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Form 990-PF

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

OMB No 1545-0052

2010

Department of the Treasury Internal Revenue Service

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

For cale	endar year 2010, or tax year beginning	, 2010,	and ending		
G Che	ck all that apply: Initial return Initial	al Return of a former p	ublic charity	Fina	ıl return
	Amended return	Address o	hange Name c	hange	
			IA	Employer Identification nun	ber
ATIDEE	RT J. FAY CHARITABLE FUND		^	• •	
	BOX 668		<u> </u>	51-0203622	
			В	Telephone number (see the	nstructions)
TOMET	L, MA 01852				
			C	If exemption application is	pending, check here 🕨 🔲
			D	1 Foreign organizations, chec	k here ► 🗖
H Ch	neck type of organization: X Section 501	(c)(3) exempt private for		2 Foreign organizations meet	
ř	Section 4947(a)(1) nonexempt charitable to		rivate foundation	here and attach computation	
		ounting method: X Ca		If private foundation status	
			ash Accrual	under section 507(b)(1)(A)	, check here.
-		Other (specify)	F	If the foundation is in a 60-	
▶\$		column (d) must be on	cash basis)	under section 507(b)(1)(B)	, check here.
Part I	Analysis of Revenue and	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
	Expenses (The total of amounts in	expenses per books	income	income	for charitable
	columns (b), (c), and (d) may not neces-	· · ·			purposes
	sarily equal the amounts in column (a) (see the instructions))				(cash basis only)
T	1 Contributions, gifts, grants, etc, received (att sch)				
	2 Ck X if the foundn is not req to att Sch B 3 Interest on savings and temporary				
	3 Interest on savings and temporary cash investments	172.	172.		
	A Dundanda and interest from according	116,445.	116,445.		
İ	5a Gross rents	110,445.	110, 443.		
:	b Net rental income or (loss)			,	
_		06 514			
R	6a Net gain/(loss) from sale of assets not on line 10 b Gross sales price for all 265 250	96,514.			
E	assets on line 6a			· · · · · ·	· · · · · · · · · · · · · · · · · · ·
Ě	7 Capital gain net income (from Part IV, line 2)		96,514.		
E N U	8 Net short-term capital gain .				
E	9 Income modifications				
-	10 a Gross sales less returns and				
	allowances		- · · ·		=
	b Less Cost of goods sold.				
	c Gross profit/(loss) (att sch)				
	11 Other income (attach schedule).				
	(,]	
	12 Total. Add lines 1 through 11	213,131.	213,131.	0.	
-	13 Compensation of officers, directors, trustees, etc	8,804.	4,402.	Ŭ.	4,402.
	14 Other employee salaries and wages		- / - +		
	1 1				
	, , , ,				
A D M	b Accounting tees (attach schedule):	3 444	· 		2 000
Ň.	b Accounting rees-(attenda-sch). SEE ST 1	3,000.			3,000.
0 1	crother prof fees (attach sch) Place Interest	689.	689.		
O I S T R A T	IZ Interest 1 4 2011 O		,		
P S T R A T	18 Taxes (attach schedule) (see instr.)				
AA	19 Depreciation (attach				
[[]	(SCHARIG-OPPIERION 1522 1 .				
N V G E					
	21 Travel, conferences, and meetings				
A E N X D P	22 Printing and publications .				
Β̈́P	23 Other expenses (attach schedule)	ا بسد .			
E N	SEE STATEMENT 3	4,164.	316.		3,848.
S E	24 Total operating and administrative		<u> </u>		
ร	expenses. Add lines 13 through 23.	16,657.	5,407.		11,250.
	25 Contributions, gifts, grants paid PART XV	173,500.			173,500.
	26 Total expenses and disbursements. Add lines 24 and 25			_	
		190,157.	5,407.	0.	184,750.
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses	22 074			
	and disbursements.	22,974.	007 704	<u></u>	<u> </u>
	b Net investment income (if negative, enter -0-).		207,724.		
	C Adjusted net income (if negative, enter -0-)			0.	

Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with 2,525,195. end-of-year figure reported on prior year's return) 2 22,974. 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 2,548,169 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 2,548,169.

