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

OMB No 1545-0052

2014

Department of the Treasury Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public. ► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

| EXPENSES (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) 1 Contributions, gifts, gnants, etc. received (littich schedule) 25, 312. 2 Ck different in service and temporary cash meetinents | |
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| City or town, statis or province, country, and 22 in or foreign postal code MA 02116-1002 C C H exemption application is pending, of Check all that apply Initial return Initial return of a former public chanty 1 Final return Address change Name change 2 Foreign organizations, check here 2 Foreign organizations, check here 3 Foreign organizations pending the 8th end of the transfer organization 1 Fiar market value of all assets at end of year (innm part It. Column (c). In etc.) 1 Fiar market value of all assets at end of year (innm part It. Column (c). In etc.) 1 Fiar market value of all assets at end of year (innm part It. Column (c). In etc.) 1 Fiar market value of all assets at end of year (innm part It. Column (c). In etc.) 1 Fiar market value of all assets at end of year (innm part It. Column (c). In etc.) 1 Fiar market value of all assets at end of year (innm part It. Column (c). In etc.) 1 Fiar market value of all assets at end of year (innm part It. Column (c). In etc.) 1 Fiar market value of all assets at each of the amounts in column (a). (a) Revenue and Expenses (in le total of amounts in column (a). (a) Revenue and Expenses per books (b) Not investment income (casi income of the transfer of t | ;) |
| G Check all that apply Initial return Final return Amended return | ng shook hara 🏲 🗍 |
| Final return Amended return Amende | ng, check here. |
| Address change | re ▶ [_] |
| H Check type of organization. X Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt charitable trust Other traxable private foundation E I private foun | |
| Fair market value of all assets at end of year (from Part II. column (c), line 16) Defect (specify) Other (specify) Other (specify) Part II. column (c), line 16) Part II. column (c) Part I | · · · · · · • 📙 |
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| 3 Interest on savings and temporary cash investments | |
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| b Net rental income or (loss) 6 a Net gain or (loss) from sale of assets not on line 10 | |
| b Net rental income or (loss) 6 a Net gain or (loss) from sale of assets not on line 10 | |
| 6 a Net gains or (loss) from sale of assets not on line 10 | |
| 10a Gross spales less returns and allowances | |
| 10a Gross spales less returns and allowances | |
| 10a Gross spales less returns and allowances | |
| 12 Total. Add lines 1 through 11 | |
| 12 Total. Add lines 1 through 11 | |
| 12 Total. Add lines 1 through 11 | |
| 12 Total. Add lines 1 through 11 | |
| 13 Compensation of officers, directors, trustees, etc. 14 Other employee salanes and wages | |
| 13 Compensation of officers, directors, trustees, etc. 14 Other employee salanes and wages | |
| 14 Other employee salanes and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) b Accounting fees (attach sch) L-16b Strat. c Other prof fees (attach sch) 17 Interest 18 Taxes (attach schedule)(see instrs) COMMONWEALTH OF MA 35 19 Depreciation (attach sch) and depletion 20 Occupancy 21 Travel, conferences and meeting 22 Printing and publications 23 Other exposes (attach schedule) See Line 23 Strift 18 2015 24 Total operating and administrative 25 304 304 | |
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| Printing and publications | · |
| See Line 23 Strift 1 8 2015 Total operating and administrative 304. | |
| See Fine 23 Strff 1 8 2015 9 304. 304. | |
| | |
| [expenses Add lines 13 through 23 | |
| ** | 41,595. |
| 26 Total expanses and disbursements. | |
| Add lines 24 and 25 | 41,595. |
| a Excess of revenue over expenses | |
| b Net investment income (if negative, enter -0-) | |
| b Net investment income (if negative, enter -0-) | |

Add lines 1, 2, and 3

Decreases not included in line 2 (itemize) ▶ BASIS ADJUSTMENT

Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

593,792.

19,014.

574,778.

