

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



### **Return of Private Foundation**

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

OMB No 1545-0052 2009

		of the Tre		Note The fou		eto use a copy of this return		nortina	requirements	4	3 <b>009</b>
			· · · · · · · ·	or tax year begi		<del>"</del>	nd ending		/30/2010		<del></del>
<b>)</b> —			nat apply	Initial		Initial return of a for				return	
	0,,,,,	n an a	iat apply	<u></u>	ded return	Address change	· —	•	hange	Tetuin	
• —	se the	IRS	Name of fou	indation				_	mployer identification	number	
_	labe		FAY EUG	ENE F TR U/WILI	L				04-60	91426	
C	therw) prin	,	Number and	street (or P O box nu	imber if mail is not de	elivered to street address)	Room/suite	ВТ	elephone number (see	page 10 o	f the instructions)
	or typ		BNY Mello	on, NA - PO BC	X 185				(617)72	22-7121	
S	e Spe		City or town	, state, and ZIP code				C If	exemption application is	s pending,	check here ▶
			Pittsburgh			PA	15230-0185	D 1	Foreign organizations,	check her	e <b>▶</b> 🔲
						mpt private foundation		2.	Foreign organizations	•	· —
_				<del></del>	ble trust C	Other taxable private	toundation	   <sub>E</sub>  f	check here and attach private foundation statu		
1				Il assets at end	J Accounting r		n		nder section 507(b)(1)(A		
		ar ( <i>iro</i> . (6) ▶	m Part II, c <b>\$</b>	1 502 702	Other (sp	d) must be on cash bas	us)		the foundation is in a 60 nder section 507(b)(1)(E		
Рa	rt I			venue and Expe					1	<del> </del>	Disbursements
		-	-	(b), (c), and (d) may no		(a) Revenue and expenses per	(b) Net investr	nent	(c) Adjusted net	1 ''	for chantable
				nn (a) (see page 11 of		books	ілсоте		ıncome	/6	purposes ash basis only)
	1	Contrib	outions, gifts, c	grants, etc., received (a	attach schedule)					1 (6	asir basis only)
	2			oundation is <b>not</b> require		· · · · · · · · · · · · · · · · · · ·					
	3			s and temporary ca		0		0			x 4
=	4	Divide	ends and inte	erest from securities	3	26,845	20	5,845			
		Gross						0			
പെ പ്	l		ental income		0	*	^*				
ᆕᇎ	i .	-		from sale of assets		-131,811	* **				
<b>≥</b> §	, "		-	all assets on line 6a . Icome (from Part IV	481,041			0			
JAN 13 Revenue	8		nort-term ca	•	, iiie 2)	4				0	***************************************
	9		e modificati	•						<del>"                                     </del>	
山	10 a	Gross	sales less retu	irns and allowances	О .						
Z,	b	Less	Cost of goo	ods sold	Ō						
F	ı			ss) (attach schedule		0					
SCANNED	11	Other	income (ātt	ach-schoons)VE	D	1,235		0		0	;
<b>V</b> 3	12	l otal.	. Add lines	through 1	— اي —	-103,731		5,845		0	<u> </u>
es	13	Comp	ensation of	officers, directors, ti alajieskand wages nployee benefits	rustees é®	12,932		7,759			5,173
Expenses	14 15	Done	employee s	aranestand wagesu			-		<del></del>		<del></del>
ğ	16 a					0		0		0	0
	lь	Accou	intina fees (	atten Schedule 1	UT	0			<del></del>	0	0
i.	c			fees (attach sched		0				0	0
īā	17	Intere	st						I		
nis(	18	Taxes	(attach schedu	ile) (see page 14 of the	instructions)	541		541		0	0
Ë	19	•	•	ch schedule) and de	epletion	0		0		0	
Ā	20 21	Occup	•			<del></del>				<del></del>	
ğ	22		ng and publi	es, and meetings							
펼	23			attach schedule)		435				0	435
ing	24			and administrative	expenses.	100				<del></del>	
Operating and Administrative			nes 13 throu			13,908	<u> </u>	8,300		0	5,608
ad.	25	Contri	ibutions, gift	s, grants paid		63,000					63,000
_		Total e	expenses and	disbursements. Add	lines 24 and 25	76,908		3,300		0	68,608
	27		act line 26 fr								
	l .			over expenses and d		-180,639					
	l			ncome (if negative,		<del></del>	1	3,545	<del>                                     </del>	<del></del>	·
_	c	Aujus	steu net INC	ome (if negative, er	ner -u-)	L	L		<u> </u>	0	

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

Form **990-PF** (2009)

	330-P	F (2009) FAT EUGENE F IR U/VVILL		04-6	0091426 Page Z
Pa	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year		of year
$\equiv$	4		(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	45 000		0.040
	3	Savings and temporary cash investments	45,826	8,910	8,910
	3	Accounts receivable 0			
	4	Less allowance for doubtful accounts	ļ	0	0
	4	Pledges receivable 0	[ <sub></sub> <sub>-</sub> -		
	5	Less allowance for doubtful accounts  O  Grants receivable	0	0	0
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 15 of the instructions)	0	0	0
	7	Other notes and loans receivable (attach schedule)			
ts		Less allowance for doubtful accounts ▶ 0		0	0
Assets	8	Inventories for sale or use		0	
As	9	Prepaid expenses and deferred charges		0	
	10 a	a Investments—U S and state government obligations (attach schedule)	0	0	0
	k	b Investments—corporate stock (attach schedule)	0	0	0
	C	Investments—corporate bonds (attach schedule)	0	0	0
	11	Investments—land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)	0	0	0
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	1,516,417	1,372,694	1,494,792
	14	Land, buildings, and equipment basis	/·	,	,
		Less accumulated depreciation (attach schedule)	0	0	0
	15	Other assets (describe  )	0	0	0
	16	Total assets (to be completed by all filers—see the			
		instructions Also, see page 1, item I)	1,562,243	1,3 <u>81,</u> 604	1,503,702
	17	Accounts payable and accrued expenses		0	
ທ	18	Grants payable			
Ë	19	Deferred revenue		0	
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons	0	0	
ä	21	Mortgages and other notes payable (attach schedule)	0	0	
	22	Other liabilities (describe  )	0	0	
	23	Total liabilities (add lines 17 through 22)	0	0	
Balances		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			
ĕ	24	Unrestricted			,
<del>8</del>	25	Temporarily restricted			
_	26	Permanently restricted			
Net Assets or Fund		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
9	27	Capital stock, trust principal, or current funds	1,562,243	1,381,604	
şţ	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
SSE	29	Retained earnings, accumulated income, endowment, or other funds			
ĕ	30	Total net assets or fund balances (see page 17 of the			
let		instructions)	1,562,243	1,381,604	
~	31	Total liabilities and net assets/fund balances (see page 17	<u> </u>		
		of the instructions)	1,562,243	1,381,604	
	it III	Analysis of Changes in Net Assets or Fund Balances	<del></del>		<del>,</del>
1		net assets or fund balances at beginning of year—Part II, column (a), line	e 30 (must agree with		
_		of-year figure reported on prior year's return) r amount from Part I, line 27a	1	1,562,243	
_	2	-180,639			
			·		0
		lines 1, 2, and 3		4	1,381,604
					0
<u> </u>	otal	net assets or fund balances at end of year (line 4 minus line 5)—Part II, o	column (b), line 30	6	_1,381,604