(a) List and descri 2-story brick wareho	be the kınd(s) of property sold (e g , reuse; or common stock, 200 shares ML	C Company)	How acquired — Purchase — Donation	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1a SEE STATEMENT 6					
b					
С					
d					
е				L	<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (e) plus (f) m	(loss) ninus (g)
a		·			
<u>b</u>					
d			_		
е		·		· · · · · · · · · · · · · · · · · · ·	
	wing gain in column (h) and owned by	the foundation on 12/31/69		(I) Gains (Col	umn (h)
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any	th	gain minus column (an -0-) or Losses (f	k), but not less
a b					
c					
d					
e					
2 Capital gain net income or (r	net capital loss).	enter in Part I, line 7 er -0- in Part I, line 7	2		96,514.
3 Net short-term capital gain of	r (loss) as defined in sections 1222(5)	and (6) [.]			
If gain, also enter in Part I, Ii in Part I, line 8	ne 8, column (c) (see the instructions)	. If (loss), enter -0-	3		_0.
Part V > Qualification Und	er Section 4940(e) for Reduced	Tax on Net Investment	Income		*****
f 'Yes,' the foundation does not qu	ection 4942 tax on the distributable am ialify under section 4940(e) Do not col t in each column for each year; see th	nplete this part		Yes	X No
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(col	(d) Distributio lumn (b) divided	
2009	203,619.	3,705,			0.054950
2008	225,150.	4,472,			0.050336
2007	230, 357.	5,334,			0.043179
2006	280, 435.	5,107,			0.054906
2005	292,717.	4,805,	922.	1	0.060908
2 Total of line 1, column (d)			2		0.264279
3 Average distribution ratio for number of years the foundati	the 5-year base period — divide the to on has been in existence if less than 5	tal on line 2 by 5, or by the years	3		0.052856
4 Enter the net value of nonch	arıtable-use assets for 2010 from Part	X, line 5	4		3,929,353.
5 Multiply line 4 by line 3			5		207,690.
6 Enter 1% of net investment i	ncome (1% of Part I, line 27b)		6		2,077
7 Add lines 5 and 6			7		209,767
8 Enter qualifying distributions	from Part XII, line 4		8		184,750
If line 8 is equal to or greate Part VI instructions.	r than line 7, check the box in Part VI,	line 1b, and complete that par	t using a 19	% tax rate See	the

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Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	4948 - see the instructions)
1 a Exempt operating foundations described in section 4940(d)(2), check here and enter 'N/A' on line 1.	7
Date of ruling or determination letter: (attach copy of letter if necessary — see instr.)	
b Domestic foundations that meet the section 4940(e) requirements in Part V,	1 4,154.
check 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, column (b)	. 」
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable	2 0.
foundations only Others enter -0-) 3 Add lines 1 and 2	3 4,154.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others	
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5 4,154.
6 Credits/Payments	
a 2010 estimated tax pmts and 2009 overpayment credited to 2010	4,956.
b Exempt foreign organizations — tax withheld at source 6b	
c Tax paid with application for extension of time to file (Form 8868).	
d Backup withholding erroneously withheld 6d	
7 Total credits and payments. Add lines 6a through 6d	7 4,956.
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 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.	► 10 802.
11 Enter the amount of line 10 to be: Credited to 2011 estimated tax 802. Refund	ded . ► 11 0.
Part VII-A Statements Regarding Activities	
1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation	yes No
participate or intervene in any political campaign?	1a X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see 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 or distributed by the foundation in connection with the activities.	materials published
c Did the foundation file Form 1120-POL for this year?	1c X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	
(1) On the foundation \$\\ 0\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure to foundation managers. \$\begin{align*} \begin{align*}	ax imposed on
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?	. 2 X
If 'Yes,' attach a detailed description of the activities.	
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instruit of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the	ment, articles X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a X
b 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 dire with the state law remain in the governing instrument? 	ctions that conflict
7 Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part	xv
8a Enter the states to which the foundation reports or with which it is registered (see the instruction	
N/A	
b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? <i>If 'No,' attach explanation</i>	8b X
9 Is the foundation claiming status as a private operating foundation within the meaning of section for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If ')	4942(j)(3) or 4942(j)(5) es,' complete Part XIV 9 X
10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule and addresses	listing their names 10 X
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charitable purposes?

the tax year beginning in 2010?

