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Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation

OMB No. 1545-0052

2012

EDVELOPE FOSTMARK DA- JUN 2 @ 2013

SCANNED JUL 17 2013

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. Open to Public Inspection

		dar year 2012 of tax year degining Januar	<u>y 1</u>	2012, and		December 31	, 20 12
	ne of fou o Dani	_{indation} iel Family Charitable Foundation			1	identification number 7184819	•
		d street (or P.O. box number if mail is not delivered to street address)		Room/suite		number (see instruction	ne)
		Road	[]	10011/50110	1 .	- 835-3197	13)
		n, state, and ZIP code					
•		MA 02493			C if exemp	tion application is pend	ing, check here ►
			n of a former p	iblic charity	D 1 Foreig	n organizations, check	here ▶□
u	Oncor	Final return Amended		abile offairty	_	•	_
		Address change Name cha				n organizations meeting here and attach compu	
\overline{H}	Check	type of organization: Section 501(c)(3) exempt p	rivate foundat	ion	E if private	foundation status was	terminated under
		n 4947(a)(1) nonexempt charitable trust			section 5	07(b)(1)(A), check here	▶⊔
		arket value of all assets at J Accounting method			F If the fou	ndation is in a 60-mont	h termination
	end of	year (from Part II, col. (c), Other (specify)				ction 507(b)(1)(B), chec	
	line 16	(Part I, column (d) must be	e on cash basıs.,				
Pa	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue a	nd (b) No	t investment	(a) Adverted not	(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal	expenses pe	~ (D) Ne	t investment ncome	(c) Adjusted net income	for charitable purposes
		the amounts in column (a) (see instructions).) Schedule 1	200,0				(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)					
	2	Check ► ☑ If the foundation is not required to attach Sch. B					
	3	Interest on savings and temporary cash investments	ļ				
	4	Dividends and interest from securities			40		
	5a	Gross rents					
4	b	Net rental income or (loss) Net gain or (loss) from sale of assets not Shindule 2					
Revenue	6a b	Gross sales price for all assets on line 6a					
Ş	7	Capital gain net income (from Part IV, line 2)	 				
8	8	Net short-term capital gain	 		·		i i
_	9	Income modifications					
	10a	Gross sales less returns and allowances				· · · · · · · · · · · · · · · · · · ·	
	b	Less: Cost of goods sold					
	c	Gross profit or (loss) (attach schedule) .Schedule 3					
	11	Other income (attach schedule) Schedule 4					
	12	Total. Add lines 1 through 11		0	40	0	
ø	13	Compensation of officers, directors, trustees, etc.		0	0	0	0
86	14	Other employee salaries and wages					
ĕ	15	Pension plans, employee benefits					
X	16a	Legal feets (attach schedule)			 	<u> </u>	
9	wj	, accounting tool (attack), adviced to				 	
鬟	60g	Other professional fees (attach schedule)					
돭	18	Schedule 6	1			<u></u>	
Ë	19	Taxes (attach schedule) (see instructions) Option (attach schedule) and depletion	—			 	
톭	20	Occupancy				<u></u>	
Ĭ	21	Travel, conferences, and meetings				 	
Ē	22	Printing and publications				<u> </u>	
6 0	23	Other expenses (attach schedule)					
Ę	24	Total operating and administrative expenses.					1
era.		Add lines 13 through 23		0	0	0	0
Operating and Administrative Expenses	25	Contributions, gifts, grants paid Schedule 9	22,	687			22,657
	26	Total expenses and disbursements. Add lines 24 and 25	22,	687	0	0	22,657
	27	Subtract line 26 from line 12:					,
	a	Excess of revenue over expenses and disbursements	(22,0	87)			
	b	Net investment income (if negative, enter -0-) .			40		
_	<u> </u>	Adjusted net income (if negative, enter -0-)	<u> </u>			0	- 990-PF (2012)
_	_					_	LEAT 1. L/16 /0010\

		Attached schedules and amounts in the description column	Beginning of year	End o	t year
76	rt II	Balance Sheets should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing			
	2	Savings and temporary cash investments	301,248	274,508	274,508
	3	Accounts receivable ▶			
		Less: allowance for doubtful accounts ▶			
	4				
j		Pledges receivable ►			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)	2,828	6,881	6,881
	7	Other notes and loans receivable (attach schedule)			
		Less: allowance for doubtful accounts ▶			
ts	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
AS	10a	Investments—U.S. and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment: þasis ▶			
		Less: accumulated depreciation (attach schedule)			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule) Schedule			
	14	Land, buildings, and equipmegt; basis			
		Less: accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe ► Schedule)			
	16	Total assets (to be completed by all filers—see the			
		instructions. Also, see page 1, item I)	304,076	281,389	281,389
	17	Accounts payable and accrued expenses			
တ္ဆ	18	Grants payable			
ij	19	Deferred revenue Schedule			
<u> </u>	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable (attach schedule)			-
	22	Other liabilities (describe >)		· · · · · · · · · · · · · · · · · · ·	
	23	Total liabilities (add lines 17 through 22)	0	0	
9		Foundations that follow SFAS 117, check here ▶ ☐ and complete lines 24 through 28 and lines 30 and 31.		:	
ĕ	24	Unrestricted			
Ē	25	Temporarily restricted			
ä	26	Permanently restricted			
und Balances	20	Foundations that do not follow SFAS 117, check here ▶ ☑			
교		and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds			
Ŋ	28	Paid-in or capital surplus, or land, bldg., and equipment fund	-		
Net Assets	29	Retained earnings, accumulated income, endowment, or other funds	304,076	281,389	
Ž	30	Total net assets or fund balances (see instructions)	304,076	281,389	
<u>ह</u>	31	Total liabilities and net assets/fund balances (see			
Z		instructions)	304,076	281,389	
	rt III	Analysis of Changes in Net Assets or Fund Balances			
1		I net assets or fund balances at beginning of year-Part II, colu			
	end-	-of-year figure reported on prior year's return)		1	304,076
2		or amount from Part I, line 27a		2	(22,687)
3		er increases not included in line 2 (itemize) Schedule		3	
4		lines 1, 2, and 3		4	281,389
5	Deci	reases not included in line 2 (itemize) ► Schedule		5	
_ 6	Tota	al net assets or fund balances at end of year (line 4 minus line 5)-1	Part II, column (b), line	930 6	281,389