4

5

6

| * 51" | (a) List and describe | Losses for Tax on Investmen the kind(s) of property sold (e.g , real c; or common stock, 200 shares MLC (| estate, | (b) How acq P — Purch D — Dona | ase | (c) Date acquired (month, day, year) | (d) Date sold (month, day, year) |
|--|--|--|--|---|----------------------------|--|---|
| 1a 1 | PUBLICLY TRADED SEC | VIRITES | | | | | |
| b | . 0001001 1.4.000 | OKTIBO | | | | | |
| С | | | | | | | |
| d | | | | | | | |
| е | | | | | | * | |
| | (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other bas plus expense of sale | | . ' | (h) Gain or (e) plus (f) mi | |
| а | 105,292. | | 9 | 0,643. | | | 14,649. |
| þ | | | | | | | · |
| С | | | | i | | | |
| d | | | ************* | | | | |
| е | | | | | | | |
| | Complete only for assets showing | ng gain in column (h) and owned by the | e 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 over column (j), if an | | g tha | ain minus column (k an -0-) or L osses (fr |), but not less |
| a | | | | | | _, | 14,649. |
| b | | | | | | | |
| С | | | | | | | |
| d | | | | | | | |
| е | | | | | | | |
| 2 (| Capital gain net income or (net c | capital loss) If gain, also each if (loss), enter | enter in Part I, line 7 or -0- in Part I, line 7 | | 2 | | 14,649. |
| 3 N | let short-term capital gain or (lo | ess) as defined in sections 1222(5) and | _ | | | <u> </u> | 11,015. |
| li | gain, also enter in Part I, line 8 | s, column (c) (see instructions). If (loss |), enter -0- | | 3 | | |
| | | r Section 4940(e) for Reduce | | ent Inco | | | |
| | tional use by domestic private t | foundations subject to the section 494 | | _ | | | |
| If section | on 4940(d)(2) applies, leave this | • | 0(a) tax on net investment i nt of any year in the base po | ncome.) | | | X No |
| If section Was the If Yes, | on 4940(d)(2) applies, leave this e foundation liable for the section the foundation does not qualify | s part blank. on 4942 tax on the distributable amou | 0(a) tax on net investment in nt of any year in the base po ete this part. | eriod? | | | X No |
| If section Was the lif Yes, | on 4940(d)(2) applies, leave this e foundation liable for the section the foundation does not qualify | s part blank. on 4942 tax on the distributable amounty under section 4940(e). Do not compl | 0(a) tax on net investment in nt of any year in the base po ete this part. | eriod? | | | ratio |
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| If section Was the lif Yes, | on 4940(d)(2) applies, leave this e foundation liable for the sective the foundation does not qualify enter the appropriate amount in (a) Base period years alendar year (or tax year beginning in) | s part blank. on 4942 tax on the distributable amount y under section 4940(e). Do not compleach column for each year; see the in | nt of any year in the base prete this part. Istructions before making ar (c) Net value of nonchantable-use ass | eriod? | | Yes (d) Distribution | ratio by column (c)) |
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| If section Was the If Yes, 1 E C C C C C C C C C C C C C C C C C C | on 4940(d)(2) applies, leave this e foundation liable for the sector the foundation does not qualify. Enter the appropriate amount in Base period years alendar year (or tax year beginning in) 2013 2012 2011 2010 2009 Fotal of line 1, column (d) Average distribution ratio for the number of years the foundation Enter the net value of noncharitate Multiply line 4 by line 3 Enter 1% of net investment inco Add lines 5 and 6 Enter qualifying distributions from | s part blank. on 4942 tax on the distributable amount of under section 4940(e). Do not complete ach column for each year; see the in (b) Adjusted qualifying distributions 31,918. 35,185. 31,407. 33,058. 27,418. 5-year base penod — divide the total has been in existence if less than 5 years. able-use assets for 2014 from Part X, Imme (1% of Part I, line 27b) | nt of any year in the base prete this part. Instructions before making ar (c) Net value of nonchantable-use ass 67 64 63 62 62 62 on line 2 by 5, or by the lars | eriod? ets 9,787. 6,576. 0,150. 0,528. 9,465. | 2 3 4 5 6 7 | (d) Distribution imn (b) divided b | 0.046953 0.054417 0.049841 0.053274 0.043558 0.248043 0.049609 739,993. 36,710. |