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3 b

4a

N/A

Х

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

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of

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Part VII-B Statements Regarding Activiti	es for Which Form	<u>14720 May Be Requ</u>	uired (continued)	
5a During the year did the foundation pay or incu	r any amount to:			
(1) Carry on propaganda, or otherwise attempt	ot to influence legislation	n (section 4945(e))?	. Yes X	No
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	lic election (see section tion drive? .	1 4955), or to carry	Yes X	No
(3) Provide a grant to an individual for travel,	•	•	Yes X	No
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section	4940(d)(2)? (see instri	uctions).	. Yes X	No
(5) Provide for any purpose other than religio educational purposes, or for the preventio	n of cruelty to children	or animals?	Yes X	No l
b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53.4945 or in (see instructions)?	a current notice regard	ding disaster assistance ·	tions	5b N/A
Organizations relying on a current notice rega	rding disaster assistand	ce check here	. ▶ 📙	
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon	sibility for the grant?		N/A Yes	No No
If 'Yes,' attach the statement required by Reg	ulations section 53 494	5-5(d)		· '
6a Did the foundation, during the year, receive an on a personal benefit contract?.			∐Yes [X]	
b Did the foundation, during the year, pay premiff 'Yes' to 6b. file Form 8870	iums, directly or indirec	itly, on a personal benef	fit contract?	6b X
7a At any time during the tax year, was the found	tation a party to a prob	ibited tay chalter transa	ction? Yes X	No.
b If yes, did the foundation receive any proceed				I/A. 7b
Part VIII Information About Officers, D				ــــــــــــــــــــــــــــــــــــ
and Contractors	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•	,,	,
1 List all officers, directors, trustees, foundation	n managers and their	compensation (see inst	ructions).	
(a) Name and address	(b) Title and average hours per week devoted to position		(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
STEPHEN L. GERVAIS	TRUSTEE	4,702.	0.	0.
95 TRULL LANE EAST	5.00	·		
LOWELL, MA 01852				
STANLEY J. POLAK	TRUSTEE	0.	0.	0.
28 CARLISLE STREET	3.00			
CHELMSFORD, MA 01824				
DEXTER STEVENS	TRUSTEE	4,102.	0.	0.
524 PEPPERELL ROAD	3.00			
GROTON, MA 01450				
2 Compensation of five highest-paid employee	es (other than those inc	L cluded on line 1— see ir	structions). If none, e	l nter 'NONE.'
(a) Name and address of each employee	(b) Title and average	(c) Compensation	(d) Contributions to	(e) Expense account,
paid more than \$50,000	hours per week devoted to position		employee benefit plans and deferred compensation	other allowances
NONE				
	<u> </u>		<u> </u>	
Total number of other employees paid over \$50,00	0		. •	
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0.

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Total. Add lines 1 through 3