to d e (e) Gross sales price (f) Depreciation allowed (or allowable) (or allowable) (g) Cost or other basis plus expense of sale a b C d e Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) F.M.V. as of 12/31/69 (i) F.M.V. as of 12/31/69 (ii) F.M.V. as of 12/31/69 (iii) Excess of col. (i) over col. (i), if any a b C d e Capital gain net income or (net capital loss) If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 If gain, also enter in Part I, line 7 If gain, also enter in Part I, line 7 If gain, also enter in Part I, line 7 If gain, also enter in Part I, line 7 If gain, also enter in Part I, line 7 If gain, also enter in Part I, line 7 If gain, also enter in Part I, line 7 If gain, also enter in Part I, line 7 If gain, also enter in Part I, line 7 If gain, also enter in Part I, line 7 If gain, also enter in Part I, line 7 If gain, also enter in Part I, line 7 If gain, also enter in Part I, line 7 If gain, also enter in Part I, line 7 If gain, also enter in Part I, line 7 If gain, also enter in Part I, line 7 If gain, also enter in Part I, line 7 If gain, also enter in Part I, line 7 If gain, also enter in Part I, line 8, column (c) (see Instructions). If (loss), enter -0- in)	(h) Gain or (loss) (e) plus (f) minus (g) (f) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
c d e (e) Gross sales price (f) Depreciation allowed (g) Cost or other basis plus expense of sale a b c d e Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) F.M.V. as of 12/31/69 (i) F.M.V. as of 12/31/69 (ii) F.M.V. as of 12/31/69 (iii) Adjusted basis (iv) Excess of col. (i) over col. (ii), if any a b c d e 2 Capital gain net income or (net capital loss) If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 If (loss), enter -0- in Part I, line 7 If (loss), enter -0- in Part I, line 7 If (loss), enter -0- in Part I, line 7 If (loss), enter -0- in Part I, line 7 If (loss), enter -0- in Part I, line 7	(f) Gains (Col. (h) gain minus col. (k), but not less than -0-) or
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(or allowable) plus expense of sale a	(f) Gains (Col. (h) gain minus col. (k), but not less than -0-) or
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(i) F.M.V. as of 12/31/69 as of 12/31/69 over col. (i), if any a b c d e 2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 } 2 Net short-term capital gain or (loss) as defined in sections 12/22(5) and (6):	col. (k), but not less than -0-) or
c d e Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 } Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):	
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2 Capital gain net income or (net capital loss) { If (loss), enter -0- in Part I, line 7 } 2 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):	
in gain, also enter in Fart i, into 0, column (c) (see instructions). If (1055), enter -0- in i	
Part I, line 8	
Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Incor	
f section 4940(d)(2) applies, leave this part blank. Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base pe f "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.	eriod? Yes 📝 No
1 Enter the appropriate amount in each column for each year; see the instructions before making a	nv entries
(a) Base period years Calendar year (or tax year beginning in) Adjusted qualifying distributions Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2011 302,322	.00%
2010 19,105 277,130	6.89%
2009 44,846 306,028	14.65%
2008 31,537 301,852	10.45%
2007 54,568 325,817	16.75%
	10.7070
2 Total of line 1, column (d)	2 48.74%
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the	30,147
number of years the foundation has been in existence if less than 5 years	3 9.75%
4 Enter the net value of noncharitable-use assets for 2012 from Part X, line 5	4 301,782
5 Multiply line 4 by line 3	
6 Enter 1% of net investment income (1% of Part I, line 27b)	6
7 Add lines 5 and 6	7 29,418
	1