	NE F TR U/WILL					04	-6091426	Page 3	
Part IV Capital Gains and	Losses for Tax on Inve	stme	nt Incor						
	ind(s) of property sold (e.g., real est , or common stock, 200 shs MLC C			(b) How acquired PPurchase DDonation		ate acquired , day, yr)	(d) Date (mo , da		
1a See Attached Statement	·			B Bonagon					
b									
С									
d									
e									
(e) Gross sales price	(f) Depreciation allowed (or allowable)			r other basis ense of sale			n or (loss) f) minus (g)		
<b>a</b> 0	0			0				0	
<b>b</b> 0	0			0				<u>C</u>	
_с 0_	0			0					
_ <b>d</b> 0	0			0			<del></del>	0	
<u>e</u> 0	0			. 0				0	
Complete only for assets showing	g gain in column (h) and owne	d by the	e foundation	on on 12/31/69		(I) Gains (Col	(h) gaın mınu	s	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69			ss of col (i)		col (k), but not Losses (fi	less than -0-) om col (h))	or	
<b>a</b> 0	0			0				C	
<b>b</b> 0	0			0					
<b>c</b> 0				0				C	
<b>d</b> 0	0			0				C	
<b>e</b> 0	0			0					
2 Capital gain net income or (n	et capital loss) { If gain, a			rt I, line 7	2			-131,811	
3 Net short-term capital gain of									
If gain, also enter in Part I, lir	•								
instructions) If (loss), enter -				ſ	3			C	
Part V Qualification Under		educe	ed Tax o	n Net Investm	ent Inc	ome			
(For optional use by domestic pr if section 4940(d)(2) applies, lea Was the foundation liable for the	ve this part blank section 4942 tax on the dis	tributa	ıble amoı	int of any year in			Yes [	₹] No	
If "Yes," the foundation does not							<del> </del>		
1 Enter the appropriate amou	int in each column for each	year, s	see page	18 of the instruct	tions be	fore making	any entrie	S	
(a)	(b)			(c)		0	(d)		
Base penod years  Calendar year (or tax year beginning in)	Adjusted qualifying distribution	ons	Net value	of nonchantable-use a	ssets		inbution ratio	(c))	
2008		0,082		1.288	3,975			054370	
2007	10	3,698		1,707	7,632		(	060726	
2006	5	9,548			1,913			033797	
2005		7,353		1,652				040761	
2004		9,790			2,364			037785	
			•						
2 Total of line 1, column (d)						2	(	227439	
3 Average distribution ratio for	the 5-year base period-div	vide th	e total or	line 2 by 5, or by	, F				
the number of years the four				• •		3	(	045488	
•				,					
4 Enter the net value of nonch	arıtable-use assets for 2009	from	Part X, Iır	ne 5	-	4	1	,462,556	
5 Multiply line 4 by line 3					L	5	<del></del>	66,529	
6 Enter 1% of net investment income (1% of Part I, line 27b)							6		
	, , , , , , ,	•						185	
7 Add lines 5 and 6					-	7		66,714	
8 Enter qualifying distributions If line 8 is equal to or greater		n Part	VI line 1	b and complete	that na	rt using a 1º	% tax rate '	68,608 See	
the Part VI instructions on pa			,	_, cop.o.c	pu				

	FAT EUGENE F IN O/WILL		04-609			age 4
Pa	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see pa	ge 1	8 of the	inst	ructio	ons)
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 <u>fou</u> ndations that meet the section 4940(e) requirements in Part V, check	1			185	
	here ►X 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)					
	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			185	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4				
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5_			185	
6	Credits/Payments					
	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 404					
	Exempt foreign organizations—tax withheld at source					
_	Tax paid with application for extension of time to file (Form 8868)  6c 0					
	Backup withholding erroneously withheld 6d 6d	_				-
7	Total credits and payments. Add lines 6a through 6d	7			404	
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			0	
10 11	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  Enter the amount of line 10 to be Credited to 2010 estimated tax  Page 110 Refunded	10 11			219	
	219	11			0	
	t VII-A Statements Regarding Activities					
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it				Yes	No
	participate or intervene in any political campaign?			1a		Х
D	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the					
	instructions for definition)?			1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials				1	
_	published or distributed by the foundation in connection with the activities					
	Did the foundation file Form 1120-POL for this year?			1c		_X_
u	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					
	(1) On the foundation  \$ (2) On foundation managers  \$ (3) Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed					
-	on foundation managers   \$ \$					
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? <i>If</i> "Yes," attach a conformed copy of the changes			3		Х
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?			4b	N/A	
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					
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, coi (c), at	nd Pa	nt XV	7	Х	
8 a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the					
	instructions) ► MA					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney	<b></b>				_
	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 calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page 27)	)?				
	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			10		Х

FOIII	930-PF (2009) FAY EUGENE F IR U/WILL 04-6	091426	_ F	age <b>5</b>
Par	t 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		х
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	
14	The books are in care of ► BNY Mellon, N.A.  Telephone no ► 412-234-8	833		
	Located at PO BOX 185 Pittsburgh PA ZIP+4 ▶ 15230-01		·	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here			<b>▼</b> 🗓
	and enter the amount of tax-exempt interest received or accrued during the year		-	0
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?  Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person? Yes X No		ŀ	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? X Yes 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)?  Yes X No			
	(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 page 20 of the instructions)?	١		
	Organizations relying on a current notice regarding disaster assistance check here	1b	ļ	<u> </u>
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		x
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 2009, did the foundation have any undistributed income (lines 6d			
	and 6e, Part XIII) for tax year(s) beginning before 2009?	ļ		
	If "Yes," list the years 20, 20, 20			} .
b	Are there any years listed in 2a for which the foundation is <b>not</b> 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 page 20 of the instructions.)			
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	2b	N/A	
-	20			·
3a	Did the foundation hold more than a 2% direct or indirect interest in any business			
	enterprise at any time during the year?			
b	If "Yes," did it have excess business holdings in 2009 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 Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009)		<b> </b>	
4a		3b	N/A	<del>                                     </del>
ъ ъ	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?  Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable	4a	ļ	X
-	purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b		×
	/ comment and the second and the sec	1 70	Щ.	