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<u>rait X</u>	see instructions.)			, , , , , , , , , , , , , , , , , , ,
1 Fair ma	arket value of assets not used (or held for use) directly in carryin	ng out charitable, etc. purposes:	\$ 3360g	
a Averag	e monthly fair market value of securities	•	1a	3,973,471.
	e of monthly cash balances		1 b	15,720.
c Fair ma	arket value of all other assets (see instructions) .		1c	
d Total (a	add lines 1a, b, and c)		1 d	3,989,191.
e Reduct	ion claimed for blockage or other factors reported on lines 1a ar	nd 1c		
(attach	detailed explanation).	_ 1e	0.	
2 Acquisi	ition indebtedness applicable to line 1 assets		2	0.
3 Subtrac	ct line 2 from line 1d		3	3,989,191.
	eemed held for charitable activities. Enter 1-1/2% of line 3 eater amount, see instructions)		4	59,838.
5 Net val	ue of noncharitable-use assets. Subtract line 4 from line 3 Ente	er here and on Part V, line 4 .	. 5	3,929,353.
	um investment return. Enter 5% of line 5.		6	196,468.
Part XI	Distributable Amount (see Instructions) (Section 49	942(j)(3) and (j)(5) private o	perating fo	undations
	and certain foreign organizations check here	and do not complete this		
	m investment return from Part X, line 6.		1	196,468.
2a Tax on	investment income for 2010 from Part VI, line 5	2a 4,1	54.	•
b Income	e tax for 2010 (This does not include the tax from Part VI.)	2b		
	es 2a and 2b.		2 c	4,154.
3 Distribu	utable amount before adjustments. Subtract line 2c from line 1.		3	192,314.
	eries of amounts treated as qualifying distributions		. 4	· · · · · · · · · · · · · · · · · · ·
	es 3 and 4		. 5	192,314.
	ion from distributable amount (see instructions)		. 6	
	utable amount as adjusted Subtract line 6 from line 5 Enter he	re and on Part XIII, line 1	7	192,314.
	Qualifying Distributions (see instructions)			
1 Amoun a Expens	ts paid (including administrative expenses) to accomplish charities, contributions, gifts, etc – total from Part I, column (d), line	able, etc, purposes 26 .	1a	184,750.
b Prograi	m-related investments – total from Part IX-B		1ь	
2 Amoun	ts paid to acquire assets used (or held for use) directly in carryii	ng out charitable, etc, purposes	2	
3 Amoun	ts set aside for specific charitable projects that satisfy the		常能	
a Suitabi	ts set aside for specific charitable projects that satisfy the: lity test (prior IRS approval required)		3a	
b Cash d	stribution test (attach the required schedule).		3ь	
4 Qualify	ring distributions Add lines 1a through 3b. Enter here and on P	Part V, line 8, and Part XIII, line 4	4	184,750.
5 Founda Enter 1	ations that qualify under section 4940(e) for the reduced rate of t % of Part I, line 27b (see instructions)	tax on net investment income	5	
6 Adjust	ed qualifying distributions. Subtract line 5 from line 4		6	184,750.
Note.	The amount on line 6 will be used in Part V, column (b), in subsqualifies for the section 4940(e) reduction of tax in those years	sequent years when calculating wh	ether the four	ndation
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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
Distributable amount for 2010 from Part XI, line 7				192,314.
2 Undistributed income, if any, as of the end of 2010:				
a Enter amount for 2009 only .			0.	
b Total for prior years: 20, 20, 20		0.		
3 Excess distributions carryover, if any, to 2010:				ı
a From 2005			1	
b From 2006 27, 679.				
c From 2007 d From 2008 . 6, 251.				1
e From 2009 20,811.				
f Total of lines 3a through e	54,741.			1
4 Qualifying distributions for 2010 from Part	0.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-)
XII, line 4. ► \$ 184,750.				1
a Applied to 2009, but not more than line 2a			0.	1
b Applied to undistributed income of prior years				
(Election required – see instructions).		0.		
c Treated as distributions out of corpus				!
(Election required - see instructions)	0.			1
d Applied to 2010 distributable amount				184,750.
e Remaining amount distributed out of corpus	0.			7.564
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the	7,564.			7,564.
same amount must be shown in column (a))				!
				!
6 Enter the net total of each column as				
indicated below:	47,177.			
a Corpus Add lines 3f, 4c, and 4e. Subtract line 5	31,111.			
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistribut-				
ed income for which a notice of deficiency		ļ		1
has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount — see instructions		0.		
e Undistributed income for 2009. Subtract line 4a from				
line 2a Taxable amount — see instructions			0.	
f Undistributed income for 2010. Subtract lines				
4d and 5 from line 1. This amount must be				0.
distributed in 2011				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed			1	
by section 170(b)(1)(F) or 4942(g)(3) (see instructions)	0.			
•	<u> </u>			,
8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see instructions)	0.		l l	
, , , , , , , , , , , , , , , , , , , ,				
9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a	47,177.			
10 Analysis of line 9:				
a Excess from 2006 20,115.				
b Excess from 2007				
c Excess from 2008 6,251.				
d Excess from 2009 20,811.			Ì	
e Excess from 2010	<u> </u>			Form 800 PE (2010)

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Part XIV Private Operating Foundation 1 a If the foundation has received a ruling or of		-			N/A
is effective for 2010, enter the date of the	ruling			_	4042(1)(5)
b Check box to indicate whether the foundat		erating toundation de T	Prior 3 years	4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year (a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
investment return from Part X for each year listed.	(a) 2010	(b) 2009	(6) 2008	(u) 2007	(e) Total
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed.					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
 Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c. 					
3 Complete 3a, b, or c for the alternative test relied upon:					
a 'Assets' alternative test - enter:		[
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test - enter.					
(1) Total support other than gross					
investment income (interest, dividends, rents, payments					
on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income		1			<u> </u>
Part XV Supplementary Information assets at any time during the	(Complete this	part only if the	organization ha	id \$5,000 or mo	re in
		structions.)	·		
1 Information Regarding Foundation Managa List any managers of the foundation who is		ore than 2% of the t	total contributions re	eceived by the foun	dation before the
close of any tax year (but only if they have	contributed more	than \$5,000) (See	section 507(d)(2).)	coortou by the lour	dation boloto the
NONE					
	100/	7.15 - 1.1.1 4		-11	Aba assaulta af
b List any managers of the foundation who a partnership or other entity) of which the	foundation has a 1	of the stock of a corp 0% or greater interes	poration (or an equi est	ally large portion of	the ownership of
NONE					
2 Information Regarding Contribution, Gra		* · · · · =			
Check here I If the foundation only r					
requests for funds. If the foundation make complete items 2a, b, c, and d.	is girts, grants, etc,	(see instructions) t	o individuals or orga	anizations under ou	ier conditions,
a The name, address, and telephone number	er of the person to	whom applications s	should be addresse	d:	
SEE STATEMENT 7					
b The form in which applications should be	submitted and infor	mation and materia	ls they should inclu	de:	
SEE STATEMENT FOR LINE 2A		·			<u></u>
c Any submission deadlines:					
SEE STATEMENT FOR LINE 2A					
d Any restrictions or limitations on awards,	such as by geograp	phical areas, charita	ble fields, kinds of	nstitutions, or other	factors:
SEE STATEMENT FOR LINE 2A					
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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 show any relationship to any foundation manager or Purpose of grant or contribution Recipient Amount status of recipient Name and address (home or business) substantial contributor a Paid during the year DONATIONS MADE FOR 173,500. SEE ATTACHED LIST N/A CHARITABLE, RELIGIOUS, AND EDUCATIONAL PURPOSES IN LOWELL MA. 3 a 173,500. Total . b Approved for future payment 3 b Total

