,</b>
f	Total of lines 3a through e		994,808			
4	Qualifying distributions for 2009	9 from Part		Maria Maria		
		,266,373			-	į
а	Applied to 2008, but not more t	<del></del>			o	
b	Applied to undistributed income		L. Property of the Control of the Co		<u>-</u>	<del>                                     </del>
	(Election required—see page 2	6 of the instructions)		0	- '	j
С	Treated as distributions out of	•		Substitute of the substitute o		
	required—see page 26 of the in		) o		- · ·	٠.
d				2500	, ,	2,266,373
е	Remaining amount distributed of		0	THE PART OF THE		/
5	Excess distributions carryover a		122,183	A STATE OF THE STATE OF		122,183
	(If an amount appears in colum	n (d), the		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		,
	same amount must be shown in	n column (a) )	a de la companya de l		,	
6	Enter the net total of each co	lumn as				-
	indicated below:					
a	Corpus Add lines 3f, 4c, and 4e		872,625	The state of the s		
b	Prior years' undistributed incom	ne Subtract				1
	line 4b from line 2b			0	, year a series	7
C	Enter the amount of prior years'	undistributed				
	income for which a notice of de-	ficiency has				9.87
	been issued, or on which the se	ection 4942(a)				
	tax has been previously assess	ed	36.02 A 36.44		, , , , , , , , , , , , , , , , , , ,	, ,
d	Subtract line 6c from line 6b Ta	axable			5	المراجع المراكبة
	amount-see page 27 of the ins	structions		0		**
е	Undistributed income for 2008	Subtract line				
	4a from line 2a Taxable amour	nt—see page 27 of the	ر ماهوره اور از ماهوره			
	instructions		344		0	
f	Undistributed income for 2009	Subtract	* * * * *	•		
	lines 4d and 5 from line 1 This	amount must	, , ,		)	
_	be distributed in 2010		· · · · · ·			0
7	Amounts treated as distributions		•		j	
	corpus to satisfy requirements if	' '			)	
	section 170(b)(1)(F) or 4942(g)(	(3) (see page 27 of		,		
	the instructions)		<del></del>			
8	Excess distributions carryover for			· _		
	not applied on line 5 or line 7 (se	ee page 27 of the				
	instructions)	.	0	23.5 1 .3.3.	<del></del>	
9	Excess distributions carryove		070.005		•	
•	Subtract lines 7 and 8 from line	ъа	872,625	manufacture de la compact de l		
	Analysis of line 9	400.000		<b>拉斯姆</b> 2000	·*	•
	Excess from 2005	499,088			į	
	Excess from 2006 .	240,245	W-28	The second		
	Excess from 2007 .	133,292		***	-	
	Excess from 2008	0		Carlot Carlot Carlot	l	
е	Excess from 2009	ı U),	2. 10 mm	" surla challe " Se "	- 1	,

	n 990-PF (2009) RILEY MABEL LOUISE TR		unetructions an	od Part VIII A . gu	04-6278	857 Page 10
	If the foundation has received a ruling or determination, and the ruling is effective for 2009, ent	ation letter that it is a j	onvate operating	la Part VII-A, qui	25(1011 9)	<u> </u>
h	• Check box to indicate whether the foundation is a		•	saction	[] 4042()(2) or	174042(1)(5)
	Enter the lesser of the adjusted net	<del></del>			4942(j)(3) or	4942(J)(5)
	income from Part I or the minimum	Tax year		Pnor 3 years		(e) Total
	investment return from Part X for each	(a) 2009	(b) 2008	(c) 2007	(d) 2006	
	year listed .	0		<del></del>		0
	85% of line 2a  Qualifying distributions from Part XII,	0	<del></del> 9	<del></del> 9	0	0
·	line 4 for each year listed .	0	-	{	}	0
d	Amounts included in line 2c not used directly	<del>-</del>		<del>-</del>	<del></del>	
	for active conduct of exempt activities	}		}	į į	0
е	Qualifying distributions made directly					
	for active conduct of exempt activities				}	
2	Subtract line 2d from line 2c	0	0	0	0	0
3	Complete 3a, b, or c for the alternative test relied upon		-			
а	"Assets" alternative test—enter		•			
	(1) Value of all assets					0
	(2) Value of assets qualifying					
	under section 4942(j)(3)(B)(i) .					0
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in					
	Part X, line 6 for each year listed	0	ŀ			0
С	"Support" alternative test—enter					
	(1) Total support other than gross		)			
	investment income (interest, dividends, rents, payments		į.	İ	j	
	on securities loans (section		1	1	1	
	512(a)(5)), or royalties)		Į		İ	0
	(2) Support from general public					
	and 5 or more exempt organizations as provided in	}		ţ	1	
	section 4942(j)(3)(B)(iii) .	İ		}	·	0
	(3) Largest amount of support from an exempt organization					0
	(4) Gross investment income					0
Pa	t XV Supplementary Information (Con	nplete this part o	only if the found	dation had \$5,0	00 or more in	
	assets at any time during the year					
1	Information Regarding Foundation Manage					
а	List any managers of the foundation who have con-				ne foundation	
	before the close of any tax year (but only if they ha	ve contributed more th	nan \$5,000) (See s	ection 507(d)(2) )		
NO		or more of the steel o	-6			
D	List any managers of the foundation who own 10% ownership of a partnership or other entity) of which		•		lion of the	
NO	, , , , , , , , , , , , , , , , , , , ,		years ar greater mile			
2	Information Regarding Contribution, Grant	t, Gift, Loan, Schol	arship, etc., Pro	grams:		
	Check here ▶ ☐ if the foundation only makes			=	s not accept	
	unsolicited requests for funds. If the foundation ma	kes gifts, grants, etc. (				ns
	under other conditions, complete items 2a, b, c, an	d d	<del></del>		- <del></del>	
а	The name, address, and telephone number of the p	person to whom applic	ations should be ad	ddressed		
SEE	E ATTACHED GUIDELINES					
		l and information seed	matanala tha anat		<del></del>	<del></del>
D	The form in which applications should be submitted	and information and	materials they shou	iia iucinas		
N/A	<del> </del>	<del></del>			· <del></del>	
С	Any submission deadlines					
N/A						
	Any restrictions or limitations on awards, such as b	v geographical areas	chautable fields ke	nds of institutions of	r other	<del></del>
u	factors	, 2009. 00.11001 01003,	Samoole lieles, Kil	nas or manunons, 0	- Outer	
N/A						