_	FAY EUGENE F IR U/VVILL			<del></del>	04-609	1426		age <b>o</b>			
	rt VII-B Statements Regarding Activitie		<u>n 4720 May Be R</u>	<b>equired</b> (continued)	)						
5a	During the year did the foundation pay or incur any										
	(1) Carry on propaganda, or otherwise attempt to	• ,	,	Yes	X No						
	(2) Influence the outcome of any specific public e	•	955), or to carry								
	on, directly or indirectly, any voter registration	i drive?		Yes	ĭ No ∣			1 :			
	(3) Provide a grant to an individual for travel, stu	dy, or other similar pur	poses?	Yes	X No			,			
	(4) Provide a grant to an organization other than							1			
	in section 509(a)(1), (2), or (3), or section 494		•	Yes	X No			ĺ '			
	(5) Provide for any purpose other than religious, educational purposes, or for the prevention o		•	Yes	X No						
þ	If any answer is "Yes" to 5a(1)–(5), did any of the to	ransactions fail to qual	ify under the exception	ons described in							
	Regulations section 53 4945 or in a current notice	-	, , -	of the instructions)?		<u>5b</u>	N/A	<b></b>			
	Organizations relying on a current notice regarding			•	· 🗀			1			
С	If the answer is "Yes" to question 5a(4), does the fo	•		гт				ĺ			
	tax because it maintained expenditure responsibilit If "Yes," attach the statement required by Regulation	. •	N/A (d)	Yes	∐ No						
6a		nds, directly or indirectl	y, to pay								
	premiums on a personal benefit contract?			Yes	X No			-			
b	b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes" to 6b, file Form 8870										
7a	At any time during the tax year, was the foundation	a party to a prohibited	l tax shelter transaction	on? Yes	X No						
_b	If yes, did the foundation receive any proceeds or h	nave any net income at	ttributable to the trans	saction?		7b	N/A	<u> </u>			
P	art VIII Information About Officers,	Directors, Truste	es, Foundation	Managers, Highly	Paid Em	ploy	ees,				
	and Contractors										
_1	List all officers, directors, trustees, founda				the instru	ction	s)				
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plan- and deferred compensat	S   '		se acco				
	Y Mellon, N A										
<u>P (</u>	D BOX 185 Pittsburgh 15230-0185	00	12,932		0		_	0			
			_					_			
		00	0		0			0			
		00	_					_			
		00	0		0			0			
		00	0		٥			0			
	Compensation of five highest-paid employ		<u></u>	ne 1—see nage 23 o	f the instr	uctio	ns)	<del></del>			
_	If none, enter "NONE."			ooo pago aco			,.				
		(b) Title, and avera	age	(d) Contributions	I .	_					
(a	) Name and address of each employee paid more than \$50,		- 1	on employee benefi plans and deferre	1 '	•	se acco				
		devoted to position	on	compensation		trici ali					
Ν̈́ο	ne										
					_						
					_						
To	tal number of other employees paid over \$50,0	000				<b>&gt;</b>					
						00	O DE	(2000)			

Form 990-PF (2009) FAY EUGENE F TR U/WILL	04-6091426	Page <b>7</b>
Part VIII Information About Officers, Directors, Trustees, Foundation	Managers, Highly Paid Employees,	
and Contractors (continued)		
3 Five highest-paid independent contractors for professional services (see page 23 of the	ne instructions). If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	b) Type of service (c) Compensa	ation
NONE		
		0
<u></u>		0
		0
		0
.,		
		0
Total number of others receiving over \$50,000 for professional services	<u> </u>	
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical inform the number of organizations and other beneficiaries served, conferences convened, research papers produced		5
	ec	
1 NONE		
•••••••••••••••••••••••••••••••••••••••		
2		
*		
3		
*		
4		
•••••••••••••••••••••••••••••••••••••••		
Part IX-B Summary of Program-Related Investments (see page 24 of the I	nstructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and	12 Amount	
1 NONE		
2		
All other program-related investments. See page 24 of the instructions		
3 NONE		
		_
Total Add has 4 through 2	<del></del>	0
Total. Add lines 1 through 3	<u> </u>	0
	Form 990-F	<b>7</b> F (2009)

Form:	990-PF (2009) FAY EUGENE F TR U/WILL	04-60	91426 Page <b>8</b>
Par	t X Minimum Investment Return (All domestic foundations must complete this part. Foreign	foundat	ions,
	see page 24 of the instructions )		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	1,428,794
b	Average of monthly cash balances	1b	56,034
С	Fair market value of all other assets (see page 24 of the instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	1,484,828
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	1,484,828
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see page 25		
	of the instructions)	4	22,272
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,462,556
6	Minimum investment return. Enter 5% of line 5	6	73,128
Par	<b>Distributable Amount</b> (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 )		
1	Minimum investment return from Part X, line 6	1	73,128
2a	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009 (This does not include the tax from Part VI)	1	
С	Add lines 2a and 2b	2c	185
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	72,943
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	72,943
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	72,943
Da	t XII Qualifying Distributions (see page 25 of the instructions)		
Fell	t XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	68,608
b	Program-related investments—total from Part IX-B	1b	
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	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	68,608
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	185
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	68,423
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the found	dation	
	qualifies for the section 4940(e) reduction of tax in those years		

FAY EUGENE F TR U/WILL

Form 990-PF (2009)