| **** | Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instruction | ns) | | |
|-------|--|--------|---------|----------|
| 1 a | Exempt operating foundations described in section 4940(d)(2), check here b and enter 'N/A' on line 1. | | | |
| | Date of ruling or determination letter (attach copy of letter if necessary — see instrs) | | | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, | | 3 | 59. |
| | check here . X and enter 1% of Part I, line 27b | | | |
| С | 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 foundations only Others enter -0-) | | | 0. |
| 3 | Add lines 1 and 2 | | 3 | 59. |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4 | | | 0. |
| 5 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0 | | _3 | 59. |
| 6 | Credits/Payments: | | | |
| а | 2014 estimated tax pmts and 2013 overpayment credited to 2014 | | | |
| b | Exempt foreign organizations — tax withheld at source | | | |
| | Tax paid with application for extension of time to file (Form 8868) 6 c 500. | | | |
| d | Backup withholding erroneously withheld | | | |
| 7 | Total credits and payments. Add lines 6a through 6d | | 5 | 26. |
| 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 | | | |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | | 1 | 67. |
| 11 | Enter the amount of line 10 to be. Credited to 2015 estimated tax 167. Refunded 11 | | | |
| - k=1 | VI -/□ Statements Regarding Activities | | | |
| 1 a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it | | Yes | No |
| | participate or intervene in any political campaign? | 1 a | | X |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)? | 1 b | | X |
| | If the answer is 'Yes' to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. | | | |
| | Did the foundation file Form 1120-POL for this year? | 1 c | | Х |
| 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 • \$ Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on | | | |
| ٠ | foundation managers ► \$ | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | 2 | | Х |
| | If 'Yes,' attach a detailed description of the activities | | | |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles | | | |
| | of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes | 3 | | Х |
| | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | 4 a | | X |
| | If 'Yes,' has it filed a tax return on Form 990-T for this year? | 4 b | | <u> </u> |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | 5 | | Х |
| _ | If 'Yes,' attach the statement required by General Instruction T. | | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | | | |
| | By language in the governing instrument, or | | | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? | 6 | Х | |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV | 7 | Х | |
| 8 a | Enter the states to which the foundation reports or with which it is registered (see instructions) | | | |
| | MA - Massachusetts | | | |
| b | If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If 'No,' attach explanation | 8 b | Х | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If 'Yes,' complete Part XIV | 9 | | X |
| 10 | Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses | 10 | | Х |
| BAA | | rm 990 |)-PF (2 | |

| - | 1334-1 (2014) DAVID & ROBIN JAYE FOUNDATION CHARITABLE TRUST 04-6/1890 | 3 | | aye J |
|------------|---|----------|---------------|------------|
| . F.I. | 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 | | X |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If Yes, attach statement (see instructions). | 12 | | Х |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | Χ_ | |
| | Website address | | | |
| 14 | The books are in care of DAVID JAYE Telephone no. (617) | 413 | <u>-887</u> | <u>5</u> |
| | Located at 380 BEACON ST BOSTON MA ZIP + 4 2116-100 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here | | | П |
| | and enter the amount of tax-exempt interest received or accrued during the year | | • | Ш |
| 16 | | 16 | Yes | No X |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If 'Yes,' enter the name of the foreign country | | | |
| **! | Statements Regarding Activities for Which Form 4720 May Be Required | | | |
| | File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies. | | Yes | No |
| 1 a | During the year did the foundation (either directly or indirectly) | | | |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes XNo | | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? | | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No | 1 | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No | ! | | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? | | | |
| | (6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) | | | |
| ŧ | o 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)? | 1 b | | |
| | Organizations relying on a current notice regarding disaster assistance check here | | | |
| (| 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 2014? | 1 c | | Х |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section $4942(j)(3)$ or $4942(j)(5)$). | | | |
| á | At the end of tax year 2014, did the foundation have any undistributed income (lines 6d | | | |
| | and 6e, Part XIII) for tax year(s) beginning before 2014? | | | |
| I | 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.) | . 2 b | | |
| | of the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | 2.0 | | |
| | ► 20 ,20 _ ,20 ,20 | | | |
| 3 8 | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? | | | |
| I | b If 'Yes,' did it have excess business holdings in 2014 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 2014.) | . 3b | | |
| A . | · · · · · · · · · · · · · · · · · · · | | | |
| 41 | a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | . 4 a | | Χ |
| ı | 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 2014? | 4 6 | | V |
| BAA | | | 0-PF (2 | X 2014) |
| _, | , __ | JIIII 23 | U-FF (4 | |