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelate	d business income	Excluded	by section 512, 513, or 514	(e)
1 Program service revenue	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	Related or exempt function income (see the instructions)
a					
b	l				
С					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	172.	
4 Dividends and interest from securities			14	116,445.	
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.				j	
7 Other investment income				-	
8 Gain or (loss) from sales of assets other than inventory					96,514.
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a					
b					
С					
d				•	
e					
12 Subtotal. Add columns (b), (d), and (e)				116,617.	
13 Total. Add line 12, columns (b), (d), and (e)				13	213,131.
(See worksheet in line 13 instructions to verify calcul	ations)				

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 the instructions.)
N/A	

Use Only

BAA

Firm's address

MA

01432

(978) 772-4465

Form 990-PF (2010)

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations No Yes Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: 1a(1) X (2) Other assets 1a(2) **b** Other transactions: Х (1) Sales of assets to a noncharitable exempt organization . 16(1) X (2) Purchases of assets from a noncharitable exempt organization. 1 b (2) X 1 b (3) (3) Rental of facilities, equipment, or other assets X (4) Reimbursement arrangements 1 b (4) X 1 b (5) (5) Loans or loan guarantees Х (6) Performance of services or membership or fundraising solicitations 1 b (6) Х c Sharing of facilities, equipment, mailing lists, other assets, or paid employees 1 c d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements (a) Line no. N/A 2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?... Yes X No b If 'Yes.' complete the following schedule (b) Type of organization (c) Description of relationship (a) Name of organization N/A Under penalties of perjury, I declare that have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge Sign TRUSTEE Here Title Date Signature of officer or trustee PTIN Print/Type preparer's name Date Check if X if DEXTER STEVENS. CPA self-employed Paid Firm's EIN N/A DEXTER STEVENS Preparer PO BOX 670

2010	FEDERAL STATEMENTS	PAGE 1
	AUBERT J. FAY CHARITABLE FUND	51-0203622
STATEMENT 1 FORM 990-PF, PART I, LINE 16B ACCOUNTING FEES	(D) NEE (C)	(D)
DEXTER STEVENS, CPA	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME \$ 3,000. TOTAL \$ 3,000. \$ 0. \$ 0.	(D) CHARITABLE PURPOSES \$ 3,000. \$ 3,000.
STATEMENT 2 FORM 990-PF, PART I, LINE 16C OTHER PROFESSIONAL FEES		
INVESTMENT MANAGEMENT FEES	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME TOTAL \$ 689. \$ 689. \$ 689. \$ 0.	(D) CHARITABLE PURPOSES 0.
STATEMENT 3 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES		
EXCISE TAX FOREIGN TAXES POSTAGE SUPPLIES	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME . \$ 3,000 316. \$ 316 220. 628. TOTAL \$ 4,164. \$ 316. \$ 0.	(D) CHARITABLE PURPOSES \$ 3,000. \$ 220. 628. \$ 3,848.
STATEMENT 4 FORM 990-PF, PART II, LINE 10B INVESTMENTS - CORPORATE ST		
CORPORATE STOCKS CORPORATE STOCK	VALUATION BOOK METHOD VALUE COST \$ 2,071,157. \$ TOTAL \$ 2,071,157. \$	FAIR MARKET VALUE 3,652,450. 3,652,450.
	101AL <u>9 2,071,137.</u> 9	3,032,430.

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2010

FEDERAL STATEMENTS

PAGE 2

AUBERT J. FAY CHARITABLE FUND

51-0203622

STATEMENT 5 FORM 990-PF, PART II, LINE 10C INVESTMENTS - CORPORATE BONDS

CORPORATE BONDS	VALUATIONMETHOD	BOOK VALUE	FAIR MARKET VALUE
CORPORATE BONDS	COST	\$ 468,283.	\$ 465,458.
	TOTAL	\$ 468,283.	\$ 465,458.