Page 9 Part XIII Undistributed Income (see page 26 of the instructions) (c) Corpus Years pnor to 2008 2008 2009 Distributable amount for 2009 from Part XI, 72,943 Undistributed income, if any, as of the end of 2009 a Enter amount for 2008 only **b** Total for prior years 20 \_\_\_\_\_, 20 \_\_\_\_\_, 20 \_\_\_\_\_ 0 Excess distributions carryover, if any, to 2009 NONE a From 2004 NONE **b** From 2005 c From 2006 NONE d From 2007 NONE e From 2008 1,208 f Total of lines 3a through e 1,208 Qualifying distributions for 2009 from Part XII, line 4 > \$ 68,608 a Applied to 2008, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see page 26 of the instructions) c Treated as distributions out of corpus (Election required—see page 26 of the instructions) d Applied to 2009 distributable amount 68,608 e Remaining amount distributed out of corpus 1,208 Excess distributions carryover applied to 2009 1,208 (If an amount appears in column (d), the same amount must be shown in column (a) ) Enter the net total of each column as indicated below: a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b 0 c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed d Subtract line 6c from line 6b Taxable amount-see page 27 of the instructions 0 e Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount—see page 27 of the instructions f Undistributed income for 2009 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2010 3,127 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions) Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the instructions) Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9 a Excess from 2005 b Excess from 2006 0 c Excess from 2007 0 d Excess from 2008 1,208 e Excess from 2009

04-6091426

Forn	1 990-PF (2009) FAY EUGENE F TR U/WILL	·			04-609	
Pa	rt XIV Private Operating Foundations (s	see page 27 of t	he instructions a	nd Part VII-A,	question 9)	N/A
1 a	If the foundation has received a ruling or determination foundation, and the ruling is effective for 2009, ent			•		
b	Check box to indicate whether the foundation is a	private operating fo	undation described ii	n section	4942(j)(3) or	4942(J)(5)
2 a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		·
	income from Part I or the minimum investment return from Part X for each	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
	year listed	C	)			0
b	85% of line 2a	C	0		0 0	0
С	Qualifying distributions from Part XII, line 4 for each year listed	C	)			0
d	Amounts included in line 2c not used directly for active conduct of exempt activities					0
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c		0		0 0	0
3 a	Complete 3a, b, or c for the alternative test relied upon  "Assets" alternative test—enter					
	(1) Value of all assets	<u> </u>	<del>                                     </del>			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
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)					0
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)					0
	(3) Largest amount of support from an exempt organization					0
	(4) Gross investment income					0
Pa	rt XV Supplementary Information (Co	•	•		5,000 or more in	•
	assets at any time during the ye		28 of the instruc	tions.)		
1 a NC	Information Regarding Foundation Manage List any managers of the foundation who have conbefore the close of any tax year (but only if they have the close of any tax year (but only if they have the close of any tax year).	ntributed more than			•	
t	List any managers of the foundation who own 10% ownership of a partnership or other entity) of which oNE				e portion of the	
2	Information Regarding Contribution, Gran Check here ► X if the foundation only makes unsolicited requests for funds. If the foundation ma under other conditions, complete items 2a, b, c, a	s contributions to pr akes gifts, grants, e	eselected charitable	organizations and		ions
a	The name, address, and telephone number of the	person to whom ap	oplications should be	addressed		
JU	<u>NE KFOURY MCNEIL, ONE BOSTON PLACE</u>	E, BOSTON MA 0	<u>2108, (617)722-71</u>	21		
	The form in which applications should be submitted	ed and information a	and materials they sh	ould include		
	LL JUNE KFOURY MCNEIL 617-722-7121  Any submission deadlines		<del></del>	<u> </u>		
	•					
-	Any restrictions or limitations on awards, such as factors	by geographical are	eas, charitable fields,	kinds of institutio	ns, or other	
-	LL ILINE KECHRY MONEIL 617-722-7121					

Form 990-PF (2009)

orm 990-PF (2009) FAY EUGENE F TR U/WILL			04-60	91426 Page <b>11</b>
Part XV Supplementary Information (continu	neq)			
Grants and Contributions Paid During the		r Future Payı	ment	<del></del>
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year				<del> </del>
See Attached Statement				
	Ì	1		ı
				l
		1		
	1			
		1 1		
Total		<u> </u>	<b>▶</b> 3a	63,000
b Approved for future payment				
NONE				
		1		
		1		
		1		
		1		
			<del></del>	
Total			▶ 3b	0

Form 990-PF (2009) FAY EUGENE F TR U/WILL 04-6091426 Page 12 Part XVI-A Analysis of Income-Producing Activities Unrelated business income Excluded by section 512, 513, or 514 (e) Enter gross amounts unless otherwise indicated Related or exempt (b) (c) (d) function income Business code Exclusion code Amount Amount (See page 28 of the instructions) 1 Program service revenue 0 0 0 0 0 0 0 ō 0 0 0 0 0 0 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 26,845 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 -131.811 9 Net income or (loss) from special events 10 Gross profit or (loss) from sales of inventory 11 Other revenue a FEDERAL TAX REFUND 42 1,235 b 0 0 0 0 0 0 d 0 0 0 0 0 0 12 Subtotal Add columns (b), (d), and (e) -103.731 0 13 Total. Add line 12, columns (b), (d), and (e) -103,731 13 (See worksheet in line 13 instructions on page 28 to verify calculations.) Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes Line No. Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to ▼ the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See page 28 of the instructions ) Not Applicable