Form 990-PF (2009)

Total

RILEY MABEL LOUISE TR UMILL

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Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient show any relationship to Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor Paid during the year See Attached Statement Total 1,991,725 Approved for future payment NONE

3b

signature

and ZIP code

Firm's name (or yours if

self-employed), address,

PRICEWATERHOUSECOOPERS LLP

600 GRANT STREET, PITTSBURGH, PA 15219

P00965923

EIN ► 13-4008324

Phone no 412-355-6000

RILEY MABEL LOUISE TR UN						4-627		Page 1 of
Continuation of Part XV, Recipient(s) paid during the year		) - Gra	ants and C	Contri	butions	Paid	During	the Year
Recipient(s) paid during the year								
Name				F			7-	
ST PATRICK'S CHURCH Street	<del></del>				Person		Business	
10 MAGAZINE ST	- <del></del>	_,						
City			te Zip code 02119		Foreign (	Countr	у	
ROXBURY Relationship	Foundation Status	M/ s	1 102119					
NONE								
Purpose of grant/contribution OPERATIONAL							Amount	12.440
OF EIGHORAL					<del></del>		ـــــــــــــــــــــــــــــــــــ	12,440
Name	. 704 01115011			_	٦.	_	1_	
AFRICAN METHODIST EPISCOPA Street	L ZION CHURCH		·- <del>-</del>		Person		Business	
600 COLUMBUS AVENUE								
City BOSTON			e Zip code		Foreign C	Country	y	
Relationship	Foundation Status	MA	02118					<del></del>
NONE								
Purpose of grant/contribution							Amount	2.000
OPERATIONAL							L	2,200
Name			_		<b>-</b>		,	
SUPPORT FOR SUMMER FUND AS Street	SSOCIATED GRANT I	MAKER	<u>s</u>		Person	ــــــــــــــــــــــــــــــــــــــ	Business	<del></del>
City		State	Zip code	<u> </u>	Foreign C	ountry	,	
Relationship	Foundation Status				<del></del>			<del></del>
NONE								<del></del>
Purpose of grant/contribution OPERATIONAL							Amount	60,000
OFERATIONAL	<del></del>				<del></del>		<del></del>	60,000
Name	UCCUM				7		D	
ISABELLA STEWART GARDNER MI Street	USEUM		<del></del>		Person		Business	<del></del>
280 THE FENWAY			_ <del></del>		·•			
City BOSTON		State	Zip code 02115		Foreign Co	ountry		
Relationship	Foundation Status	1 1404	102113		<del></del>			
NONE								<del></del>
Purpose of grant/contribution OPERATIONAL						ľ	Amount	50,000
O' E. WINGING								30,000
Name				_	Jn	<u> </u>	<b>.</b>	
PROJECT BREAD Street					Person		Business	······································
145 BORDER STREET			<del></del>					
City EAST BOSTON		State MA	Zip code 02128		Foreign Co	ountry		
Relationship	Foundation Status	1 1417	102120		<u> </u>			
NONE								
Purpose of grant/contribution OPERATIONAL						ľ	Amount	75,000
OT ENVIRONME	<del></del>				<del></del>			73,000
Name	LIMANY				ln			
FIREHOUSE CAPITAL CAMPAIGN Z Street	OMIX				Person	1 15	Business	·
202 MAVERICK STREET				·				<del></del>
City EAST BOSTON		State MA	Zip code 02128		Foreign Co	untry		_
Relationship	Foundation Status	I IAIN	102 120		L			<del></del>
NONE							<del></del>	<del></del>
Purpose of grant/contribution OPERATIONAL						<b> </b> ^	mount	50,000
<u> </u>								<u></u>

RILEY MABEL LOUISE TR U/WIL							78857	Page 2 of
Continuation of Part XV, Lin	ne 3a (990-PF)	- Gra	nts and	Contr	ibutions	Pai	d During	the Year
Recipient(s) paid during the year								
Name								
VINE STREET COMMUNITY CENTER	<b>.</b>			Γ	Person	Г	Business	
Street								
339 DUDLEY STREET		1	- I=- ·		<del></del> -			<del></del>
City ROXBURY		State	e Zip code 02119		Foreign	Count	try	
Relationship	Foundation Status	17/7	102119					<del></del>
NONE								
Purpose of grant/contribution							Amount	
OPERATIONAL								14,255
Name								
ROXBURY ACTION PROGRAM				Г	Person		Business	
Street	<del>,</del>							
16 CENTRE STREET		1 6	<u>-</u>					<del></del>
City ROXBURY		State	Zip code 02119		Foreign	Count	ry	
Relationship	Foundation Status	T IANA	102113					<del></del>
NONE								
Purpose of grant/contribution							Amount	
OPERATIONAL							<u> </u>	4,950
Name								
HOT JOBS TO HOMES PILOT PROGR	AM-CRITTENTON V	VOME	NOINU S'N	<u></u>	Person		Business	
Street								
ONE WASHINGTON MALL			1			<del></del>		<del></del>
City BOSTON		State	Zip code 02108		Foreign (	Jountr	у	
Relationship	Foundation Status	1 141/7	102 100		<b></b>			
NONE	L							<del> </del>
Purpose of grant/contribution							Amount	
OPERATIONAL	·						<u> </u>	100,000
Name								
FAMILY NURTURING CENTER	<del></del>		·		Person		Business	
Street								
60 CLAYTON STREET  City		State	Zip code		Foreign C	ounto		
DORCHESTER		MA	02122		l oreign c	ount	,	
	Foundation Status							
NONE							<del> </del>	·
Purpose of grant/contribution OPERATIONAL							Amount	100.000
OF EIVATIONAL							L	100,000
Name					_			
MUSEUM OF FINE ARTS					Person	$\perp$	Business	<del></del>
Street 465 HUNTINGTON AVENUE								
City	<u> </u>	State	Zıp code		Foreign C	ountry	<del>,                                      </del>	
BOSTON		MA	02115		J. Greigh	· · · · · · ·		
•	Foundation Status							
NONE	· — · — · — · — · — · · · · · · · · · ·				<del></del>		<u> </u>	<del></del>
Purpose of grant/contribution OPERATIONAL							Amount	50,000
57 E10(11010/LE	<del></del>			·			L	30,000
Name					_			
CHILDREN'S FOUNDATION	<del></del>				Person	لــــــــــــــــــــــــــــــــــــــ	Business	<del></del>
Street								
1010 MASSACHUSETTS AVENUE Dity	<del></del>	State	Zip code		Foreign Co	untr		
BOSTON			02118		L	y		
Relationship	Foundation Status							<del></del>
NONE								<del></del>
Purpose of grant/contribution OPERATIONAL						ľ	Amount	50 000