Part	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948	<u>-see II</u>	nstr	ictio	ns)		
1a							
b	Date of ruling or determination letter: (attach copy of letter if necessary – see instructions) Domestic foundations that meet the section 4940(e) requirements in Part V, check				 -		
_	here ▶ □ and enter 1% of Part I, line 27b	+		<u>'</u> -	 		
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).	-					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	Ш_		0			
3	Add lines 1 and 2			1_	<u> </u>		
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	_		0			
5 6	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0			1	<u> </u>		
а	2012 estimated tax payments and 2011 overpayment credited to 2012 6a						
b	Exempt foreign organizations—tax withheld at source 6b	1					
c	Tax paid with application for extension of time to file (Form 8868) . 6c						
d							
7	Total credits and payments. Add lines 6a through 6d						
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached						
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶ 9			1			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid > 10			0			
11	Enter the amount of line 10 to be: Credited to 2013 estimated tax ▶ Refunded ▶ 11				L		
1a	VII-A Statements Regarding Activities During the tax year, did the foundation attempt to influence any national, state, or local legislation or	did it I		Yes	l No		
10	participate or intervene in any political campaign?	did it	1a	162	No		
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes	(see	<u>Ia</u>	-	- × -		
	Instructions for the definition)?	.	1b		/		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any mate	erials					
	published or distributed by the foundation in connection with the activities.	1					
С	Did the foundation file Form 1120-POL for this year?	. [1c		1		
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$						
е	(1) On the foundation. ► \$ (2) On foundation managers. ► \$ Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax important paids to the foundation during the year for political expenditure tax important paids to the foundation during the year for political expenditure tax important paids to the foundation during the year for political expenditure tax important paids to the foundation during the year for political expenditure tax important paids to the foundation during the year for political expenditure tax important paids to the foundation during the year for political expenditure tax important paids to the foundation during the year for political expenditure tax important paids to the foundation during the year for political expenditure tax important paids to the foundation during the year for political expenditure tax important paids to the foundation during the year for political expenditure tax important paids to the foundation during the year for political expenditure tax important paids to the foundation during the year for political expenditure tax important paids to the foundation during the year for political expenditure tax important paids to the foundation during the year for political expension paids to the foundation during the year for political expension paids to the year for political expension paids to the year for political expension paid to the year for political expension paids to the year for political expension paids to the year for political expension paid to the year for political exp						
Ū	on foundation managers. > \$	Seu					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.	·	2		/		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, article incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes						
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		3 4a		1		
b	If "Yes," has it filed a tax return on Form 990-T for this year?		4b	N/			
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	: I	5		^		
	If "Yes," attach the statement required by General Instruction T.	ľ					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:						
	By language in the governing instrument, or	İ					
	By state legislation that effectively amends the governing instrument so that no mandatory directions and the state legislation that of the state l	1.					
_	conflict with the state law remain in the governing instrument?	L	6	√			
7 8a	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Pail Enter the states to which the foundation reports or with which it is registered (see instructions)	rt XV	7	✓	ļ,		
Va	Enter the states to which the foundation reports or with which it is registered (see instructions)	ł					
ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney Ge	neral					
~	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8b	N/	_		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)						
	4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If in	Yes,"			 		
	complete Part XIV		9	N	Α		
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing	their					
	names and addresses	<u>.</u>	10	N.	Α		

Part	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 instructions)	11	N	A
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12	N	A
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► N/A	13	N/	A
14	The books are in care of ▶ BRUCE B. DANIEL, TRUSTEE Telephone no. ▶ 61	-835 -	3197	
	Located at ▶ 80 LORING ROAD, WESTON, MA ZIP+4 ▶	2,493	 -	
15	and enter the amount of tax-exempt interest received or accrued during the year		•	▶ □
16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authorit	<u> </u>	Yes	No
	over a bank, securities, or other financial account in a foreign country?	16	N/	<u> </u>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of			ì
	the foreign country ▶			<u> </u>
Pan	VII-B Statements Regarding Activities for Which Form 4720 May Be Required	Ţ		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	ļ	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?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes No			}
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b	N	A
	Organizations relying on a current notice regarding disaster assistance check here			۲
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2012?	1c		1
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 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2012?			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20			1
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement—see instructions.)	2b	N	A
	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 20, 20, 20, 20, 20, 20, 20, 20, 20, 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 2012 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 2012.)	3b	N	A
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		1
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?	4b		1

Form 99	0-PF (2012)									F	Page 6
Part	VII-B Statements Regarding Activities	s for V	Vhich Form	4720	May Be F	leauir	ed (conti	nued)			
5a	During the year did the foundation pay or incur a						100//4	,,,,,,			
	(1) Carry on propaganda, or otherwise attempt(2) Influence the outcome of any specific publi	to influe	ence legislatio				Yes	☑ No	•		
	directly or indirectly, any voter registration di				=		Yes	[7] No	,		
	(3) Provide a grant to an individual for travel, stu(4) Provide a grant to an organization other that section 509(a)(1), (2), or (3), or section 4940(a)	n a cha	ritable, etc.,	organiz	ation desc	ribed ir	Yes	☑ No			
	(5) Provide for any purpose other than religious purposes, or for the prevention of cruelty to	, charit	able, scientif	ic, litera	ary, or educ	cationa	J	[2] No			
b	If any answer is "Yes" to 5a(1)–(5), did any of the Regulations section 53.4945 or in a current notice	e transa	actions fail to	qualify	under the	except	ions desc			N.	A
c	Organizations relying on a current notice regard. If the answer is "Yes" to question 5a(4), does because it maintained expenditure responsibility	the four	ndation clain	n exem			C N/	► □ A □ No			
6a	If "Yes," attach the statement required by Regulation, during the year, receive any on a personal benefit contract?			directly		emiums	- ∃Yes	[7] No			
b	Did the foundation, during the year, pay premiur	ns, dire	ctly or indire	ctly, on	a personal	benefi			6b		1
	If "Yes" to 6b, file Form 8870.		•	•	•						
	At any time during the tax year, was the foundation						Yes		.	1	
<u>b</u>	If "Yes," did the foundation receive any proceed								7b	N.	Α
Part	Information About Officers, Direct and Contractors					_			mploy	ees,	
1	List all officers, directors, trustees, foundation					_					
	(a) Name and address	họu	e, and average rs per week ed to position	``(H/r	mpensation not paid, ter -0-)	emple	Contribution byee benefit erred compe	plans	(e) Exper other a	nse acc Illowan	
	CE B. DANIEL	TRUST	TEE 1	}	0			0			0
	DRING ROAD, WESTON, MA 02493	ļ									
	AN M. DACEY	TRUST	TEE 0	}	0	ŀ		0			0
80 L	DRING ROAD, WESTON, MA 02493	 									
											