_	990-77		NE F IR U/WI			<del></del>		04-6091		Pag	e 13
2ar	t XVII	_	_	sfers To and Tra	ansactions a	nd Rel	ationships Wi	th Noncharit	able		
		Exempt Organiza									
	Did the	organization directly	or indirectly er	ngage in any of the	e following with	any oth	ner organization	described		Yes	No
	ın secti	ion 501(c) of the Code	(other than s	ection 501(c)(3) oi	rganizations) o	r in secti	ion 527, relating	to political			
	organiz	zations?					_		ll	[	
	•		£								
		ers from the reporting	toundation to	a noncharitable ex	kempt organiza	tion of			اا		·
	(1) Ca								1a(1)		<u>X</u>
		her assets							1a(2)		_X_
•		transactions									
	• •	les of assets to a non-							1b(1)		_X_
	( <b>2</b> ) Pu	irchases of assets fror	n a noncharita	ible exempt organ	ızatıon				1b(2)		_X_
	( <b>3</b> ) Re	ental of facilities, equip	ment, or other	assets					1b(3)		X
	(4) Re	eimbursement arrange	ments						1b(4)		Χ_
	(5) Lo	ans or loan guarantee	s						1b(5)		Χ.
	(6) Pe	rformance of services	or membersh	ip or fundraising s	olicitations				1b(6)		Χ
С	Sharing	g of facilities, equipme	ent, mailing list	s, other assets, or	r paid employe	es			1c		Х
d	If the a	inswer to any of the al	nove is "Yes "	complete the follo	wing schedule	Columi	n (b) should alw	avs show the fa	air mark	et.	
_	value o	of the goods, other ass n any transaction or s	sets, or service	es given by the rep	porting foundat	ion If th	e foundation rec	eived less than	fair ma	arket	į .
(a) l	ine no	(b) Amount involved		of nonchantable exemp	t organization	(d) Des	scription of transfers, t	ransactions, and sh	naring arr	angem	nents
	0 Not Applicable										
		0	+		<del></del>	<del> </del>					
			<b></b>			<del> </del>	<del></del>				
		<u>_</u>	<del></del>		<del></del>	<del> </del>					
		0	<del></del>	<del> </del>	<del></del>	<del> </del>					
		<u> </u>		·		}					
						<del> </del>					
		C				<del> </del>					—
		<u>_</u> C		<del></del>		<del> </del>					
			<del></del>	·····		<del>                                     </del>		· · · · · · · · · · · · · · · · · · ·			
				·		<del> </del>					—
			<del></del>	<del></del>	<del></del>	<del> </del>	<del></del>				
		ļ	<del>' </del>	<del></del>		+	<del></del>				
	Is the	foundation directly or i	ndirectly affilia	ted with or relate	d to one or me	ro tay o	vomnt organizat	ione .			
	describ	bed in section 501(c) ( i," complete the follow	of the Code (o						Yes 🗓	No	
_		(a) Name of organization		(b) Type	of organization		(c) Des	cription of relations	ain		
		<u> </u>		(-7 - 71-			(0, 2.1				
			<del></del>	<del></del>	<del>-</del>						—
		er penalties of perjury, I deci if, it is true, correct, and com				ry) is base	d on all information of	which preparer has	s any kno		е
Signature of officer or trustee    1/3/2011   VICE PRESIDER   Title   Title											
Sign Here	<u> </u>				Date		<u> </u>	Preparer's in	dentifier-		
⊆		1			Date		Check if	number (see			
ΞĒ	유	Preparer's (	200	_			self-employed ▶		_		
U	Pai Pai	signature	C C STATE	_ cra	1/3/201	1		P0096592		,	
	Paid Preparer's Use Only	Firm's name (or yours if		ATERHOUSECOC				EIN ► 13-40		-	
	-	self-employed), address					·			200	
	L	and ZIP code	oud Gran	t Street, Pittsburgh	i, FA 13219		<u> </u>	Phone no 412	<u>-ააა-ს(</u>	טטע	

TAX MARKET VALUE DETAIL REPORT FOR PFSO TO MOBIUS

	ю		ro										
FEDERAL TAX COST	258,843 34 a	43,302 85	101,039 99	84,060 99	101,039 99	72,171 42	50,062 64	81,526 31	329,832 05	111,608 84	139,206 19	8,909 65	1,381,604 26
MARKET VALUE FED	274,264 51	49,918 00	106,977 79	98,728 26	113,735 57	72,229 72	49,058 35	88,474 19	371,221 27	134,677 07	135,507 54	8,909 65	 1,503,701 92
MARKE	34,717 02	4,058 37	9,734 10	9,447 68	10,492 21	5,829 67	4,900 93	6,722 96	27,786 02	12,133 06	13,246 09	8,909 65	
SHARES													
ASSET SHORT NAME	BNY MELLON LARGE CAP STK FD	BNY MELLON SMALL/MID CAP FUN	BNY MELLON FOCUSED EQUITY OP	BNY MELLON MID CAP STK FD CL	BNY MELLON U S CORE EQUITY 1	BNY MELLON S/T US GVT SECS F	BNY MELLON SMALL CAP STK FD	BNY MELLON INTERMEDIATE BOND	BNY MELLON BOND FD CL M	BNY MELLON EMERGING MARKETS	BNY MELLON INTERNATIONAL FD	CRA (BNY MELLON, N A, MEMBE	
CUSIP ID	05569M103	05569M442	05569M475	05569M509	05569M582	05569M780	05569M806	05569M814	05569M830	05569M855	05569M871	991061052	
ACCOUNT NAME	FAY EUGENE F TR	FAY EUGENE F TR	FAY EUGENE F TR	FAY EUGENE F TR	FAY EUGENE F TR	FAY EUGENE F TR	FAY EUGENE F TR	FAY EUGENE F TR	FAY EUGENE F TR	FAY EUGENE F TR	FAY EUGENE F TR	FAY EUGENE F TR	T#10100463009
ACCOUNT NO	10100463009	10100463009	10100463009	10100463009	10100463009	10100463009	10100463009	10100463009	10100463009	10100463009	10100463009	10100463009	TOTAL FOR ACCT#10100463009