| Form 990-PF (2014) DAVID & ROBIN JAYE I | | | 04-67 | 18903 Page 6 |
|--|---|--|--|---------------------------------------|
| Statements Regarding Activit | | <u> 14720 May Be Req</u> | uired (continued) | |
| 5 a During the year did the foundation pay or incur a | • | | п., п | la. |
| (1) Carry on propaganda, or otherwise attempt t | o influence legislation (se | ection 4945(e))? | Yes X | No |
| (2) Influence the outcome of any specific public on, directly or indirectly, any voter registration | n drive? | | | |
| (3) Provide a grant to an individual for travel, stu | idy, or other similar purpo | oses? | Yes X | No |
| (4) Provide a grant to an organization other than in section 4945(d)(4)(A)? (see instructions). | n a chantable, etc, organi | zation described | ···· Yes X | No |
| (5) Provide for any purpose other than religious educational purposes, or for the prevention of | , charitable, scientific, lite of cruelty to children or a | rary, or nimals? | · · · · · Yes X | No |
| b If any answer is 'Yes' to 5a(1)-(5), did any of the described in Regulations section 53.4945 or in a (see instructions)? | current notice regarding | disaster assistance | | 5 b |
| Organizations relying on a current notice regardi | | | | |
| c If the answer is 'Yes' to question 5a(4), does the tax because it maintained expenditure responsib | farmalation aloin arrange | | L | No |
| If 'Yes,' attach the statement required by Regula | = | | | |
| 6 a Did the foundation, during the year, receive any on a personal benefit contract? | funds, directly or indirectl | y, to pay premiums | Yes X | No |
| b Did the foundation, during the year, pay premium | ns, directly or indirectly, o | n a personal benefit con | | 6ы х |
| If 'Yes' to 6b, file Form 8870. | | | | |
| 7 a At any time during the tax year, was the foundati | | | | |
| b If Yes,' did the foundation receive any proceeds | | | | |
| Information About Officers, D | irectors, Trustees, | Foundation Manag | gers, Highly Paid I | Employees, |
| · · · · · · · · · · · · · · · · · · · | | | | |
| 1 List all officers, directors, trustees, foundation | (b) Title, and average | | (d)Contributions to | (a) Expanse account |
| (a) Name and address | hours per week devoted to position | (c)Compensation (If not paid, enter -0-) | employee benefit plans and deferred compensation | (e) Expense account, other allowances |
| DAVID JAYE | | | | |
| 380 BEACON ST | TRUSTEE | | | |
| BOSTON MA 02116 | 1.00 | 0. | 0. | 0. |
| ROBIN JAYE | | | | |
| 380 BEACON ST | TRUSTEE | _ | _ | |
| BOSTON MA 02116 | 0.00 | 0. | 0. | 0. |
| | | | • | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 2 Compensation of five highest-paid employee | s (other than those inc | luded on line 1 – see ir | nstructions). If none. e | 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 | other allowances |
| NONE | | | compensation | |
| NONE | | | | <u> </u> |
| | | | | |
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| |] | | | |
| Total number of other employees and over \$50,000 | | | | |
| Total number of other employees paid over \$50,000 . BAA | TEEA0306 06/ | | | None Form 990-PF (2014) |
| | 1CEAU300 06/ | 17719 | | FORM 330-PF (2014) |

| List th organi | e foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of izations and other beneficiaries served, conferences convened, research papers produced, etc. | Expenses |
|-------------------|--|----------|
| 1 | N/A | |
| 2 | | 0. |
| 3 | | |
| 4 | | |
| | | |

Summary of Program-Related Investments (see instructions)

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 | Amount |
|--|---------|
| 1 NONE | _ |
| | _ |
| | 0. |
| 2 | _ |
| | |
| | <u></u> |
| All other program-related investments. See instructions. | |
| 3 NONE | |
| | 7 |
| | 1 0. |
| Total. Add lines 1 through 3 | None |

BAA

Form 990-PF (2014)