STATEMENT 6 FORM 990-PF, PART IV, LINE 1 CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

		(B) HOW	(C) DATE	(D) DATE
ITEM	(A) DESCRIPTION	ACQUIRED	ACQUIRED	SOLD
1	EXXON MOBIL CORP	PURCHASED	VARIOUS	3/29/2010
2	FRONTIER COMMUNICATIONS	PURCHASED	VARIOUS	7/02/2010
3	PACTIV CORPORATION	PURCHASED	VARIOUS	11/17/2010
4	AMGEN INC	PURCHASED	VARIOUS	1/13/2010
5	LEGG MASON INC	PURCHASED	VARIOUS	1/13/2010
6	UNITEDHEALTH GROUP INC	PURCHASED	VARIOUS	1/13/2010
7	RBS CAPITAL FUNDING TRUST	PURCHASED	VARIOUS	4/27/2010
8	ROYAL BK SCOTLAND GROUP	PURCHASED	VARIOUS	4/27/2010
9	MORGAN STANLEY SMITH BARNEY ETF	PURCHASED	VARIOUS	VARIOUS
10	MORGAN STANLEY SMITH BARNEY ETF	PURCHASED	VARIOUS	VARIOUS

	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)
	GROSS	DEPREC.	COST	GAIN	FMV	ADJ. BAS.	EXCESS	GAIN
ITEM	SALES	ALLOWED	BASIS	(LOSS)	12/31/69	12/31/69	(I) - (J)	(LOSS)
$\overline{1}$	167,419.		29,196.	138,223.				\$ 138,223.
2	7.		0.	7.				7.
3	16,625.		22,135.	-5,510.				-5,510.
4	25,031.		28,343.	-3,312.				-3,312.
5	6,086.		15,146.	-9,060.				-9,060.
6	12,718.		20,339.	-7,621.				-7,621.
7	13,754.		25,200.	-11,446.				-11,446.
8	12,684.		20,320.	-7,636.				-7,636.
9	5,544.		4,264.	1,280.				1,280.
10	5,391.		3,802.	1,589.				1,589.
	-			•			TOTAL	\$ 96,514.

STATEMENT 7 FORM 990-PF, PART XV, LINE 2A-D APPLICATION SUBMISSION INFORMATION

NAME OF GRANT PROGRAM:

NAME:

AUBERT J. FAY CHARITABLE FUND STEPHEN L. GERVAIS, TRUSTEE

CARE OF: STREET ADDRESS:

ESS: PO BOX 668

CITY, STATE, ZIP CODE:

LOWELL, MA 01853-0668

TELEPHONE:

FORM AND CONTENT:

APPLICATIONS SHOULD BE SUBMITTED BY LETTER WITH

EXPLANATION OF REQUEST.

SUBMISSION DEADLINES:

RESTRICTIONS ON AWARDS: CH

NONE CHARITABLE, RELIGIOUS OR EDUCATIONAL PURPOSES IN LOWELL,

MA.

Donations

Aubert J. Fay Charitable Fund

Acre Family Day Care	3,500
	0,000
American Textile History Museum	2,000
Big Brother Big Sister	2,000
Boy Scouts of America	1,000
Boys and Girls Club of Greater Lowell	4,000
Brush Art Gallery and Studios	2,500
C M A.C.	3,000
Centerville United Methodist Church	2,500
D'Youville Senior Care, Inc	4,000
First United Baptist Church	3,500
Franco American School Girls Incorporated of Greater Lowell	2,000 7,000
Greater Lowell YMCA	3,500
Habitat for Humanity of Greater Lowell	2,000
House of Hope	4,000
Immaculate Conception Church	5,000
Immaculate Conception Church(Building Fund)	5,000
Immaculate Conception School	6,000
Inner-City Scholarship Fund	3,000
International Institute of Lowell	2,000
Life Links	2,500
Lowell Assoc for the Blind	3,000
Lowell Catholic High School Scholarships	6,000 2,000
Lowell Catholic High School-Scholarships Lowell Day Nursery	3,000
Lowell Festival Foundation	3,500
Lowell General Hospital	10,000
Lowell Parks and Conservation Trust	2,000
Lowell Transitional Living Center	4,000
Merrimack Repertory Theatre	7,500
Merrimack Valley Catholic Charities	4,000
Merrimack Valley Food Bank	3,000
Merrimack Valley Housing Partnership	1,000
Monastery of St. Clare	2,500
New England Quilt Museum Obletos of Many Immanulate Informany	1,000 2,500
Oblates of Mary Immaculate Infirmary Paul Center	2,000
Pawtucket Congregational Church	1,000
Rape Crisis Services of Greater Lowell	2,000
Saints Memorial Medical Center	5,000
Salvation Army of Lowell	3,000
St Anne's Episcopal Church	4,000
St Jeanne D'Arc School	5,000
St Joseph the Worker Shrine	2,000
St Louis Elementary School	3,000
St. Margaret's School	4,000
St Michael's School	2,500
St. Patrick's School St. Vincent de Paul Society	1,000 5,000
United Teen Equality Center	1,000
VNA of Greater Lowell	5,000
Whistler House Museum of Art	3,000
 Total	173,500