Name BIRD STREET COMMUNITY CENTER Street Soo COLUMBIA ROAD City DORCHESTER Relationship Foundation Status NONE Purpose of grant/contribution OPERATIONAL Street Street Soo Relationship Foundation Status None Purpose of grant/contribution OPERATIONAL State Street	Continuation of Part XV, Li Recipient(s) paid during the year	ւ ne 3a (990-PF)	- Grants and		4-6278857 Paid During	Page 3 of the Year
BIRD STREET COMMUNITY CENTER   Person   Business	, , , , , ,					
Size   Size   Size   Size   Zip code   Foreign Country   Size   Zip code   Provided   Size   Zip code   Size   S		₹		Person	Business	
City   Content	Street					
DORCHESTER Relationship NONE Purpose of grant/contribution OPERATIONAL Name DARE FAMILY SERVICE Street Street SCHEDY STREET, SUITE 500 City SMERVILLE Relationship NONE Purpose of grant/contribution OPERATIONAL Name DUCATIONAL Name DUCATIONAL SOMERVILLE Relationship Purpose of grant/contribution OPERATIONAL Name DUCATIONAL DEVELOPMENT GROUP Street 434 MASSACHUSETTS AVENUE, SUITE G1 City SOSTON Foundation Status NONE Purpose of grant/contribution OPERATIONAL Foundation Status NONE Purpose of grant/contribution OPERATIONAL Soloto Name PARENT-CHILD CENTER ELIZABETH STONE HOUSE Street PARENT-CHILD CENTER ELIZABETH STONE HOUSE Street PARENT-CHILD CENTER ELIZABETH STONE HOUSE Street PRIPOSE OF grant/contribution OPERATIONAL Name PARENT-CHILD CENTER ELIZABETH STONE HOUSE Street PRIPOSE OF grant/contribution OPERATIONAL Name PARENT-CHILD CENTER ELIZABETH STONE HOUSE Street PRIPOSE OF grant/contribution OPERATIONAL Name PARENT-CHILD CENTER ELIZABETH STONE HOUSE Street PRIPOSE OF grant/contribution OPERATIONAL Name PARENT-CHILD CENTER ELIZABETH STONE HOUSE Street Street City Sound Status Name Person Business Street Person Business Street Device of grant/contribution OPERATIONAL Name Person Business Street Device of grant/contribution Status NoNE Purpose of grant/contribution OPERATIONAL Name Person Business Street Person Business Street Device of grant/contribution Sound Status Person Business Foreign Country Sound Status Person Business Street Device of grant/contribution Sound Foreign Country Sound Foreign Country Sound Foreign Country Foreign Country Sound Foreign Country Foreign Country Sound Foreign Country Foreign Country Foreign Country Foreign Country Sound Foreign Country Foreign Cou		<del></del>	State Zip code	Foreign (	Country	
NONE Purpose of grant/contribution OPERATIONAL  Name DARE FAMILY SERVICE Street Z65 MEDFORD STREET, SUITE 500 City SOMERVILLE Relationship NONE Purpose of grant/contribution OPERATIONAL  Name EDUCATIONAL  Name EDUCATIONAL  Name EDUCATIONAL  Name EDUCATIONAL  Name EDUCATIONAL  None Purpose of grant/contribution OPERATIONAL  Name Parison Poundation Status NONE Purpose of grant/contribution OPERATIONAL  Name Parison Poundation Status NONE Purpose of grant/contribution OPERATIONAL  Name PARENT-CHILD CENTER ELIZABETH STONE HOUSE Street NAMA/CA PLAIN Person Person Business Street Street NAMA/CA PLAIN Person Person Business Street Person Business Street S0,000  Amount S0,000  Amount S0,000  Amount Status NONE Purpose of grant/contribution OPERATIONAL  Name PARENT-CHILD CENTER ELIZABETH STONE HOUSE Street STreet STREET STREE	DORCHESTER		MA 02125			
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Recipient(s) paid during the year								<del></del>
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Street					<u>    613011</u>		[Dusiness	
9B HAMILTON PLACE, THIRD FLOO	R							
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11 MAYHEW STREET								
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Street								
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City BOSTON			Zip code 02115-3050		Foreign C	ountry	<i>1</i>	
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58 CIRCUIT STREET								
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Continuation of Part XV, Li	ne 3a (990-PF)	- Gra	nts and Co	ontri	butions	Paid	During	the Year
Recipient(s) paid during the year	· · · · · · · · · · · · · · · · · · ·							
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Name MUJERES UNIDAS EN ACCIOIN				Г	Person		Business	
Street					Treison	1	lousiness	
54 CLAYTON STREET		_						
City		State	Zip code		Foreign C	ountr	у	
DORCHESTER	<del></del>	<u>MA</u>	02122					
Relationship	Foundation Status							
NONE Purpose of grant/contribution	ــــــــــــــــــــــــــــــــــــــ						Amount	<del></del>
OPERATIONAL							Pariount	100,000
<u> </u>	<del></del>						<del></del>	100,000
Name							_	
THOMPSON ISLAND OUTWARD BOL	JND				Person		Business	
Street								
P.O BOX 127	<del></del>	Ctata	7:		JE C			
City BOSTON .		MA	Zip code 02127		Foreign C	ountry	7	
Relationship	Foundation Status	1 17//	102121		ــــــــــــــــــــــــــــــــــــــ			<del></del>
NONE								
Purpose of grant/contribution							Amount	
OPERATIONAL							<u></u> _	50,000
Name								
Name DUDLEY STREET NEIGHBORHOOD-I	DUDLEY YOUTH CO	LINCII			Person		Business	
Street	DODLL'I TOO III CO	ONCIL			IL CI SOU		Dusiness	<del></del>
504 DUDLEY STREET								
City		State	Zıp code		Foreign Co	ountry		
ROXBURY		MA	02119		<u> </u>			
Relationship	Foundation Status							
NONE Purpose of grant/contribution	J						Amount	
OPERATIONAL						- 1	Allount	1,880
<del></del>					<del></del>			.,,,,,,,
Name					_			
CENTRO LATINO					Person	1_1	Business	
Street 267 BROADWAY								
City		State	Zip code		Foreign Co	untry		
CHELSEA		MA	02150		i orongir ou	, a.,, j		
	Foundation Status							
NONE	Ĺ							
Purpose of grant/contribution						- /	Amount	
OPERATIONAL			<del></del>		<del></del>			30,000
Name								
ZOO NEW ENGLAND					Person		Business	
Street								
ONE FRANKLIN PARK ROAD					<del></del>			
City			Zip code		Foreign Co	untry		
BOSTON	Foundation Status	MA_	02121		L			<del></del>
Relationship NONE	i outlation Status							
Purpose of grant/contribution	<del></del>				<del></del> -	- IA	mount	
OPERATIONAL								50,000
								<del></del>
Vame				_	<b>!_</b>			
Street	<del></del>			لــــــــــــــــــــــــــــــــــــــ	Person	[[8	Business	
Street 6 CANAL STREET								
City		State	Zıp code		Foreign Cou	ıntrv		<del></del>
BOSTON			02114		g.,	<del>y</del>		
	Foundation Status							
IONE								
Purpose of grant/contribution						Α	mount	## **-
PERATIONAL								50,000