Page 8

| | see instructions.) | | |
|--------|---|----------|-------------------|
| а | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes: Average monthly fair market value of securities | 1 a | 673,646. |
| | Average of monthly cash balances | 1 b | 77,616. |
| C | Fair market value of all other assets (see instructions) | 1 c | |
| d | Total (add lines 1a, b, and c) | 1 d | 751,262. |
| е | Reduction claimed for blockage or other factors reported on lines 1a and 1c | | |
| | (attach detailed explanation) | • | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | 751,262. |
| 4 | Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | 11,269. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 739,993. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 37,000. |
| . المر | Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating and certain foreign organizations check here and do not complete this part.) | foundat | ions |
| 1 | Mınimum ınvestment return from Part X, line 6 | 1 | 37,000. |
| 2 a | Tax on investment income for 2014 from Part VI, line 5 | | |
| b | Income tax for 2014 (This does not include the tax from Part VI.) | | |
| c | Add lines 2a and 2b | 2 c | 359. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 36,641. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 | Add lines 3 and 4 | | 36,641. |
| 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 | 36,641. |
| •ैम्हा | Qualifying Distributions (see instructions) | | |
| 1 a | Amounts paid (including administrative expenses) to accomplish charitable, etc. purposes Expenses, contributions, gifts, etc — total from Part I, column (d), line 26 | 1 a | 41,595. |
| t | Program-related investments — total from Part IX-B | 1 b | 0. |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes | 2 | |
| 3 a | Amounts set aside for specific charitable projects that satisfy the | 3 a | |
| t | Cash distribution test (attach the required schedule) | 3 b | |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 41,595. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions) | 5 | 359. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 41,236. |
| | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the fo qualifies for the section 4940(e) reduction of tax in those years. | undation | |
| BAA | | F | orm 990-PF (2014) |

Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2013 | (c) 2013 | (d) 2014 |
|--|---------------|----------------------------|-------------|-------------|
| Distributable amount for 2014 from Part XI, line 7 | | | | 26 641 |
| 2 Undistributed income, if any, as of the end of 2014 | | | | 36,641. |
| a Enter amount for 2013 only | | | 33,649. | |
| b Total for pnor years 20, 20, 20 | | | | |
| Excess distributions carryover, if any, to 2014: | | | | |
| a From 2009 0 . | | | | |
| b From 2010 2, 158. c From 2011 307. | | | | |
| c From 2011 | | | | |
| e From 2013 31, 918. | | | | |
| f Total of lines 3a through e | 69,702. | | | |
| 4 Qualifying distributions for 2014 from Part | | | | |
| XII, line 4: \$ 41,595. | | | | |
| a Applied to 2013, but not more than line 2a | | | | |
| b Applied to undistributed income of prior years (Election required — see instructions) | | | | |
| c Treated as distributions out of corpus (Election required — see instructions) | | | | |
| d Applied to 2014 distributable amount | | | | |
| e Remaining amount distributed out of corpus | 41,595. | | | |
| 5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a)) | | | | |
| 6 Enter the net total of each column as indicated below: | | | | |
| a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 | 111,297. | | | |
| b Prior years' undistributed income, Subtract | 111/257. | | | |
| line 4b from line 2b | | 0. | | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | | | |
| d Subtract line 6c from line 6b. Taxable amount — see instructions | | 0. | | |
| e Undistributed income for 2013. Subtract line 4a from | | | | |
| line 2a Taxable amount — see instructions | | | 33,649. | |
| f Undistributed income for 2014. Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015 | | | | 36 641 |
| 7 Amounts treated as distributions out of | | | | 36,641. |
| corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required — see instructions) | | | | |
| 8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions) | 0. | | | |
| 9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a | 111,297. | | | |
| 10 Analysis of line 9. | | | | |
| a Excess from 2010 2,158. | | | | |
| b Excess from 2011 | | | | |
| © Excess from 2012 | | | | |
| d Excess from 2013 | | | | |
| e Excess from 2014 | | | | |