2	Compensation of five highest-paid employee "NONE."	es (oth	er than tho	se incl	uded on li	ne 1-	see instr	uction	s). If no	one, e	enter
	(a) Name and address of each employee paid more than \$50,00	00	(b) Title, and a hours per videvoted to p	veek	(c) Comper	nsation	(d) Contribe employee plans and	benefit	(e) Exper		

Part	VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid I and Contractors (continued)	mployees,
3	Five highest-paid independent contractors for professional services (see instructions). If none, enter "NO	NE,"
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation

Tabal	number of others receiving over \$50,000 for professional convices	
lota	number of others receiving over \$50,000 for professional services	<u> </u>
Par	IX-A Summary of Direct Charitable Activities	
	the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number our largest direct charitable activities during the tax year. Include relevant statistical information such as the number our largest direct charitable activities during the tax year. Include relevant statistical information such as the number of	Expenses
1	N/A	
		<u> </u>
		<u> </u>
2		
3		
		
4		
	33,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Par	IX-B Summary of Program-Related Investments (see instructions)	
	cribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	N/A	
		o
		-
2		
	other program-related investments. See instructions.	
3		
Teks	Add lines 1 through 2	
Tota	Add lines 1 through 3	5 000. DE (0010)

Part		gn touna	ations,
1	see instructions.) 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	306,378
	Average of monthly cash balances	1b	
C	Fair market value of all other assets (see instructions)	1c	***
d	Total (add lines 1a, b, and c)	1d	306,378
е	Reduction claimed for blockage or other factors reported on lines 1a and	<u>'</u>	000,070
·	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	306,378
4	Cash deemed held for charitable activities. Enter 1 ½ % of line 3 (for greater amount, see	 	
•	instructions)	4	4,596
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	301,782
6	Minimum investment return. Enter 5% of line 5	6	15,089
Part			.0,000
	foundations and certain foreign organizations check here \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
1	Minimum investment return from Part X, line 6	11	15,089
2a	Tax on investment income for 2012 from Part VI, line 5		
b	Income tax for 2012. (This does not include the tax from Part VI.) 2b	1 1	
c	Add lines 2a and 2b	2c	1
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	15,088
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	15,088
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	15,088
			
Part	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etctotal from Part I, column (d), line 26	1a	22,657
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	22,657
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	1	
	Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	22,657
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculatin qualifies for the section 4940(e) reduction of tax in those years.	g whether	the foundation

Form 99	90-PF (2012) XIII Undistributed Income (see instru	otiona)			Page 9
Part	Ondistributed income (see instru	(a)	(b)	(c)	(d)
1	Distributable amount for 2012 from Part 3 line 7		Years prior to 2011	2011	2012 15,088
2	Undistributed income, if any, as of the end of 2013	2:		 	10,000
а	Enter amount for 2011 only				
b	Total for prior years: 20 20 ,20 ,20 ,20				
3	Excess distributions carryover, if any, to 2012	2:			
а	From 2007	258		1	
b	From 2008 <u>16,9</u>	94			
C	From 2009				
d		248	•		
0	From 2011				l
	Total of lines 3a through e	71,26	<u> </u>	<u> </u>	
4	Qualifying distributions for 2012 from Part X line 4: ► \$ 22.657	.II,			
•	line 4: ► \$ 22,657 Applied to 2011, but not more than line 2a.	ŀ			
a b	Applied to undistributed income of prior year	rs			
-	(Election required—see instructions)				
c	Treated as distributions out of corpus (Election	L			
•	required—see instructions)	· •			
d	Applied to 2012 distributable amount			 	15,088
•	Remaining amount distributed out of corpus	7,56	9		
5	Excess distributions carryover applied to 201	2			
	(If an amount appears in column (d), the san amount must be shown in column (a).)	ne			
6	Enter the net total of each column a indicated below:	as			
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line	5 78,83	3		
b	Prior years' undistributed income. Subtra	ct			
	line 4b from line 2b		0		
c	Enter the amount of prior years' undistribute income for which a notice of deficiency has been issued, or on which the section 4942 tax has been previously assessed	as (a)			
d	Subtract line 6c from line 6b. Taxab amount—see instructions	le	0		
е	Undistributed income for 2011. Subtract liid 4a from line 2a. Taxable amount—se instructions	ee		0	
f	Undistributed income for 2012. Subtract line				
	4d and 5 from line 1. This amount must I distributed in 2013				0
7	Amounts treated as distributions out of corporate	us			
	to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions).	on			
8	Excess distributions carryover from 2007 n	ot			
	applied on line 5 or line 7 (see instructions) .	33,25	58		
9	Excess distributions carryover to 201	3.			
	Subtract lines 7 and 8 from line 6a	45,57	75	<u> </u>	
10	Analysis of line 9:]	
а	Excess from 2008 16,9		1	1	
b	Excess from 2009		<u> </u>		
C		248			
d	Excess from 2011 Excess from 2012 7.5		1		
e	LAUGOS HUITI ZUTZ /,	569	1	I	i