RILEY MABEL LOUISE TR UM							78857	Page 6 of
Continuation of Part XV,	Line 3a (990-PF)	- Gra	ints and Co	ontrib	utions	Pai	d During	the Year
Recipient(s) paid during the year								
Name								
GREATER BOSTON FOOD BANK				Γ_	Person	Г	Business	
Street	<del></del>				1. 0.00		<u> </u>	<del></del>
70 SOUTH BAY AVENUE								
City			e Zip code		Foreign	Coun	try	
BOSTON Relationship	Foundation Status		02118-2700		L			<del></del>
NONE	i ouridation Status	•						
Purpose of grant/contribution							Amount	
OPERATIONAL								75,000
N								
Name MASSACHUSETTS SOCIETY FOR	PREVENTION OF CR	I IEI TV	TO CHII DRES		Person		Business	
Street	FIVE VEHI TO IN OF CIT	UELII	TO CHILDREI		reison		Tousiness	<del></del>
99 SUMMER STREET								
City			e Zip code		Foreign (	Count	ry	
BOSTON	Ir	<u>  MA</u>	02110					
Relationship NONE	Foundation Status							
Purpose of grant/contribution			······································				Amount	<del></del>
OPERATIONAL								50,000
Name					Dama-	<u></u>	Jp:	
ROCA INC. Street					Person		Business	
101 PARK STREET								
City		State	Zip code		Foreign C	Countr	у	
CHELSEA	Te in an	MA	02150	1				
Relationship NONE	Foundation Status							
Purpose of grant/contribution							Amount	<del></del>
OPERATIONAL								50,000
Name				<u></u> ,	Person		Business	
SPORTSMEN'S TENNIS CLUB Street	<del></del>		<del></del>		eison	!	Ipnairiess	
950 BLUE HILLS AVENUE								
City			Zip code	F	oreign C	ountr	y	
DORCHESTER	Tauadataa Status	<u>MA</u>	02124					
Relationship NONE	Foundation Status							
Purpose of grant/contribution	<del>- 1</del>						Amount	
OPERATIONAL			· <del></del>					50,000
Name URBANARTS INSTITUTE					erson	r—	Dusiana	
Street	<del></del>				eison		Business	
29 GERMANIA STREET								
City		State		F	oreign Co	ountry	'	
JAMAICA PLAIN	Te	MA	02130					<del></del>
Relationship NONE	Foundation Status							
Purpose of grant/contribution							Amount	<del></del>
OPERATIONAL								50,000
			<del>_</del>					
Name	ATION						D :	
RALPH SMITH RESIDENCE ASSOCI Street	MIN			1 12	erson	لــــــــــــــــــــــــــــــــــــــ	Business	<del></del>
757 SHAWMUT AVE, #1110								
City		State	Zip code	F	oreign Co	untry		
	<del></del>	L	L					
Relationship	Foundation Status							
VONE Purpose of grant/contribution			<del></del>			·	Amount	<del></del>
OCDATIONAL						ľ	THOUSE	5 000

RILEY MABEL LOUISE TR U/MLI			<del></del>	<del></del>		04-627		Page 7	
Continuation of Part XV, Lin	ne 3a (990-PF)	- Gra	nts and	I Contril	butions	Paid	d During	the Ye	ar
Recipient(s) paid during the year									
Name							_		
THIRD SECTOR NEW ENGLAND					Person		Business		
Street 89 SOUTH STREET, SUITE 700									
City			Zip cod	е	Foreign	Count	ry		
BOSTON Relationship	Foundation Status	MA	02111		ــــــــــــــــــــــــــــــــــــــ				
NONE	l candaton ctatas								
Purpose of grant/contribution OPERATIONAL							Amount	75,	000
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City		State	Zip code	9	Foreign (	Countr	у		
Relationship	Foundation Status								-
Purpose of grant/contribution		,					Amount		0
Name									
Street	·				Person		Business		
Cıty		State	Zip code	<u> </u>	Foreign C	ountr	y		_
Relationship	Foundation Status		.L		ł				—
Purpose of grant/contribution	<u> </u>		<del></del>	<del></del>	<del></del>		Amount		<del>_</del>
Name					Person		Business		
Street				·	<u>ir croon</u>		<u> Dusiness</u>		
City		State	Zip code	-	Foreign C	ountry	<del> </del>		
Relationship	Foundation Status								_
Purpose of grant/contribution							Amount		
							<del></del>		0
Name					Person		Business		
Street									
City		State	Zıp code		Foreign Co	ountry	· <u> </u>		
Relationship	Foundation Status								
Purpose of grant/contribution							Amount		 0
Name					Person		Business		
Street	<del></del>		<del></del>	!\	. 0,0011				-
City		State	Zip code		Foreign Co	untry	<del></del>	<del></del>	_
Relationship	oundation Status		<del></del>		<del></del>		<del></del>		_
Purpose of grant/contribution						_ /	Amount	<del></del>	— 0



# **Mabel Louise Riley Foundation**

## **GUIDELINES**

## **FOR**

**GRANT APPLICANTS** 

#### General

The Foundation's interests are developed by the knowledge and experience of the individual Trustees and by Trustee field visits and reports from consultants. Grants are encouraged which help address an important community-wide concern or to achieve a broad impact for the public's benefit, rather than to finance annual expenses.