| Form | 990-PF.(2014) DAVID & ROBIN JAYE | FOUNDATION CH | HARITABLE TRUS | T | 04-6718903 | Page 10 |
|------|---|------------------------------|--|---|-------------------------|---------------------------------------|
| | Private Operating Foundat | | | | | N/A |
| ıa | If the foundation has received a ruling or dete is effective for 2014, enter the date of the ruli | ermination letter that ng | it is a private operat | ing foundation, and | the ruling | |
| b | Check box to indicate whether the foundation | is a private operati | ng foundation descri | bed in section | 4942(j)(3) or | 4942(j)(5) |
| 2 a | Enter the lesser of the adjusted net | Tax year | | Prior 3 years | | |
| | Income from Part I or the minimum investment return from Part X for each year listed | (a) 2014 | (b) 2013 | (c) 2012 | (d) 2011 | (e) Total |
| | 85% of line 2a | | | | | |
| С | 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: | | | | | |
| а | 'Assets' alternative test — enter | | | | 1 | |
| | (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 | | | | | |
| ٠. | Supplementary Information | (Complete this | part only if the | foundation had | 1 \$5,000 or more | in |
| 1 | assets at any time during th Information Regarding Foundation Manag | | structions.) | | | · · · · · · · · · · · · · · · · · · · |
| a | List any managers of the foundation who have close of any tax year (but only if they have con DAVID JAYE | e contributed more | than 2% of the total of \$5,000). (See section | contributions receive on 507(d)(2).) | d by the foundation be | efore the |
| b | List any managers of the foundation who own | 10% or more of the | stock of a corporati | on (or an equally lar | ge portion of the owne | ership of |
| | a partnership or other entity) of which the fou | ndation has a 10% of | or greater interest. | , , , | • | • |
| | N/A | | | | | |
| 2 | Information Regarding Contribution, Gran | t, Gift, Loan, Schol | larship, etc. Progra | ms: | | |
| | Check here X if the foundation only ma requests for funds. If the foundation makes g complete items 2a, b, c, and d. | kes contributions to | preselected charitab | ole organizations and | d does not accept unso | olicited ons, |
| | The name, address, and telephone number of | or e-mail address of | the person to whom | applications should | be addressed: | |
| | | | | · Francisco attacked | | |
| | | | | | | |
| | Th. 2 | | , , , , , , , - - | | · | |
| D | The form in which applications should be sub | mitted and informat | ion and materials the | ey should include: | | |
| С | Any submission deadlines: | - . | | | | |
| | | | | | | |
| d | Any restrictions or limitations on awards, suc | h as by geographica | l areas, charitable fie | elds, kinds of institut | ions, or other factors: | |
| | | | | | | |

Supplementary Information (continued)

| 3 'Grants and Contributions Paid During the Year or Approved for Future Payment | | | | | | |
|---|-----------|---|--------------------------------|----------------------------------|---------|--|
| Recipient | _ | If recipient is an individual, show any relationship to any foundation manager or | Foundation status of recipient | Purpose of grant or contribution | Amount | |
| Name and address (home or bus | iness) | substantial contributor | recipient | | | |
| a Paid during the year | | | | | | |
| NEW ENGLAND DISABLED SPO PO Box 26 | ORTS | | | | | |
| | NH 03251 | | NONE | GENERAL PURPOSES | 30,740. | |
| BEST BUDDIES OF MA | | | | | | |
| 45 Bromfield St | | | | | | |
| | 1A 02108 | 1 | NONE | GENERAL PURPOSES | 100. | |
| BOYS & GIRLS CLUB OF CAPE | E COD INC | | | | | |
| 31 FRANK E HICKS DR MASHPEE N | 47 02640 | | MONE | CEMEDAL DURROGES | 0.005 | |
| MASHPLE MARBOR TO THE BAY RIDE | 1A 02649 | | NONE | GENERAL PURPOSES | 2,085. | |
| P.O. Box 990243 | | | | | | |
| | 1A 02199 | | NONE | GENERAL PURPOSES | 1,000. | |
| CONGREGATION MISHKAN TER | | | INOINE | GENERAL TORTOGES | 1,000. | |
| 300 HAMMOND POND PKWY | | | | | | |
| CHESTNUT HILL N | 1A 02467 | | NONE | GENERAL PURPOSES | 50. | |
| MASSACHUSETTS GENERAL HO | OSPITAL | | | | | |
| 50 STANIFORD ST 8TY FL | | | | | | |
| BOSTON | 1A 02114 | | NONE | JOHN D STOECKLE CENTER | 100. | |
| MARCH OF DIMES | | | | | | |
| 1275 Mamaroneck Ave | | | | | | |
| | IY 10605 | | NONE | GENERAL PURPOSES | 100. | |
| BAYRIDGE RESIDENCE | | | | | | |
| 395 COMMONWEALTH AVE BOSTON M | IA 02215 | | NONE | GENERAL PURPOSE | 1 575 | |
| PAN-MASS CHALLENGE | M 02213 | | INONE | GENERAL FURFUSE | 1,575. | |
| 77 4TH AVE | | | | | | |
| NEEDHAM M | 1A 02494 | | NONE | GENERAL PURPOSE | 200. | |
| See Line 3a statement | | | | | | |
| | | | İ | | | |
| | | | | | 5,645. | |
| | | | | | | |
| | | | | | | |
| Total | | | | 3a | 41,595. | |
| b Approved for future payment | | | | | | |
| | | | | | | |
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| | | | <u> </u> | | | |
| Total | | | | | | |