Part						
1a	If the foundation has received a ruling		•	, -		
	foundation, and the ruling is effective for		-	L	-No 40.40/3//	2) [] 4040(i)(E)
D 2a	Check box to indicate whether the four	Tax year	operating foundati		ction 4942(j)(3) or 4942(j)(5)
24	Enter the lesser of the adjusted net income from Part I or the minimum	(a) 2012	(h) 2011	Prior 3 years	(4) 0000	(e) Total
	investment return from Part X for		(b) 2011	(c) 2010	(d) 2009	N/A
_	each year listed	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A
D C	85% of line 2a	IN/A	N/A	N/A	- N/A	N/A
	line 4 for each year listed	N/A	N/A	N/A	N/A	N/A
d	Amounts included in line 2c not used directly for active conduct of exempt activities					N/A
•	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	N/A	N/A	N/A	N/A	N/A
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test—enter:					
	(1) Value of all assets					N/A
_	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					N/A
b	of minimum investment return shown in Part X, line 6 for each year listed	N/A	N/A	N/A	N/A	N/A
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)					N/A
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					N/A
	(3) Largest amount of support from an exempt organization					N/A
	(4) Gross investment income					N/A
Part		n (Complete th	is part only if th	e foundation ha	ad \$5,000 or mo	
	any time during the year-		•		40,000 0	
1	Information Regarding Foundation					
а	List any managers of the foundation volume before the close of any tax year (but of					by the foundation
Bru	ce B. Daniel, Susan M. Dacey	•		, ,		
b	List any managers of the foundation ownership of a partnership or other er					ge portion of the
2	Information Regarding Contribution Check here ▶ ☑ if the foundation unsolicited requests for funds. If the f other conditions, complete items 2a, I	only makes controundation makes	ibutions to presele	ected charitable o		
а	The name, address, and telephone nu	mber or e-mail of	the person to who	m applications sho	ould be addressed	l:
b	The form in which applications should	be submitted and	I information and r	naterials they shou	ıld include:	
С	Any submission deadlines:					
<i>A</i>	Any restrictions or limitations on a	rarde euch oo bi	/ geographical ar	age charitable fin	lde kinde of in	Hitians or sthe-
a	Any restrictions or limitations on aw factors:	raius, such as Dy	y geographical are	sas, charitable 118	ius, kinds ot ińst	itutions, or other

Part	XV Supplementary Information (conti	nued)			
3	Grants and Contributions Paid During to	he Year or Approve	ed for Ful	ture Payment	
	Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	Name and address (home or business)	or substantial contributor	recipient	CONTRIBUTION	
8	Paid during the year				
			l		
				1	
					[
			,		
	Total			▶ 3a	
b	Approved for future payment				
					•
	Total			> 2h	

Рa	rt XVI	I-A Analysis of Income-Producing Ac	ctivities				
		s amounts unless otherwise indicated.		siness income (b)	Excluded by sect (c)	on 512, 513, or 514 (d)	(e) Related or exempt
1	_	ram service revenue:	Business code	Amount	Exclusion code	Amount	function income (See instructions.)
	а b						
	c -	· · · · · · · · · · · · · · · · · · ·					
	d ⁻						
	е _						
	f _						
	g F	ees and contracts from government agencies					
2		bership dues and assessments					
3		est on savings and temporary cash investments					
4		lends and interest from securities					
5		rental income or (loss) from real estate: Debt-financed property					
		lot debt-financed property					
6		rental income or (loss) from personal property					
7		er investment income					,,
8		or (loss) from sales of assets other than inventory					
9	Net i	ncome or (loss) from special events					
10	Gros	s profit or (loss) from sales of inventory					
11	Othe	r revenue: a					
	Ь_					ļ 	
	<u> </u>	 					
	d _						
12	Subt	otal. Add columns (b), (d), and (e)					
		il. Add line 12, columns (b), (d), and (e)			<u> </u>	13	
(See	work	sheet in line 13 instructions to verify calculation	ns.)				·
Pa	rt XV	-B Relationship of Activities to the	\ccomplishm	ent of Exemp	t Purposes		
Lir	e No. ▼	Explain below how each activity for which accomplishment of the foundation's exempt put	income is reported in income is reported in income is reported in income in income in income in income in income is reported in income in income is reported in income in	orted in column n by providing fun	(e) of Part XV ds for such purp	-A contributed in oses). (See instruc	nportantly to the tions.)
			•				
					· · · · · · · · · · · · · · · · · · ·		
		_					
							
			· · · · · · · · · · · · · · · · · · ·				
	 						

Part	XVII		n Regarding Trar ganizations	sfers To and Trans	actions and F	Relationships With Nonch	aritable	
1	in sec	ne organization o	directly or indirectly			y other organization describe ection 527, relating to politica	~ !	es No
а	_		porting foundation to	o a noncharitable exem	not organization	of:		
			_				1a(1)	1
		ther assets .					1a(2)	1
b	Other	transactions:						
	(1) S	ales of assets to	a noncharitable exe	empt organization .			1b(1)	1
				able exempt organizati			1b(2)	1
				er assets			1b(3)	1
	• •	'	• •				1b(4)	7
		oans or loan gua	-				1b(5)	1
		-		nip or fundraising solici			1b(6)	1
c							1c	1
d		-		-		Column (b) should always sh	ow the fai	r market
						. If the foundation received le		
	value	in any transaction	on or sharing arrang	ement, show in colum	n (d) the value o	of the goods, other assets, or	services re	ceived.
(a) Line	e no. (b) Amount involved	(c) Name of nonc	haritable exempt organization	(d) Descr	ription of transfers, transactions, and	sharing arranç	ements
						•		
				· ·				
								