Form **8868** • (Rev January 2011)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Form 8868 (Rev. 1-2011)

Department of the Treasury Internal Revenue Service

File a separate application for each return.

•	e filing for an Automatic 3-Month Extension, co			•	
•	e filing for an Additional (Not Automatic) 3-Mon		• • • • •		
Do not com	plete Part II unless you have already been grant	ed an auton	natic 3-month extension on a previously f	filed Form 8868.	
corporation request an e	iling (e-file). You can electronically file Form 886 required to file Form 990-T), or an additional (no extension of time to file any of the forms listed in With Certain Personal Benefit Contracts, which noting of this form, visit www.irs.gov/efile and click	ot automatic) n Part I or P) 3-month extension of time. You can ele art II with the exception of Form 8870. In	ctronically file Fori Iformation Return f	n 8868 to or Transfers
Part I A	utomatic 3-Month Extension of Time.	Only subn	nit original (no copies needed).		
A corporation	on required to file Form 990-T and requesting an	automatic 6	-month extension - check this box and	complete Part I on	y >
All other co	rporations (including 1120-C filers), partnerships, returns.	, REMICS, a	nd trusts must use Form 7004 to reques	t an extension of ti	me to file
	Name of exempt organization			Employer identification	number
Type or					
print	AUBERT J. FAY CHARITABLE FUND	•		51-0203622	
File by the due date for	Number, street, and room or suite number. If a P O box, see	instructions			
filing your return See	P.O. BOX 668				
instructions	City, town or post office, state, and ZIP code. For a foreign ad-	dress, see instru	uctions	-	
	LOWELL, MA 01852				
Enter the R	eturn code for the return that this application is f	or (file a se	parate application for each return)		04
Application Is For		Return Code	Application Is For		Return Code
Form 990		01	Form 990-T (corporation)	*	07
Form 990-B		02	Form 1041-A		08
Form 990-E		03	Form 4720		09
Form 990-P		04	Form 5227		10
	(section 401(a) or 408(a) trust)	05	Form 6069		11
-	(trust other than above)	06	Form 8870		12
Telephor If the or If this is check the	ganization does not have an office or place of but for a Group Return, enter the organization's found box. If it is for part of the group, checkston is for	FAX N usiness in th r digit Group ck this box	o. Le United States, check this box Exemption Number (GEN) If and attach a list with the names a		
untıl The e	est an automatic 3-month (6 months for a corpor $8/15$, 20 11 , to file the exempt or xtension is for the organization's return for. calendar year 20 10 or tax year beginning , 20	ganization r	eturn for the organization named above.		
	tax year entered in line 1 is for less than 12 mor nange in accounting period	nths, check i	reason: Initial return Fir	nal return	
nonre			-: -:	3a \$	4,096.
b If this payme	application is for Form 990-PF, 990-T, 4720, or ents made. Include any prior year overpayment a	6069, enter allowed as a	any refundable credits and estimated tax credit	3b\$	4,956.
EFTP	ce due. Subtract line 3b from line 3a Include yo S (Electronic Federal Tax Payment System) Sec	e instruction	s	3c \$	0.
Caution. If	you are going to make an electronic fund withdra	awal with thi	s Form 8868, see Form 8453-EO and Fo	rm 8879-EO for	

BAA For Paperwork Reduction Act Notice, see Instructions.