# 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.

FAY EUGENE F TR U/WILL			<u> </u>			4-6091		Page_1	
Continuation of Part XV, Lir	ne 3a (990-PF) -	Gran	ts and Co	ntrib	utions	Paid	<b>During</b>	the Ye	ar
Recipient(s) paid during the year				-					
Name	OOD CENTER				Person	( V	Business		
BOSTON CHINATOWN NEIGHBORHO Street	DOD CENTER				reison		<u>IDUSITIESS</u>		
dicet									
City		State	Zıp code		Foreign (	Country	<del></del>		
		<u> </u>			L				
Relationship	Foundation Status								
NONE	PUBLIC	_					Γ		
Purpose of grant/contribution							Amount		. 000
CHARITABLE - ORGANIZATIONAL					·		L		5,000
Name									
BOTTOM LINE, INC					Person	X	Business		
Street									
					1=				
City		State	Zıp code		Foreign (	Country	/		
Relationship	Foundation Status		!		L				
NONE	PUBLIC								
Purpose of grant/contribution		<del></del>					Amount		
CHARITABLE - ORGANIZATIONAL			<del></del>				<u> </u>	5	5,000
Name					] Doron	[ J	Business		
CENTRO LATINO Street					Person	I_X	Business		
Street									
City		State	Zip code		Foreign (	Countr	·		
							, 		
Relationship	Foundation Status	-							
NONE	PUBLIC						Ta .		
Purpose of grant/contribution							Amount		- 000
CHARITABLE - ORGANIZATIONAL	<del></del>		<del></del>	<del></del> -			l		5,000
Name									
COLLEGE BOUND DORCHESTER		_			Person	Х	Business		
Street									
		1 0: .	1-		1=				
City		State	Zıp code		Foreign (	Country	y		
Relationship	Foundation Status	<u> </u>	1		L				
NONE	PUBLIC								
Purpose of grant/contribution							Amount		
CHARITABLE - EDUCATIONAL							<u>L</u>	5	5,000
N									
Name					lnoroon	Γ <del>√</del>	Business		
EVERYBODY WINS METRO BOSTON Street	<u> </u>	<del></del>			Person		Ibusiness		
Street									
City		State	Zip code		Foreign (	Countr	у		_
· · · · · · · · · · · · · · · · · · ·		<u> </u>	<u> </u>		<u> </u>				
Relationship	Foundation Status								
NONE	PUBLIC		<del></del>				10		
Purpose of grant/contribution CHARITABLE - ORGANIZATIONAL							Amount		5,000
CHARTABLE - CROANIZATIONAL	<del></del>						1	<del>`</del>	<u> </u>
Name									
HEARTH, INC					Person	X	Business		
Street									
City	<del></del>	State	7in codo		Foreign	Courst			
Oily		State	Zip code		Foreign	Countr	y		
Relationship	Foundation Status	<del></del>	٠		<del></del>				
NONE	PUBLIC								
Purpose of grant/contribution			<u> </u>				Amount		
CHARITABLE - ORGANIZATIONAL							<u> </u>		5,000

FAY EUGENE F TR U/WILL					0	4-6091	1426	Page	2 of
Continuation of Part XV, Lir	ne 3a (990-PF) -	Gran	ts and Con	trib	utions	Paid	During		
Recipient(s) paid during the year			<del></del>						
Name					1_		٦		
INQUILINOS BORICUAS EN ACCIO 'N	N .				Person	X	Business		
Street									
City	•	State	Zin codo		Earoign (	Saurata			
City		State	Zıp code		Foreign (	Jountry	y		
Relationship	Foundation Status	L	<u> </u>		<b>!</b>				
NONE	PUBLIC								
Purpose of grant/contribution		·					Amount	<u>-</u>	<del></del>
CHARITABLE - ORGANIZATIONAL							,		5,000
							<u> </u>		-1
Name					_				
OPERATION A B L E					Person	X	Business		
Street									
City		State	Zıp code		Foreign (	Country	y		
Dalationalis	TE	<u> </u>			L				
Relationship NONE	Foundation Status PUBLIC								
Purpose of grant/contribution	IFUBLIC						Amount		
CHARITABLE - ORGANIZATIONAL							Amount		5.000
OTHER TRANSPORTER							L		5,000
Name									
PROJECT PLACE					Person	X	Business		
Street				1	1		1-40		
City		State	Zıp code		Foreign (	Country	<del></del> y		-
			<u> </u>		L				
Relationship	Foundation Status								
NONE	PUBLIC								
Purpose of grant/contribution							Amount		
CHARITABLE - ORGANIZATIONAL			<del></del> · · · · · · · · · · · · · · · · · ·						5,000
Name									
HOUSING FAMILIES, INC					Person	ĪΫ	Business		
Street					<u>II CISOII</u>		Dusiness		
City		State	Zip code		Foreign (	Countr	<u> </u>		<del></del>
			<u>L</u>		ľ				
Relationship	Foundation Status								
NONE	PUBLIC								
Purpose of grant/contribution							Amount		
CHARITABLE - ORGANIZATIONAL							L		5,000
Name									
BROOKLINE POLICE MUTUAL AID AS	SSN				Person		Business		
Street	3311				<u>Jreison</u>	^	Dusiness		
350 WASHINGTON ST									
City		State	Zıp code	-	Foreign (	Countr	· · · · · · · · · · · · · · · · · · ·		
BROOKLINE			02146-6851				,		
Relationship	Foundation Status				•				
NONE	PUBLIC								
Purpose of grant/contribution							Amount		
CHARITABLE - ORGANIZATIONAL					_				1,000
Name					1_		1_		
BROOKLINE FIREMEN'S RELIEF ASS	50C				Person	X_	Business		
Street 49 BABCOCK STREET									
City		State	Zıp code		Foreign C	`Austa			<del></del>
BROOKLINE		MA	02146-6851		i oreign (	Journity	ı,		
Relationship	Foundation Status	I WIL	105 1-40-0001		L				
NONE	PUBLIC								
Purpose of grant/contribution		<u> </u>					Amount		
CHARITABLE - ORGANIZATIONAL					<del></del>			_	1,000