						 		
				•				
				-,····· , , , , , ,				
2a b	desc	ribed in section 5	•	other than section 501	•	re tax-exempt organizations on 527?	N/A Yes [□ No
		(a) Name of organ		(b) Type of orga	nization	(c) Description of rela	tionship	
		(-,		(-) .)		(0, 2000)		
								•
								
	-		· · · · · · · · · · · · · · · · · · ·					
						······································		
	Unde	or penalties of penary.	declare that have examin	ed this return, including accomp	anying schedules and	d statements, and to the best of my know	riedge and bei	ef, it is true.
Sign		ct, and complete. Decl	laration of preparer (other th	ap taxpayer) is based on all info	rmation of which prep	parer has any knowledge.	e IRS discuss	
Here	1 &		m	16/20/13	1 Mist		e ins discuss e preparer sho	
HIGH		ature of officer or tru	stee	Date	Title	(see ins	structions)?	Yes∐No
	1	Print/Type preparer		Preparer's signature		Date	PTIN	
Paid		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Check if self-employed		
Prep		Firm's name		<u></u> .		I en		
Use	Unly	Firm's address >	· · · · · · · · · · · · · · · · · · ·			Phone no.		
						r rione no. •		

		Cash	Property Other		
From detail below:		Amount	than Cash	Total	_
Paid during the year		22,687	0	22,687	_
Approved for future payment	<u></u>	0	0	0	_
Total	==	22,687	0	22,687	
Paid During the Year:					
				Relationship to	
			Property Other	Disqualified	Organizational
Class of Activity:		Cash	than	Persons	Status of Done
Donee Name	Donee Address	Amount	Cash (1)	(2)	(3)
1.1 American Cancer Society		500			501 C 3
1.2 The Genesis Fund	52 Second Ave, Waltham, MA 0245	1,000			501 C 3
1.3 The Family Pantry	133 Queen Anne Road, Harwich, M	500			501 C 3
1.4 NAMI of Cape Cod	5 Mark Ln, Hyannis, MA 02601	1.000			501 C 3
1.5 Cystic Fibrosis Foundation	220 North Main St., Natick, MA 017	2,039			501 C 3
1.6 CASA	281 Summer Street, Boston, MA 02	1,000			501 C 3
1.7 Camp Sunshine	35 Acadia Road, Casco, ME 04015	1,000			00100
Total		7,039	0	•	
	=			•	
2 1 Cape Abilities	895 Mary Dunn Rd, Hyannis, MA 02	1,000			501 c 3
_	ut 15 Green Street, Charlestown, MA (500			501 c 3
2.3 Boston Adult Literacy	160 Boylston St., Boston, MA 02116	500			501 c 3
2.4 Frinds of WMVY	POB 1148, Tisbury, MA 02568	1,000			501 c 3
2 5 Greater Boston Food Bank	99 Atkins St, Boston, MA 02118	1,000			501 c 3
2.6 Pine Street Inn	444 Harrison Ave, Boston, MA 0211	1,000			501 c 3
2 7 Rosie's Place	889 Harrison Ave, Boston, MA 0211	1,000			501 c 3
Total	_	6,000	0	•	
3.1 The Boston Ballet	539 Washington St., Boston, MA 02	1,000			501 c 3
3.2 The Home for Little Wanders	P.O Box 55785, Boston, MA 02205-	1,000			501 c 3
3.3 The Salvation Army	POB 55876, Boston, MA 02118, USA	1,000			501 c 3
3.4 The Smile Train	P.O. Box 96231, Washington, DC 20	1,000			501 c 3
3.5 WBUR	890 Commonwealth Avenue, Bostor	1,000			501 c 3
3 6 Rodman Ride for Kids	Lincoln Place,10 Lincoln Road,Foxt	3,648			501 c 3
3 7 Boston Partners in Education	44 Farnsworth St., Boston, MA 0221_	1,000			501 c 3
Total		9,648	0	· !	
Total amount paid for which the fou	ndation exercised				
Total Paid During the Year		22.687	0	•	

⁽¹⁾ Additional information for property other than cash included on continuation sheet.

⁽²⁾ Relationship of donee if related by blood, marriage, adoption or employment (including children of employees) to any disqualified person

⁽³⁾ The organizational status of donee (e.g., public charity—an organization described in section 509(a)(1), (2), or (3))

Schedule: Part II, Line 6 - Receivables Due from Officers, Directors, Trustees, at	nd
Other Disqualified Persons	

					End of '	Year
_		did a selection with which		-	Book Value	Value
		rted as Single Total:				
	•	erms and conditions as receivables from general public				
		or official business of the organization				
	•	rted Separately (see details below)		_	6,881	6,881
To	tal			=	6,881	6,881
De	talls of Receival	bles Reported Separately:			Fair Market	
			Original	Balance Due	Value	Date
Bo	rrower's Name	and Title	Amount	at Year end	at Year end	of Note
1	Bruce B. Danie		833	833	833	8 25.11
2	Bruce B. Danie	el	1,134	1,134	1,134	8.17.09
3	Bruce B. Danie	el	861	861	861	11.4 10
4	Bruce B. Danie	el	4,053	4,053	4,053	12.31.12
To	tai			6,881	6,881	
	Maturity		interest			
	Date	Repayment Terms	Rate	Security Provided	by Borrower	
1	8.25.13	Lump sum	5.00%	Personal Guarante	e	
2	8.25.13	Lump sum	5.00%	Personal Guarante	е	
3	8.25.13	Lump sum	5.00%	Personal Guarante	e	