## Program Interests

The Foundation has supported programs designed to benefit a specific neighborhood as shown by its support of the residents of Boston's Dudley Street neighborhood.

The Trustees' current priorities include:

- Collaboration with other funders.
- Education and social services for disadvantaged children and adolescents.
- Preschool reading programs.
- Community development that will benefit low-income and minority neighborhoods, including job development and training, and housing.
- E Citywide efforts in Boston and vicinity that promote cultural improvements and the arts.
- Grants that, despite some risk, offer a potential of high impact or significant benefits for a community. The Foundation is especially interested in leveraging its grants by funding new programs that can become self-sufficient or which may serve as a model in other geographic areas.
- Improvement of race relations and neighborhood safety issues.

## Funding Availability

- Frants from the Foundation normally range from \$50,000 to \$100,000. Occasionally, when the Foundation decides to pursue a special initiative, the Trustees will consider smaller or larger funding commitments.
- Multiple year funding may be available, if necessary to fulfill the funding objectives.

### Eligibility

- Requests are considered only from 501(c)(3) nonprofit organizations incorporated under the laws of Massachusetts. In recent years, the Foundation's grantmaking has focused on the city of Boston and vicinity with occasional support for projects in other areas of Massachusetts.
- Applicants whose <u>formal</u> grant requests have been denied must wait one full year before reapplying. Grant recipients should expect to wait two full years before submitting a new request.

# Areas in which grants are NOT normally made

- Charitable activities outside of Massachusetts will not be funded. Support of projects outside the city of Boston and vicinity is limited.
- Grants to defray annual deficits, for regular operating budgets, or as the sole source of support for an agency will not usually be granted.
- Grants to governmental agencies and grants on behalf of individuals, for personal needs, travel, research, loans or scholarships will not be made.
- Grants for political purposes will not be made.

## Application Procedures

Applicants are required to submit a brief summary of their proposal (not more than 2 pages) without a cover letter before submitting a formal grant request.

This summary should briefly describe the purposes and objectives of the proposal, the history of the applicant and the amount requested from the Foundation. In addition to the two-page summary, a copy of the IRS 501(c)(3) Determination Letter and a program budget should be included.

There are no deadlines for these proposal summaries; it is an ongoing process. The Foundation will notify the applicant if the submission of a formal grant request is authorized.

# Application Procedures (continued)

- If the filing of a formal grant request is authorized, it must be made using the Common Proposal Form of the Associated Grant Makers, 55 Court Street, Suite 520, Boston, MA 02108 (617) 426-2606 (www.agmconnect.org). The narrative portion of the formal grant request should not exceed five pages, and the attachments required by the Common Proposal Form must be included:
  - Executive Summary (one page)
  - · Current Financial Statements (Balance Sheet and P/L)
  - Most recent audited Financial Statement
  - · IRS Form 990, Form 990EZ, or Form 990-N (if applicable)
  - · Program Budget (multi-year, if applicable)
  - · Organizational Budget (multi-year, if applicable)
  - · Board of Trustees/Directors (with affiliations)
  - · Resumes of key project personnel
  - · Sources of funding with amounts (secured and pending)
- Each formal grant request must contain a clear statement of how the success or failure of the program will be evaluated, including an outcome chart, if applicable.

## Proposal Deadlines

Grant meetings of the Foundation are scheduled for March, June, September, and December. If a formal grant request is authorized, it will be considered by the Trustees at the next quarterly grant meeting held more than thirty (30) days after receipt of the formal grant request.

#### Contact

- The Foundation has authorized its staff to review all proposals and to represent them in contacts with applicants.
- The Trustees intend to maintain their practice of making selective field visits and/or meetings with the applicants.

# For further information, please contact:

MABEL LOUISE RILEY FOUNDATION 77 SUMMER STREET, 8<sup>TH</sup> FLOOR BOSTON, MA 02110-1006

Attn: Nancy A. Saunders

Telephone:

617-399-1850

Fax:

617-399-1851

Email:

info@rileyfoundation.com

Riley

Andrew C. Bailey

Foundation

Grace Fey

Trustees

Robert W. Holmes, Jr. Celina Miranda \*

<sup>\*</sup> Representing Bank of New York Mellon

# Attachment to Form 990PF Part VIII, Column (b) Title and average hours per week devoted to position

Since the founding of the Riley Trust in 1971, the trustees have not been compensated on an hourly basis. Rather their compensation has been based upon the published fee schedule of the corporate trustee for the administration of a charitable foundation. This fee has been divided among the four trustees as agreed upon from time to time and approximates the trust services performed by each trustee.

## Attachment to Form 990-PF Part VIII, Column (b) Title and average hours per week devoted to position

As Trustee, the Bank of New York Mellon provides administrative services such as acting as investment manager for the named organization. These services require numerous individual bank employees' involvement in the activities of the organization and thus cannot be quantified on an hourly basis. Therefore, the Trustee's fees are not based upon an hourly basis but are calculated based upon factors such as the market value of the account and in accordance with our agreement with the client.