Analysis of Income-Producing Activities

| nter gross amounts unless otherwise indicated. | Unrelated business income Excluded by section 512, 513, or 514 | | | (e) | |
|--|--|---------------------------------------|-------------------------------|---------------|---|
| Program service revenue: | (a) Business code | (b) Amount | (c) Exclu- sion code | (d) Amount | Related or exempt function income (See instructions.) |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | \bot | | |
| e | | | | | |
| f | | | | | |
| g Fees and contracts from government agencies | | <u> </u> | | | |
| 2 Membership dues and assessments | | · · · · · · · · · · · · · · · · · · · | | | |
| 3 Interest on savings and temporary cash investments | | | | | |
| 4 Dividends and interest from securities | | | 14 | 25,765. | |
| 5 Net rental income or (loss) from real estate | | | | | |
| a Debt-financed property | | | | | <u> </u> |
| b Not debt-financed property | | | | | |
| 6 Net rental income or (loss) from personal property | | | | | |
| 7 Other investment income | | | | | |
| 8 Gain or (loss) from sales of assets other than inventory | | | 18 | 14,649. | |
| 9 Net income or (loss) from special events | | | | | |
| 10 Gross profit or (loss) from sales of inventory | | | | | |
| 1 Other revenue | | | | | |
| a ROYALTIES | | | 15 | 49. | |
| b | | | | | |
| c | <u></u> | | | | |
| d | | | | | |
| е | | | | | |
| Subtotal Add columns (b), (d), and (e) | | | | 40,463. | |
| 13 Total. Add line 12, columns (b), (d), and (e) | | | | 13 | 40,463 |
| See worksheet in line 13 instructions to verify calculations | .) | | | | |

ভার স্পুন্ত 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 instructions.) | | | | | |
|---------------|---|--|--|--|--|--|
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Form 990-PF (2014)