5.00%

Personal Guarantee

Description and Fair Market Value of Consideration

1 Repayment of value received for contribution

Lump sum

8.25.13

Purpose of Loan

- 2 Repayment of value received for contribution
- 3 Repayment of value received for contribution
- 4 Repayment of value received for contribution

Office	Use	Only:	Fiscal	Year
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THE COMMONWEALTH OF MASSACHUSETTS OFFICE OF THE ATTORNEY GENERAL

NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION ONE ASHBURTON PLACE

BOSTON, MASSACHUSETTS 02108

(617) 727-2200, ext. 2101 www.mass.gov/ago/charities

		Form	PC			
Report for the Fiscal Period:	nuary 1, 2012 to	Decem	ber 31, 2012		Chassilledd (<i>Oragledd</i>)	ndhad
Attorney General's Account #:	04579				Sehedule Å	
Federal ID #: 34-7184819					Seteinte/A	
When did the organization first engage charitable work in Massachusetts?	ge in 4.21	.06			Sobsibilar RoomaAr	zornit.
Has the organization applied for or b granted IRS tax exempt status?	een	X Yes	No		X Conyoù IR Willedian Strianans	តែថ្នៅរំ -
If yes, date of application Ol determination letter:	R date of	12.2	8.04		· ixi eding ree Amended	
IRS Exemption under 501(c)) :				Byle was	
If exempt under 501(c), are of the organization tax deductible contributions?		X Yes	No			
Organization Data						
Name: Daniel Family Chritiable	Foundation	·				
Mailing Address: 80 Loring Road	······································					
City: Weston	· · · · · · · · · · · · · · · · · · ·			State: M	A Zip:	02493
Phone Number: (617) 835-3	197 Fax l	Number:	(781) 6	42-7234		
Email: Bruce@Brucedaniel.com			Website:			
In the table below, please enter the ap Enter up to 2 codes from Table 3 for			-	found in th	e instructions.	
Category	Code		Category		Code	
County (Table 1)	9	Org	anization Purpos	se Code 1	61	
Type of Organization (Table	2) 26	Org	anization Purpos	se Code 2	62	
Please check box if final return pri	or to dissolution:					
Form PC		Page 1 o	f 14		Office Use Only: Paym	ent Received

		ons must be completed in their entirety what actions and definition section for guidance		imilar q	questions ai	re answered	'in an at	ttached federal form.
l.	On	what date was the organization created?	12.28	8.04	_			
2.	Whe	ere was the organization created?	Boston, MA					
3.	Wha	at is the form of organization? (check one))					
	Coı	rporation	Testame	ntary T	rust			
	Un	incorporated Association	Inter Viv	os Trus	st		X	
	C	Other (please describe):						_
4.5.	Org	s your organization related to any other or anization")? If yes, please complete the Se ter your summary of financial data:					definition	n "Related
		Financial Data					mounts	
	Α.	Contributions, gifts, grants, and similar a	mounts receiv	ed	\$0.00			
	B.	Gross support and revenue			\$43.00			
[C.	Program services and similar amounts pa	id out		\$22,687.00			
	D.	Fundraising expenses			\$0.00			
	E.	Management and general expenses			\$0.00			
	F.	Payments to affiliates			\$0.00			
	G.	Total expenses			\$22,687.00			
	H.	Net assets or fund balances at the end of	the year		\$281,389.00			
6.	Lis	t the total compensation you provided to y	Hrs/s	Sal	iry and 😂	Renefi	Plans #	40ther
Г			Week	Othe	r Income			≰Compensation ≰
	1.	NA						
	2.							
	3.							
	4.							
- 1	5.							

7. Was any compensation provided to any of the individuals listed in question 6 above which was not quantified in your response to 6? If yes, please provide explanation (attach separate sheet). Yes No

8.	five	e highest paid consult	compensation paid, an ants providing profession dvisors, professional so	onal services (e.g. atte	omeys, architects, a	accountants, management
		N	ame/Title	Amount of	Compensation	Type(s) of Service
ſ	1.	NA	•			
	2.					
	3.					
L	4.					
Ĺ	5.	<u> </u>				
9.	Ba	nk(s) in which the org	anization's funds are de	eposited (include ban	k addresses and ph	one number):
		В	ank	Addı	ess	Phoné Number
		Fidelity Investments		245 Summer Street, I	Boston, MA 02210	(800) 343-2140
10	. W	hat is the organization	n's accounting method?	⊠ Cash	Accrual	
				Other speci	(fy):	
11	. If	organization's mailing	g address os a P.O. Box	, list the organization	's full street addres	s:
	1	Address:				
	(City:		State:	Zip Code:	
12	C	Contact Person Name:	Bruce B. Daniel			
	S	treet Address:	80 Loring Road			
	C	City: Weston		State: MA	Zip Code: 02	493
	P	Phone Number: +	1 (617) 835-3197			