FAY EUGENE F TR U/WILL	<del></del>					4-6091		Page 3 of
Continuation of Part XV, Lir	ne 3a (990-PF) -	Gran	ts and Con	itribu	itions	Paid	During	the Year
Recipient(s) paid during the year								
The state of the s								
Name								
PERKINS SCHOOL FOR THE BLIND					Person	Х	Business	
Street	<del> </del>						100011000	
175 N BEACON ST								
City		State	Zıp code	1	Foreign	Countr	· · · · · · · · · · · · · · · · · · ·	
WATERTOWN		MA	02472		orcigir .	Country	y	
Relationship	Foundation Status		102472	<u>-</u>				<del></del>
NONE	PUBLIC							
Purpose of grant/contribution	II OPEIO					~	Amount	
CHARITABLE - EDUCATIONAL							Amount	1 000
OTMITTABLE - EBOOM TOTAL			<del>- · · · · · · · · · · · · · · · · · · ·</del>				<u>.                                    </u>	1,000
Name								
UNITARIAN UNIVERSALIST ASSOC					0	ΓV	ln	
Street	<del></del>				Person		Business	
P O BOX 843152								
City		C4-4-	T <del>7</del>		<u> </u>	<u> </u>		
			Zip code	l'	Foreign (	Country	y	
BOSTON	T	MA	02284-3152					
Relationship	Foundation Status							
NONE	PUBLIC	_					T	
Purpose of grant/contribution							Amount	
CHARITABLE - ORGANIZATIONAL	<del></del>					_	i	1,000
Name							-	
BROOKLINE FRIENDLY SOCIETY					Person	X	Business	
Street								
40 WEBSTER PL								
City		State	Zıp code	- 1	Foreign (	Country	y	
BROOKLINE		MA	02146-7337					
Relationship	Foundation Status							
NONE	PUBLIC				_			
Purpose of grant/contribution							Amount	
CHARITABLE - ORGANIZATIONAL							1	1,000
Name								
UNITED CHURCH IN WALPOLE					Person	Тх	Business	
Street							1======	
30 COMMON STREET								
City		State	Zip code	- 1	Foreign (	Countr	·	
WALPOLE		MA	02081-0287	ľ	, 0,0,g,,	000	,	
Relationship	Foundation Status	1 10 1	10200: 020:					
NONE	PUBLIC							
Purpose of grant/contribution	1. 052.0						Amount	
CHARITABLE - ORGANIZATIONAL							Amount	1,000
OTHER TRANSPORTER		-	<del></del>				<u> </u>	1,000
Name								
FIRST PARISH IN BROOKLINE					Da	L^	Business	
Street	<del></del>				Person	^_	Ibusiness	<del></del>
382 WALNUT ST								
City		Ctoto	7.0 0000		C 1	C	<del>_</del>	
			Zip code	- 1	Foreign (	Country	y	
BROOKLINE	TE	MA_	02146-7563					
Relationship	Foundation Status							
NONE	PUBLIC							
Purpose of grant/contribution							Amount	
CHARITABLE - ORGANIZATIONAL							L	1,000
Name							,	
BRIGHAM AND WOMENS HOSPITAL	INC			السلا	Person_	<u> </u>	Business	
Street								
116 HUNTINGTON AVE-5TH AVE			,					
City			Zıp code	Į.	Foreign (	Country	/	
BOSTON		MA	02116					
Relationship	Foundation Status		_	· <u> </u>				
NONE	PUBLIC							
Purpose of grant/contribution					-		Amount	
CHARITABLE - MEDICAL							L	1,000

FAY EUGENE F TR U/WILL					0	4-6091	426	Page 4	4 of 2
Continuation of Part XV, Lir	ne 3a (990-PF) -	Gran	ts and Cor	ntribu	tions	Paid	During	the Y	ear
Recipient(s) paid during the year									
Name							_		
C L CHANDLER CORPS 109 W R C					Person	X	Business		
Street									
P O BOX 165									
City		State	Zıp code	F	oreign (	Country	į		
NEW DURHAM		NH	03855-0165						
Relationship	Foundation Status								
NONE	PUBLIC								
Purpose of grant/contribution							Amount		
CHARITABLE - ORGANIZATIONAL									1,000
Name									
NEWTON-WELLESEY HOSPITAL				F	erson	X	Business		
Street									
2000 WASHINGTON STREET									
City			Zıp code	F	oreign (	Country	1		
NEWTON		MA	02158						
Relationship	Foundation Status								
NONE	PUBLIC								
Purpose of grant/contribution							Amount		
CHARITABLE - MEDICAL							<u> </u>		1,000
Name							,		
THE STONE INSTITUTE AND NEWTO	N HOME FOR AGED	)			Person	X	Business		
Street									
227 ELLIOT ST									
City			Zip code	Į.	Foreign	Country	/		
NEWTON	<del></del>	MA	02164-1231						
Relationship	Foundation Status								
NONE	PUBLIC	<del></del>					T		
Purpose of grant/contribution							Amount		
CHARITABLE - ORGANIZATIONAL							<u> </u>		1,000
Name	~				_	r <del></del>	1_		
COMMUNITY RESOURCES FOR JUS	TICE				Person	LX	Business		
Street									
355 BOYLSTON ST	<del></del>	T 01 1	I=						
City			Zip code		Foreign	Country	<b>/</b>		
BOSTON	Te addition Of the	MA	02116-3133						
Relationship	Foundation Status								
NONE	<u> PUBLIC</u>						10.000.004		
Purpose of grant/contribution CHARITABLE - ORGANIZATIONAL							Amount		4 000
CHARITABLE - ORGANIZATIONAL	<del></del>						<u> </u>		1,000
Nama									
Name					D	<u> </u>	]p		
REBECCA POMROY FDN	<del></del>				Person		Business		
Street									
City		Ctata	Zip code		Foreign	Countr			
City		State	Zip code		roreign	Country	y		
Polationship	Foundation Status	<u> </u>	L						
Relationship NONE	PUBLIC								
Purpose of grant/contribution	JPUBLIC				_		Amount		
CHARITABLE - ORGANIZATIONAL							Amount		1 000
CHARITABLE - ORGANIZATIONAL							L		1,000
Name									
Name					Dornen		ممصوروا		
Street	<del></del> -				Person		Business		
Officet									
City	<del></del>	State	Zip code	Ti	Foreign	Countr			
,		Jiaie	Lip oods	[	. o.e.gn	Journa	,		
Relationship	Foundation Status	1	<u> </u>						
Purpose of grant/contribution	*		<del></del>				Amount		

1/3/2011 1 17.39 PM - 10100463009 - 411 - BOS - FAY EUGENE F TR U-WILL

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

_	_					_	_	_		_	_	_					_	_	
	Net Gain	or Loss	-131,811	0					Depreciation										
	Nei -	orL			Expense	of Sale and	Cost of	Improve-	ments										
1 40	Omer	Basis and Expenses	612,852	0				Valuation	Method										
	Cost, Other	Basis and						Cost or	Other Basis	80,031	406,086	3,805	6,136	1,384	83,431	3,892	9,721	1,619	16,747
	SS	es	481,041	0				Gross Sales	Price	58,117	307,838	2,687	4,552	882	81,526	3,886	9,867	944	10,742
	Gross	Sales					•	Date	Sold	2/11/2010	2/11/2010	2/11/2010	2/11/2010	2/11/2010	2/11/2010	2/11/2010	2/11/2010	2/11/2010	2/11/2010
F	orais		Securities	Other sales				Acquisition	Method					;   ;					
								Date	Acquired	12/19/2007	11/30/1981	12/7/2006	12/6/2007	12/6/2006	2/12/2003	12/29/2003	7/9/2004	12/14/2006	7/8/2005
						Check "X" If	Purchaser	ısa	Business										
									Purchaser									. '	
			0	0					24-	03	03	60	60	90	14	14	14	71	71
		Amount							CUSIP#	05569M103	05569M103	05569M509	05569M509	05569M806	05569M814	05569M814	05569M814	05569M871	05569M871
			Long Term CG Distributions	Short Term CG Distributions					Description	BNY MELLON LARGE CAP ST	BNY MELLON LARGE CAP ST	BNY MELLON MID CAP STK F	BNY MELLON MID CAP STK F	BNY MELLON SMALL CAP STI	BNY MELLON INTERMEDIATE	BNY MELLON INTERMEDIATE	BNY MELLON INTERMEDIATE	BNY MELLON INTERNATIONA	BNY MELLON INTERNATIONA
							Check "X"	if Sale of	Security	×	×	×	×	×	×	×	×	×	×
									dex	-	2	е	4	s	9	_	8	6	힏