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

| | | | | | | | - | | | Yes | No |
|---|--|--|----------------------|------------------------------------|---|--|-----------------------|---------------------------------------|--------------------------|--------------|-------|
| 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? | | | | | | | | 103 | No | | |
| | • | from the reporting f | - | oncharitable ex | rempt organizatio | ı of | | | | | |
| | | 1 | | | | | | | 1 a (1) | | Х |
| | | r assets | | | | | | | | | X |
| | | nsactions: | | | | | | | (-) | | |
| (1 |) Sale | s of assets to a nonc | charitable exemp | t organization. | | | | | 1 b (1) | | Х |
| | | | | | | | | | | | X |
| (2) Purchases of assets from a noncharitable exempt organization | | | | | | | | | | | X |
| (4) Reimbursement arrangements | | | | | | | | | | | X |
| (5) Loans or loan guarantees | | | | | | | | | 1 | | X |
| | | ormance of services | | | | | | | | | X |
| ¢ Sh | naring o | of facilities, equipmen | nt, mailing lists, o | other assets, or | paid employees. | | | | 1 c | | X |
| | | | | | | | | | | | |
| the | e good | wer to any of the ab- s, other assets, or se action or sharing arr | ervices given by t | the reporting fo | undation. If the fo | undation | received less th | an fair market value | /alue of in | | |
| (a) Line | no. | (b) Amount involved | (c) Name of | nonchantable exe | empt organization | (d) | Description of tran | sfers, transactions, and | sharing arran | gement | |
| | | | | | | · · · · · · · · · · · · · · · · · · · | | | | | |
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| de | scribe | indation directly or in d in section 501(c) of omplete the following | f the Code (other | with, or related than section 5 | to, one or more to 01(c)(3)) or in sec | ax-exem tion 5271 | pt organizations | | . Yes | X | No |
| | | Name of organization | | (b) Tvp | e of organization | | (c |) Description of relat | ionship | | |
| | | | | | <u></u> | | | · · · · · · · · · · · · · · · · · · · | • | - | |
| - | | 7.7. | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | 10.1 | | - | |
| | | | _ | | | | | | | | |
| | Under po | enalties of perjury, I declare | that I have examined | this return, including | accompanying schedu | les and stat | ements, and to the be | est of my knowledge and be | olief, it is true, | | |
| Sign | correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge | | | | | | | Manifest | 00 -11 | | |
| Here | | | | | | | May the I | with the | в | | |
| | Signature of Differ or rousies Date | | | | | | RUSTEE | . | preparer : (see instr | uctions); | Z-low |
| | oiñuar | Print/Type preparer's name | | Denne-d- | | | l Data | | | Yes | No |
| | | 1 | | Preparer's | auriaure . | CPS | Date | Checkif | PTIN | | |
| Paid | | Glenn S. Loc | | _ M | No Ju | -105 | 08/12/15 | self-employed | P00230 | 462 | |
| Prepar | | | <u>Sanderson,</u> | Logan_& | Bechok, P.O | : <u>. </u> | | Firm's EIN ► 04-3 | 331883 | | |
| Use O | nly | | <u>18 Shawmut</u> | Street | | | | | | | |
| | | <u> </u> | Boston | | 1 | 1A 02 | 116-5408 | Phone no (617 |) 451-8 | <u> 3700</u> | |
| BAA | | | | | | | | | Form 996 |)-PF (2 | 2014) |

Schedule-B

(Form 990, 990-EZ, or 990-PF)

Schedule of Contributors

OMB No 1545-0047

2014

Department of the Treasury Internal Revenue Service ► Attach to Form 990, Form 990-EZ, or Form 990-PF

e Service | Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization Employer Identification number DAVID & ROBIN JAYE FOUNDATION CHARITABLE TRUST 04-6718903 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt chantable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, chantable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, chantable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or

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

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

| Schedule Name of org | B (Form 990, 990-EZ, or 990-PF) (2014) | Page Templaye | 1 of 1 of Part 1 | | |
|-------------------------|---|-------------------------------|--|--|--|
| • | & ROBIN JAYE FOUNDATION CHARITABLE TRUST | 04-6718903 | | | |
| -p=1- | Contributors (see instructions). Use duplicate copies of Part I if additional space | is needed. | | | |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 1 | DAVID JAYE | \$ 25,043. | Person X Payroli | | |
| | 40 POPPONESSET ISLAND RD MASHPEE MA 02649-3843 | \$ <u>25,043.</u> | Noncash X (Complete Part II for noncash contributions) | | |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| | | \$ | Person Payroll Oncash Complete Part II for noncash contributions.) | | |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| | | \$ | Person Payroll Complete Part II for noncash contributions.) | | |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
|---------------|-----------------------------------|-------------------------------|---|--|--|
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| | | \$ | Person Payroll Oncash Complete Part II for noncash contributions.) | | |

(a) Number

Person **Payroll** Noncash

(Complete Part II for noncash contributions.)

Page

1 to

of Part II

Name of organization

DAVID & ROBIN JAYE FOUNDATION CHARITABLE TRUST

Employer identification number 04-6718903

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. from (b) (c) FMV (or estimate) (see instructions) (d) Date received Description of noncash property given Part I 700 SHARES BANK OF NEW YORK MELLON CORP 1_ 25,312. 10/16/14 (a) No. from (b) (c) FMV (or estimate) (see instructions) (d) Date received Description of noncash property given Part I (a) No. from (b)
Description of noncash property given (d) Date received (c) FMV (or estimate) (see instructions) Part I (a) No. from (b)
Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received Part I (b) Description of noncash property given (a) No. from (c) FMV (or estimate) (see instructions) (d) Date received Part I (b)
Description of noncash property given (a) No. (d) Date received (c) FMV (or estimate) (see instructions) Part I