13.	During the fiscal year reported here, did your organization solicit contributions or have funds solicited on its behalf?
14.	At any time during the fiscal year following the year reported here, will you organization, or others acting on its behalf, solicit contributions? If you answered yes to Question 13 or 14, you must complete Schedule A-1 and/or Schedule A-2 unless you are exempt from the solicitation certificate requirement.
15.	If you are claiming and exemption from the solicitation certificate requirement, please indicate by checking the box to the right to identify which exemption applies to your organization.
	a religious organization
	an organization which: (a) does not raise more than \$5,000 during a calendar year Or does not receive contributions from more than ten persons during a calendar year; AND (b) carries out all of its activities, including fundraising, through unpaid volunteers. [The conditions at both (a) and (b) must be met for your organization to qualify for this exemption.]
16.	Attach a list of names, addresses (street and/or mailing), and telephone numbers of other offices/chapters/branches/affiliates.
17.	Attach a list of names, titles, and addresses (street and/or mailing) of officers, directors, trustees, and the principal salaried executives of organization.
18.	Attach a list of names, titles, and addresses (street and/or mailing) of any individual(s) authorized to sign checks, and any individual(s) responsible for: custody of funds; distribution of funds; fundraising; and custody of financial records.
19.	Has this organization or any of its officers, directors, employees or fundraisers solicited funds in any other state? If you attach list of states where solicitation was conducted, including registered agency, dates of registration, registration numbers, any other names under which the organization was/is registered, and the dates and type (mail, telephone, door to door, special events, etc.) of the solicitation conducted.

20.		this organization or any of its officers, directors, or employees: es, please attach an explanation.		
	(a)	Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions?	Yes	⊠ No
	(b)	Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency?	Yes	⊠ No
	(c)	Been the subject of a proceeding regarding any solicitation or registration?	Yes	⊠ No
	(d)	Entered into a voluntary agreement of compliance or consent judgment with, any government agency or in a case before a court or administrative agency?	Yes	⊠ No
21.		ve any restrictions been removed during the year from donor-restricted funds? es, please attach an explanation.	Yes	⊠ No
22.		ve donor-restricted funds been loaned to unrestricted funds? es, please attach an explanation.	Yes	⊠ No
23.	cert	s question involves "Termination of Employment or Changes of Control Compensation "Related Parties" (see instructions and definition sections). Report only if payment individual are in excess of four months salary or \$100,000, whichever dollar amou	ents made o	
	(a)	Did you make actual payments or otherwise transfer value under such an arrangement to any individual described in Related Party definition, sections (a) or (b), which payments are not reported in Question 6 or 7 above?	Yes	⊠ No
	(b)	Do you have an agreement with any individual described in Related Party definition, sections (a) or (b), containing such an agreement?	Yes	⊠ No
		ou answered yes for Question 23(a) or 23(b) above, please attach an explanation id plved, stating the amount of any payments made or value transferred, and describing		

24. This question applies to related party transactions, which include transactions with officers, directors, trustees, certain employees, relative, and organizations they own or control. Please consult the instructions and definition sections for the definition of a "Related Party" and "Indebtedness" before answering. Note that transactions involving related parties must be reported even when there is no accounting recognition (e.g. in-kind gifts, waiver or interest not otherwise reported).

If the answer to any part of Question 24 is yes, attach a schedule stating the name and address of the related party, the nature of the transaction, the value or the amounts involved in the transaction, and the procedure followed in authorizing the transaction.

	During the year:	i digita di salah di Salah di salah di sa	Barriag Nyse s Ta
A.	Has your organization sold or transferred assets to or purchased assets from or exchanged assets with a related party?	Yes	⊠ No
B.	Has your organization leased assets to or leased assets from a related party?	Yes	X No
C.	Has your organization been indebted to a related party?	Yes	⊠ No
D.	Has your organization allowed a related party to be indebted to it?	Yes	X No
E.	Has your organization made or held an investment in a related party?	Yes	⊠ No
F.	Has your organization furnished goods, services, or facilities to a related party?	Yes	⊠ No
G.	Has your organization acquired goods, services, or facilities from a related party who received compensation or other value in return?	☐ Yes	⊠ No
H.	Has your organization paid or became obligated to pay wages, salary, or other compensation to a related party?	Yes	⊠ No
I.	Has your organization transferred income or assets to or for use by a related party?	Yes Yes	X No
J.	Was your organization a party to any transaction in which any of its officers, directors, or trustees has a material financial interest, or did any officer, director or trustee receive anything of value not reported as compensation?	Yes	⊠ No
K.	Has your organization invested in any corporate stock of a company in which any officer, director, or trustee owns more than 10% of the outstanding shares?	Yes	⊠ No
L.	Is any property of the organization held in the name of or commingled with the property of any other person or organization?	Yes	⊠ No
M.	Did your organization make a grant award or contribution to any other organization in which any of of this organization's officers, directors or trustees has a relationship?	Yes	⊠ No

_			furnished in this report, including al
Signature			Date: 6/28/13
Printed N	lame:Bruce B. Daniel		
Title: Tru	ustee		
Name of	Preparer: Bruce B. Daniel 80 Loring Road		
City	Weston	State MA	Zip Code 02493
Phone Nu	umber +1 (516) 835-3197		

Certification by Organization

Two different signatures required. Signers must be organization president or other authorized officer or trustee.

Under penalty of perjury, we declare that the information furnished in this report, including all attachments, is true and correct to the best of our knowledge.

Signature:	Date: 6/28/13
Printed Name: Bruce B. Daniel	
Title: Trustee	
Signature: M Jan	Date: 6/28/13
Printed Name: Susan M. Dacey	
Title: Trustee	

Attachments to FORM PC - Daniel Family Charitable Foundation 2009: 2012

- 15. NA
- 16. NA
- 17. NA
- 18. Bruce B. Daniel 80 Loring Road Weston, MA, 02493

Susan M. Dacey 80 Loring Road Weston, MA, 02493