TAX MARKET VALUE DETAIL REPORT FOR PFSO TO MOBIUS

FEDERAL TAX COST		354,000.00	707,000.00	2,726,838,60	2,871,968,67	364,136,02	1,023,916,37	3,582,054,15	870,394,86	21,294,267.37	2,052,701.49	2,743,232.95	1,996,226.96	1,912,328 00	774,678 83	882,735,16	2,001,963.92	302,586.33	1,000,000 00	1,677,331,00	211,334,24	1,760,198,86	1,500,000 00	337,110.00		52,947,003.78	
MARKET VALUE		352,287.10	700,413.03	2,802,846.42	2,726,203.94	360,250,42	878,773.58	3,489,266.44	976,874 00	21,917,555 25	2,094,757 00	2,714,100.00	1,431,752.00	2,430,803.70	950,349.40	1,529,577 20	2,315,678,44	311,788.50	1,025,326.80	1,677,331 00	211,334,24	1,760,198 86	1,609,769.83	337,110.00		54,604,347,15	
SHARES		28,548.38	54,891.30	217,612.30	267,537 18	55,508,53	52,779 19	173,681 75	30,700.00	196,025.00	20,300 00	65,400 00	25,900.00	33,570 00	18,095 00	77,173.42	1,985,951,00	18,827.80	81,699 34	1,677,331 00	211,334.24	1,760,198 86	1,609,769 83	337,110.00			
ASSET SHORT NAME		14 BNY MELLON S/1 OS GVT SECO F		\ \ \ \	֓֞֝֞֝֜֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֓֓֓֓֡֓֓֡֓֓֡֓֡֓	ב ב ב	H	SH		SE ISHARES BARCI AVA ADGOLATTO		SS (SHARES MSC) EARE INDEX OD		34 ISHARES COHEN & STREED BLTX	X			OR	3	CRA	. A	Z E	8	•			
E CUSIP 10	OU OSSEGMIZED	_	_	_			_	_	Ī		•	•	_	OU 464287564		_	OU 86271F677	OU 86271F818	OU 902995901	_	_	_	о -				
ACCOUNT NAME	RILEY MABEL LOL	RILEY MABEL LOU	RILEY MABEL LOU	RILEY MABEL LOU	RILEY MABEL LOU	RILEY MABEL LOU	RILEY MABEL LOU	RILEY MABEL LOU	RILEY MABEL LOL	RILEY MABEL LOU	RILEY MABEL LOL	RILEY MABEL LOU	RILEY MABEL LOU	RILEY MABEL LOU	RILEY MABEL LOU	RILEY MABEL LOU	RILEY MABEL LOU	RILEY MABEL LOU	RILEY MABEL LOL	RILEY MABEL LOU	RILEY MABEL LOU	RILEY MABEL LOU	RILEY MABEL LOU	****	TOTAL FOR ACCT#10109338004	100000000000000000000000000000000000000	
ACCOUNT NO	10109338004	10109338004	10109338004	10109338004	10109338004	10109338004	10109338004	10109338004	10109338004	10109338004	10109338004	10109338004	10109338004	10109338004	10109338004	10109338004	10109338004	10109338004	10109338004	10109338004	10109338004	10109338004	10109338004	*************	TOTAL FOR AC	************	

MARKET VALUE  709 66 12,937.99 13,647.65	
CUSIP ID  ASSET SHORT NAME  991061052  CRA (BNY MELLON, N.A., MEMBE  12,937	
ACCOUNT NO ACCOUNT NAME CU 10109338110 RILEY M FBO FAM 99- 10109338110 RILEY M FBO FAM 99- TOTAL FOR ACCT#10109338110	

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Line 6 (990-PF) - Gain/Loss from Sale of Assets Other Than Inventory

[		90,800	ō				-	Degraciation				1		•			•		_			•	;	1	;	!	 		!
Net Garn	or Loss			Expense	of Sale and	Cost of	morove-	_	T		_		!	_			:		!	-	ļ		-	:			<u>-</u>	1	
  -		59	0	Expe	of Sal	ဝိ	_	_				_			<u>.</u>					:						:	•	:	-
Cost, Other	Basis and Expenses	5,146,459					Valuation	Method		:				!			1	-				1 : 1 : 1		:	-				
Cost,	Basis and						Cost or	Other Basis	608,505	75 295	216 458	135 864	2 024 928	204 768	677 493	CT CT A	84 892	270 072	0,00	AF 7.70	44	-!	!		207	70/			
SS	es	5,237,259	0				Gross Sales	Price	628.789	76.469	224 743	134 000	1 588 663	201 307	700 531	507 585	000	181 000	13 006	066,5		5 175	63 800	200,00		0	<del>ol</del>		
Gross	Sales						Date	Sold	12/17/2009	12/17/2009	12/17/2009	12/17/2009	7/6/2009	12/16/2009	12/16/2009	12/16/2009	12/17/2009	12/17/2009	2003/11/20		-								
Totals	1	Securities	Other sales				Acquisition	Method			-							-		+	-		-	+			-		
						_	Date	Acquired	10/25/2000	12/29/2003	10/16/2000	7/1/2008	1/29/2004	1/29/2004	9/19/2008	12/22/2003	12/27/2007	4/21/1998	3			:	:		-		!		
					Check "X" if	Purchaser	es Si	Business						-			!						<u>-</u>						
								Purchaser							!	!					,					-			
	r.	mI												:	-					:	! 	:	:	-	! ! <del>!</del>		:	:	1
•	Amount	1,163						CUSIP#	05569M830	05569M830	05569M830	261980759	464287200	464287200	464287226	464287507	487300501	487300501	1	:	:			:				•	1 . 1 . 1
		Long Term CG Distributions	Short Term CG Distributions					Description	BNY MELLON BOND FD CL M	BNY MELLON BOND FD CL M	BNY MELLON BOND FD CL M	DREYFUS PREM LT TRM HI Y	ISHARES S&P 500 INDEX FUN	S S&P 500 INDEX FUN	S BARCLAYS AGGRE	SHARES S & P MIDCAP 400	KEELEY SMALL CAP VAL FD-	SMALL CAP VAL FD-	MELLON OPTIMA-ST CAPITAL	MELLON OPTIMA-LT CAPITAL	MELLON OPTIMA-SEC 1256 L	JBS-ST CAPITAL	JBS-LT CAPITAL	JBS-NET 1231 GAIN	UBS-SECTION 1256	8			
	-	בסים פיים	Shor						BNY ME	BNY ME	BNY ME	DREYFL	SHARE	ISHARE	ISHARE	ISHARE	KEELEY	KEELEY SMALI	MELLON	MELLON	MELLON	UBS-ST	UBS-LT	UBS-NE	UBS-SE	SHARES			1
					2	Check X	if Sale of	Security	×	×	×,	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×			
								Index	-	7	က	4	5	9	^	8	6	9	-	12	13	14	15	16	14	18	19	20	7