Line 11 (990-PF) - Other Income

					_			_			
0	Adjusted Net Income										
0	Net Investment Income	0	0	0	0	0	0	0	0	0	0
1,235	Revenue and Expenses per Books	1,235									
	Description	FEDERAL TAX REFUND									
		1	2	3	4	5	9	2	8	6	10

Line 18 (990-PF) - Taxes

0	Disbursements	for Charitable	Purposes									
0		Adjusted	Net Income									
541		Net Investment	Income	541								
541	Revenue	and Expenses	per Books	149								
			Description	FOREIGN TAXES								
				1	2	3	4	2	9	 8	6	10

1/3/2011 1.17:39 PM - 10100463009 - 411 - BOS - FAY EUGENE F TR U-WILL

Line 23 (990-PF) - Other Expenses

		435	0	0	435
		Revenue and			Disbursements
		Expenses	Net Investment	Adjusted Net	for Charitable
	Description	per Books	Income	Income	Purposes
	Amortization See attached statement	0	0	0	0
2	FILING FEES	400			400
	MA ATTORNEY GENERAL FEES	35			35
10					
ı					

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

Book Value Beg of Year End of Year 1,516,417 1,372,694				1,516,417	1,516,417 1,372,694	
n or Category Valuation Beg of Year End of Year 1,372,694			Basis of	Book Value	Book Value	FM<
1,516,417 1,372,694		Item or Category	Valuation	Beg of Year	End of Year	End of Year
		INVESTMENTS		1,516,417	1,372,694	1,494,79
	_					
	_					
	_					

1/3/2011 1 17 39 PM - 10100463009 - 411 - BOS - FAY EUGENE F TR U-WILL

Part IV (990-PF) - Capital Gains and Losses for Tax on Investment Income

		131,811	Gains Minus Excess	of FMV Over Adjusted	Basis or Losses	-21,914	-98,248	-1,118	-1,584	-502	-1,905	φ	146	-675	-6,005
		0		Excess of FMV	Over Adj Basis	0	0	0	0	0	0	0	0	0	0
		0	Adjusted Basis	as of	12/31/69										
		0	>₩4	as of	12/31/69										
		-131,811		Gain or	Loss	-21,914	-98,248	-1 118	-1,584	-502	-1,905	φ	146	-675	-6,005
		612,852	Cost or Other	Basis Plus	Expense of Sale	80,031	406,086	3,805	6,136	1,384	83,431	3,892	9,721	1,619	16,747
		0		Depreciation	Allowed	0	0	0	0	0	0	0	0	0	0
		481,041	Gross	Sales	Price	58,117	307,838	2,687	4,552	882	81,526	3 886	6.867	944	10,742
		Totals		Date	Sold	2/11/2010	2/11/2010	2/11/2010	2/11/2010	2/11/2010	2/11/2010	2/11/2010	2/11/2010	2/11/2010	2/11/2010
				Date	Acquired	12/19/2007	11/30/1981	12/7/2006	12/6/2007	12/6/2006	2/12/2003	12/29/2003	7/9/2004	12/14/2006	7/8/2005
	0	0		How	Acquired										
Amount	40				CUSIP#	05569M103	105569M103	05569M509	05569M509	05569M806	05569M814	05569M814	05569M814	405569M871	05569M871
	Long Term CG Distributions	Short Term CG Distributions			Kind(s) of Property Sold	1 BNY MELLON LARGE CAP STK FD CL M 05569M103	2 BNY MELLON LARGE CAP STK FD CL M 05569M103	3 BNY MELLON MID CAP STK FD CL M	4 BNY MELLON MID CAP STK FD CL M	5 BNY MELLON SMALL CAP STK FD CL M 05569M806	6 BNY MELLON INTERMEDIATE BOND FD 05569M814	7 BNY MELLON INTERMEDIATE BOND FD 05569M814	8 BNY MELLON INTERMEDIATE BOND FD 05569M814	9 BNY MELLON INTERNATIONAL FD CL M05569M871	10 BNY MELLON INTERNATIONAL FD CL M05569M871
		ŀ			!	Ш		Ш							

1/3/2011 1 17 39 PM - 10100463009 - 411 - BOS - FAY EUGENE F TR U-WILL

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

										12,932
		Check "X"					Foreign		Average	
	Name	if Business	Street	Cıty	State	Zip Code	Country	Title	Hours	
1	BNY Mellon, N.A.		P O BOX 185	Pittsburgh	40	40 15230-0185				12,932
2										
က										
4										
2										
9										
7										
8										
6										
10										

		Explanation						-				
	0	Expense Account										
	0	Benefits										
Part			-	2	က	4	2	9	7	8	6	10

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

		Unrelated Business Income		Excluded by Section 512, 513, or 514		
	Program Service Revenue	Business Code	Amount	Exclusion Code	Amount	Related or Exempt Function Income
1	FEDERAL TAX REFUND			42	1,235	
2		<u></u>			<del></del>	<del></del>
4						
5						
6						
8		<del>   -</del>		-		·
9						
10 11		-  -				
12						
13						
14 15						
16		·				
17						
18 19						
20					· · · ·	

Part VI, Line 6a (990-PF) - Estimated Tax Payments

•		Date	_	Amount
1	Credit from prior year return		1	404
2	First quarter estimated tax payment		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	404

1/3/2011 1.17.39 PM - 10100463009 - 411 - BOS - FAY EUGENE F TR U-WILL

# Part XV, Lines 1a-1b (990-PF) - Information Regarding Foundation Managers

List Managers who contributed more than 2% of the total contributions received by the foundation	List Managers who own 10% or more of the stock of a corporation of which the foundation has a 10% or greater interest				
1 NONE	NONE				
2					
3					
4					
5					
6					
7					
8					
9	· · · · · · · · · · · · · · · · ·				
10					