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box. X X
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 copies needed). Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Employer identification number
Name of exempt organization Name of exempt organization Name of exempt organization S1-0203622
Type or print AUBERT J. FAY CHARITABLE FUND Number, street, and room or suite number. If a P O box, see instructions DEXTER STEVENS, CPA PO BOX 670 City, town or post office, state, and ZIP code. For a foreign address, see instructions. AYER, MA 01432 Enter the Return code for the return that this application is for (file a separate application for each return) O4 Application is For Return Code Form 990 O1 Form 990-BL O2 Form 1041-A O3 Form 4720 O9 Form 990-PF O4 Form 990-FF O4 Form 990-T (section 401(a) or 408(a) trust) Form 990-T (trust other than above) TOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. FAX No. ► Employer identification number 51-0203622 51-0203622 51-0203622 51-0203622 51-0203622 51-0203622 51-0203622 51-0203622 51-0203622 51-0203622 51-0203622 Form Spiriture in a P O box, see instructions and previously filed Form 8868. Form 990-BL Form 990-BL Form 990-BL FORM 990-BL FORM 990-BL FORM 990-FF
Type or print AUBERT J. FAY CHARITABLE FUND Number, street, and room or suite number. If a P O box, see instructions DEXTER STEVENS, CPA PO BOX 670 City, town or post office, state, and ZIP code For a foreign address, see instructions AYER, MA 01432 Enter the Return code for the return that this application is for (file a separate application for each return) Application Is For Return Code Form 990 01 Form 990-BL 02 Form 1041-A 08 Form 990-EZ 03 Form 4720 09 Form 990-PF 04 Form 990-F Form 990-T (section 401(a) or 408(a) trust) Form 990-T (trust other than above) • The books are in care of STEPHEN I. GERVAIS, TRUSTEE Telephone No. STEPHEN I. GERVAIS, TRUSTEE
Print AUBERT J. FAY CHARITABLE FUND Number, street, and room or suite number if a P O box, see instructions
Print AUBERT J. FAY CHARITABLE FUND Number, street, and room or suite number if a P O box, see instructions
File by the extended due date for filing the return See instructions. AYER, MA 01432 Enter the Return code for the return that this application is for (file a separate application for each return) Application Is For Return Code Form 990 Form 990-BL Form 990-BL Form 990-F Form 990-F Form 990-T (section 401(a) or 408(a) trust) Form 990-T (trust other than above) The books are in care of STEPHEN L. GERVAIS, TRUSTEE Telephone No. FAX No.
extended due date for filing the return See instructions. AYER, MA 01432 Enter the Return code for the return that this application is for (file a separate application for each return) Application is For Code Form 990 Form 990-BL Form 990-EZ Form 990-EZ Form 990-FF Form 990-PF O4 Form 5227 Form 990-T (section 401(a) or 408(a) trust) Form 990-T (trust other than above) STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8858. Telephone No. FAX No.
APPR, MA 01432 Enter the Return code for the return that this application is for (file a separate application for each return) Application Is For Serve Se
Enter the Return code for the return that this application is for (file a separate application for each return) Application Is For Return Code Return Code
Application Is For Return Code Application Is For Return Code Form 990 01
Is For Code Is For Code Form 990 01 — — Form 990-BL 02 Form 1041-A 08 Form 990-EZ 03 Form 4720 09 Form 990-PF 04 Form 5227 10 Form 990-T (section 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. • The books are in care of ► STEPHEN L. GERVAIS, TRUSTEE Telephone No. ► FAX No. ►
Form 990-BL 02 Form 1041-A 08 Form 990-EZ 03 Form 4720 09 Form 990-PF 04 Form 5227 10 Form 990-T (section 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. ● The books are in care of ► STEPHEN L. GERVAIS, TRUSTEE Telephone No. ► FAX No. ►
Form 990-EZ 03 Form 4720 09 Form 990-PF 04 Form 5227 10 Form 990-T (section 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. ● The books are in care of ► STEPHEN L. GERVAIS, TRUSTEE
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Form 990-T (trust other than above) STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. The books are in care of STEPHEN L. GERVAIS, TRUSTEE Telephone No. FAX No. FAX No.
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. The books are in care of ► STEPHEN L. GERVAIS, TRUSTEE Telephone No. ► FAX No. ►
• The books are in care of ► STEPHEN L. GERVAIS, TRUSTEE Telephone No. ► FAX No. ►
Telephone No. ► 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 ► . If it is for part of the group, check this box ► and attach a list with the names and EINs of all
members the extension is for.
4 I request an additional 3-month extension of time until 11/15 , 20 11.
5 For calendar year 2010, or other tax year beginning, 20, and ending, 20 6 If the tax year entered in line 5 is for less than 12 months, check reason. Initial return Final return
Change in accounting period 7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO ACCUMULATE SUFFICIENT
INFORMATION TO PREPARE AN ACCURATE TAX RETURN.
IN ORDITION TO LIGHTED IN TOOCHES IN THE SECOND TO SECOND THE SECO
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax
payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 4,956.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions 8c \$
Signature and Verification
Under penalties of perjury of declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form
Signature ► / / // Title ► TRUSTEE
BAA FIFZ0502L 11/15/10 Form 8868 (Rev 1-2011)