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Line	Line 11 (990-PF) - Other Income			
		-24,466	-35,045	
		Orizona		
		אפאפוותפ		
		and Expenses	Net Investment	
	Description	per Books	Income	
-	2008 STATE TAX REFUND	09		
2	2008 FEDERAL TAX REFUND	270		_
က	MELLLON OPTIMA-ORDINARY INCOME	-33,064	-33,064	1
4	MELLON OPTIMA-OTHER INCOME	-3,154	-3,154	<u> </u>
2	UBS PARTNERSHIPS-ORDINARY INCO	1,705	1,705	
9	UBS PARTNERSHIPS-OTHER INCOME	9,717	9,717	L.
7	MELLLON OPTIMA-ORDINARY UBTI		756	
8	UBS PARTNERSHIP-ORDINARY UBTI		-11,005	<u> </u>
6				<u>i</u>
9				<u>_</u>
11				
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Adjusted Net Income

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Fees
Legal
(990-PF)
<u> 166)</u>
16a
Line

1,054 0 0 1,054	Disbursements	Net investment Adjusted Net	Income Income (Ca						
	or a may a M	Name of Organization or Expenses per	_	1 KIRKPATRICK & LOCKHART, LLP			! !	; !	

Line 18 (990-PF) - Taxes

		31,545	21,190	0	)
		Revenue			Disbursements
		and Expenses	Net Investment	Adjusted	for Charitable
	Description	per Books	Income	Net Income	Purposes
1	Foreign Tax Withheld	13,677	13,677		
2	FED Estimated Tax Payments	3,600	i	:	
က	FED Fiduciary Tax		:		1
4	MELLON OPTIMA-FOREIGN TAXES PAI	521	521	: :	
2	UBS PARTNERSHIPS-FOREIGN TAXES	811	811		
9	UBS FINANCIAL SERVICES-FOREGIN T	6,181	6,181		
8				1	
6				! !	
10					

# Line 23 (990-PF) - Other Expenses

Part II, Line 10b (990-PF) - Investments - Corporate Stock

925	[	ar	925						-	<del>-</del>		
46,692,925	FMV	End of Year	46,692,925	1	,				•	;		
0	FMV	Beg of Year			1	:		1	;	:		
0 45,459,066	Book Value	End of Year	45,459,066	,				,				
0	Num Shares/ Book Value	Face Value   Beg of Year			:							;
	Num Shares/	Face Value				:		1		1	,	1
		Description							1 !	1 1		
		-	-	7	6	4	5		-	. 00	,	١

Part II, Line 13 (990-PF) - Investments - Other

			47,109,251	5,516,405	5,939,889
		Basis of	Book Value	Book Value	FMV
 	Item or Category	Valuation	Beg of Year	End of Year	End of Year
-	INVESTMENTS-OTHER		47,109,251	5,516,405	5,939,889
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က		1			
4			1		
3					
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10				1	:

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Part II, Line 15 (990-PF) - Other Assets

			6,243,874	0	0
			Beginning	Ending	Fair Market
		Description	Balance	Balance	Value
-	OTHER ASSETS		6,243,874		
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## Part III (990-PF) - Changes in Net Assets or Fund Balances

	Line 3 - Other increases not included in Part III, Line 2		
1	FMV-COST ADJUSTMENT - DISTRIBUTION FROM UBS PRIVATE EQUITY	1	46,626
2	FMV-COST ADJUSTMENT - UBS QUADRANGLE FUND, L L C	~ 2 ·	2,127
3	MELLON OPTIMA ADJUSTMENT		19,398
4	UBS PARTNERSHIP ADJUSTMENT	<b>-</b> 4	119,472
5	ISHARES ADJUSTMENT	5	2,278
6	Total	6	189,901
	Line 5 - Decreases not included in Part III, Line 2		
1	FMV-COST ADJUSTMENT - UBS PRIVATE EQUITY - 902995901	1	666,972
2			
_	FMV-COST ADJUSTMENT - UBS QUADRANGLE FUND, L L C - 999N00177	2	46,447
3	FMV-COST ADJUSTMENT - UBS QUADRANGLE FUND, L L C - 999N00177 FMV-COST ADJUSTMENT - UBS M2 FUND LLC - 813992914	$-\frac{2}{3}$	46,447 14,049
3 4		2 3	
3 4 5	FMV-COST ADJUSTMENT - UBS M2 FUND LLC - 813992914	2 3 _ 4 5	

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		89,637	Garns Minus Excess	of FMV Over Adjusted	Basis or Losses	20,284	1,174	8,285	-1,864	-436,265	-3,461	23,038	124,772	-25,053	362,085	13,996	-65,448	-1,136	5,172	63,805	1,024	-782	; œ				
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		89,637		Gain or	Loss	20.284	1,174	8,285	-1,864	-436,265	-3.461	23,038	124,772	-25,053	362,085	13,996	-65,449	-1,136	5,172	63,809	1,024	-782	æ	0	0	0	
		5,146,459	Cost or Other	Basis Plus	Expense of Sale	608,505	75,295	216,458	135,864	2,024,928	204,768	677,493	472,813	84,892	578,076	0	65,449	1,136	0	0	0	782	0	O	0	0	
		0		Depreciation	Allowed	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	
		5,236,096	Gross	Sales	Price	628 789	76,469	224,743	134,000	1,588,663	201,307	700,531	597,585	59,839	940,161	13,996	0	0	5,172	63,809	1,024	0	æ	0	0	0	
		Totals		Date	Sold	12/17/2009	12/17/2009	12/17/2009	12/17/2009	7/6/2009	12/16/2009	12/16/2009	12/16/2009	12/17/2009	12/17/2009		: !										
				Date	Acquired	10/25/2000	12/29/2003	10/16/2000	7/1/2008	1/29/2004	1/29/2004	9/19/2008	12/22/2003	12/27/2007	4/21/1998	•							,	' '		1	
				Š	Acquired							_		:													
Amount	1,163	D			CUSIP #	05569M830	05569M830	05569M830	261980759	464287200	464287200	464287226	464287507	48730050	487300501		; ;			, ,							
	Long Term CG Distributions	Short Term CG Distributions			Kind(s) of Property Sold	BNY MELLON BOND FD CL M				ISHARES S&P 500 INDEX FUND	ISHARES S&P 500 INDEX FUND	ISHARES BARCLAYS AGGREGATE BON	ISHARES S & P MIDCAP 400	KEELEY SMALL CAP VAL FD-A	KEELEY SMALL CAP VAL FD-A	MELLON OPTIMA-ST CAPITAL GAIN	MELLON OPTIMA-LT CAPITAL LOSS	MELLON OPTIMA-SEC 1256 LOSS	UBS-ST CAPITAL	UBS-LT CAPITAL	UBS-NET 1231 GAIN	UBS-SECTION 1256	ISHARES				
					_ i	-	7	100	4	s	9	-	8	6	10	=	12	13	14	15	9	17	18	19	20	21	

Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

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Part XVI-A, Lines 11a-11e (990-PF) - Other Revenue

	Unrelate	d Business Income	Exclud	ded by Section 512, 5	13, or 514
Program Service		Amount	Exclusion Code	Amount	Related or Exempt Function Income
1 MELLON OPTIMA	525990	10,249		-34,715	
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Part VI, Line 6a (990-PF) - Estimated Tax Payments

1	Credit from prior year return			Date	Amount 25.056
	First quarter estimated tax payment .		 		125,856 2 0
3	Second quarter estimated tax payment				3 0
4	Third quarter estimated tax payment		 		4 0
5	Fourth quarter estimated tax payment		 -		5 0
6	Other payments .				6 0
_7	Total .	·	 		7 25,856

## Form 8868

(Rev. April 2009)
Department of the Treasury
Internal Revenue Service

(НТА)

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

• If you a	re filing for an Automatic 3-Month Extension, complete only Part I and check this be re filing for an Additional (Not Automatic) 3-Month Extension, complete only Part	II (on page 2	of this form).	
Part I	mplete Part II unless you have already been granted an automatic 3-month extension  Automatic 3-Month Extension of Time. Only submit original (no copies no		isly filed Fon	m 8868.
A corporat Part I only	ion required to file Form 990-T and requesting an automatic 6-month extension—chec	k this box and		<b>&gt;</b>
	income tax returns	7004 to reque	ist an extens	ion of
of the return electronica returns, or	Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month ns noted below (6 months for a corporation required to file Form 990-T). However, you lly if (1) you want the additional (not automatic) 3-month extension or (2) you file Form a composite or consolidated Form 990-T. Instead, you must submit the fully completed. For more details on the electronic filing of this form, visit www.irs.gov/efile and click of	i cannot file Fo s 990-BL, 606 d and signed p	orm 8868 69, or 8870, g page 2 (Part l	group 11) of
Type or	Name of Exempt Organization		identification	number
print File by the	RILEY MABEL LOUISE TR U/WILL  Number, street, and room or suite no. If a P.O. box, see instructions	04-6278857	<del></del>	
due date for filing your	BNY Mellon, N.A P O. BOX 185			
return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Pittsburgh	PA	15230-0	185
Check type	e of return to be filed (file a separate application for each return):	<del></del>	102000	100
Form 9			For	n 4720
Form 9	90-BL Form 990-T (sec. 401(a) or 408(a) trust)		Form	n 5227
Form 9	90-EZ Form 990-T (trust other than above)		Form	n 6069
X Form 9			=	n 8870
Telephore If the org If this is the state of the whole is the whole in the whole in the whole in the whole is the whole index in the whole in the whole in the whole in the whole in the wh	anization does not have an office or place of business in the United States, check this for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ole group, check this box			this attach a
	names and EINs of all members the extension will cover.			
until is for ► X	est an automatic 3-month (6 months for a corporation required to file Form 990-T) exterm 8/15/2010 , to file the exempt organization return for the organization return for calendar year 2009 or tax year beginning , and ending	on named abo		
	tax year is for less than 12 months, check reason: Initial return Final return	Chang	je in account	ing period
	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, no nonrefundable credits. See instructions.		3a \$	21,279
	application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax	×		<del></del>
	ents made. Include any prior year overpayment allowed as a credit.		3b \$	25,856
	ce Due. Subtract line 3b from line 3a. Include your payment with this form, or, if require t with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment	<b>6</b> 2		
	n). See instructions.	P3	3c \$	0
	ou are going to make an electronic fund withdrawal with this Form 8868, see Form 845	3-EO and For		<u>~</u>
for payment i	nstructions.			
For Privacy A	ct and Paperwork Reduction Act Notice, see Instructions.		Form 8868 (	(Rev 4-2009)

Form 8868 (Rev 4-2009)	Page 2
• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check	this box ▶ X
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously	filed Form 8868
If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).	
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copie	s needed).
Type or Name of Exempt Organization Emplo	yer identification number
print RILEY MABEL LOUISE TR UWILL 04-627	78857
Fae by the Number, street, and room or suite no. If a P O box, see instructions. For IRS	S use only
extended due date for BNY Mellon, N.A P.O. BOX 185	·
fling the City, town or post office state and ZIP code For a foreign address see instructions	
return See Instructions Pittsburgh PA 15230-0185	
Check type of return to be filed (File a separate application for each return)	<del></del>
Form 990 X Form 990-PF Form 1041-A	Form 6069
	₹
Form 990-BL Form 990-T (sec 401(a) or 408(a) trust) Form 4720	Form 8870
Form 990-EZ Form 990-T (trust other than above) Form 5227	
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed	d Form 8868.
<ul> <li>The books are in the care of ► BNY Mellon, N.A. P.O. BOX 185 Pittsburgh PA 15230-0185</li> </ul>	
Telephone No ▶ 412-234-8833 FAX No ▶	
If the organization does not have an office or place of business in the United States, check this box	▶□
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	. If this is
for the whole group, check this box	and attach a
ist with the names and EINs of all members the extension is for.	ond onlocal a
4 I request an additional 3-month extension of time until 11/15/2010	<del></del>
5 For calendar year 2009 , or other tax year beginning , and ending	
Level Level	
	e in accounting period
7 State in detail why you need the extension More time is requested to acquire all information needed to c	complete
and file an accurate return.	
***************************************	
8 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,	<del>T - T</del>
less any nonrefundable credits. See instructions.	8a \$ 19 183
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and	- Taranana
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estimated tax payments made. Include any prior year overpayment allowed as a credit and any	25 25 25
amount paid previously with Form 8868.	8b \$ 25,856
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	
	8c \$ 0
Signature and Verification	
nder penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my kn s true, correct, and/complete, and that I am authonzed to prepare this form.	owiedge and belief,
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gnature ▶ ( Who I file ▶ Enga	Date > 7/29/10
	Form 8868 (Rev 4-2009)