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Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

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

OMB No 1545-0052

2015

Open to Public Inspection

For calendar year 2015, or tax year beginning 01-01-2015 , and ending 12-31-2015

Name of foundation
AMELIA PEABODY CHARITABLE FUND TRUST

A Employer identification number
23-7364949

Number and street (or P O box number if mail is not delivered to street address)
185 DEVONSHIRE STREET NO 600

Room/suite

B Telephone number (see instructions)
(617) 451-6178

City or town, state or province, country, and ZIP or foreign postal code
BOSTON, MA 02110

C If exemption application is pending, check here ▶ ☐

G Check all that apply ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

D 1. Foreign organizations, check here ▶ ☐

2. Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

H Check type of organization ☑ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐

I Fair market value of all assets at end of year *(from Part II, col. (c), line 16)* ▶$ 155,073,667

J Accounting method ☑ Cash ☐ Accrual ☐ Other (specify) _____
(Part I, column (d) must be on cash basis.)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

Part I **Analysis of Revenue and Expenses** *(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))*

			(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1	Contributions, gifts, grants, etc , received (attach schedule)	97,200			
	2	Check ▶ ☐ if the foundation is **not** required to attach Sch B				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	3,483,160	3,483,160		
	5a	Gross rents				
	b	Net rental income or (loss) _____				
	6a	Net gain or (loss) from sale of assets not on line 10	-84,384			
	b	Gross sales price for all assets on line 6a 34,737,396				
	7	Capital gain net income (from Part IV, line 2)		0		
	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b	Less Cost of goods sold				
	c	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)	14,549	0		
	12	**Total.** Add lines 1 through 11	3,510,525	3,483,160		
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc	400,000	80,000		320,000
	14	Other employee salaries and wages	275,293	27,529		247,764
	15	Pension plans, employee benefits	53,628	5,364		48,264
	16a	Legal fees (attach schedule)	2,613	0		2,613
	b	Accounting fees (attach schedule)	55,000	43,000		12,000
	c	Other professional fees (attach schedule)	322,717	314,592		8,125
	17	Interest				
	18	Taxes (attach schedule) (see instructions)	154,660	90,333		17,150
	19	Depreciation (attach schedule) and depletion	36,280	0		
	20	Occupancy	30,844	3,084		27,760
	21	Travel, conferences, and meetings				
	22	Printing and publications				
	23	Other expenses (attach schedule)	77,097	4,543		72,653
	24	**Total operating and administrative expenses.** Add lines 13 through 23	1,408,132	568,445		756,329
	25	Contributions, gifts, grants paid	7,163,000			7,163,000
	26	**Total expenses and disbursements.** Add lines 24 and 25	8,571,132	568,445		7,919,329
	27	Subtract line 26 from line 12				
	a	**Excess of revenue over expenses and disbursements**	-5,060,607			
	b	**Net investment income** (if negative, enter -0-)		2,914,715		
	c	**Adjusted net income** (if negative, enter -0-)				

Part II	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year (a) Book Value	End of year (b) Book Value	End of year (c) Fair Market Value
Assets	1	Cash—non-interest-bearing	23,369	55,501	55,501
	2	Savings and temporary cash investments	4,236,539	3,228,511	3,228,511
	3	Accounts receivable ▶			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶			
		Less allowance for doubtful accounts ▶			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments—U S and state government obligations (attach schedule)	19,715,848	21,960,597	22,212,974
	b	Investments—corporate stock (attach schedule)	86,680,900	81,721,198	117,364,292
	c	Investments—corporate bonds (attach schedule)	6,804,838	3,801,832	3,760,419
	11	Investments—land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	4,638,613	6,538,614	7,354,194
	14	Land, buildings, and equipment basis ▶ 1,406,342			
		Less accumulated depreciation (attach schedule) ▶ 308,566	1,130,256	1,097,776	1,097,776
	15	Other assets (describe ▶)			
	16	**Total assets** (to be completed by all filers—see the instructions Also, see page 1, item I)	123,230,363	118,404,029	155,073,667
Liabilities	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶)			
	23	**Total liabilities** (add lines 17 through 22)	0	0	
Net Assets or Fund Balances		**Foundations that follow SFAS 117, check here ▶ ☐ and complete lines 24 through 26 and lines 30 and 31.**			
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
		Foundations that do not follow SFAS 117, check here ▶ ☑ and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds	124,524,483	124,524,483	
	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
	29	Retained earnings, accumulated income, endowment, or other funds	-1,294,120	-6,120,454	
	30	**Total net assets or fund balances** (see instructions)	123,230,363	118,404,029	
	31	**Total liabilities and net assets/fund balances** (see instructions)	123,230,363	118,404,029	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	123,230,363
2	Enter amount from Part I, line 27a	2	-5,060,607
3	Other increases not included in line 2 (itemize) ▶	3	253,498
4	Add lines 1, 2, and 3	4	118,423,254
5	Decreases not included in line 2 (itemize) ▶	5	19,225
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	118,404,029

Part IV Capital Gains and Losses for Tax on Investment Income

	List and describe the kind(s) of property sold (e g , real estate, **(a)** 2-story brick warehouse, or common stock, 200 shs MLC Co)	How acquired P—Purchase **(b)** D—Donation	Date acquired **(c)** (mo , day, yr)	Date sold **(d)** (mo , day, yr)
1 a	PUBLICLY TRADED SECURITIES	P		
b	PUBLICLY TRADED SECURITIES	P		
c	CAPITAL GAINS DIVIDENDS	P		
d				
e				

	(e) Gross sales price	Depreciation allowed **(f)** (or allowable)	Cost or other basis **(g)** plus expense of sale	Gain or (loss) **(h)** (e) plus (f) minus (g)
a	8,840,812		9,058,546	-217,734
b	25,891,908		25,763,234	128,674
c	4,676			4,676
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	Adjusted basis **(j)** as of 12/31/69	Excess of col (i) **(k)** over col (j), if any	Gains (Col (h) gain minus col (k), but not less than -0-) **or (l)** Losses (from col (h))
a				-217,734
b				128,674
c				4,676
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	-84,384
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)
If 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 period? ☐ Yes ☑ No
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	**(b)** Adjusted qualifying distributions	**(c)** Net value of noncharitable-use assets	**(d)** Distribution ratio (col (b) divided by col (c))
2014	8,273,106	163,399,477	0 050631
2013	8,036,988	154,237,267	0 052108
2012	7,723,566	145,289,455	0 053160
2011	7,633,707	145,920,875	0 052314
2010	6,312,662	141,697,021	0 044550

2	**Total** of line 1, column (d)	2	0 252763
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0 050553
4	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5	4	158,779,403
5	Multiply line 4 by line 3	5	8,026,775
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	29,147
7	Add lines 5 and 6	7	8,055,922
8	Enter qualifying distributions from Part XII, line 4	8	7,919,329

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter _____ (attach copy of letter if necessary–see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☐ and enter 1% of Part I, line 27b		1	58,294
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		2	0
3	Add lines 1 and 2		3	58,294
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-		5	58,294
6	Credits/Payments			
a	2015 estimated tax payments and 2014 overpayment credited to 2015	6a 72,000		
b	Exempt foreign organizations—tax withheld at source	6b		
c	Tax paid with application for extension of time to file (Form 8868)	6c		
d	Backup withholding erroneously withheld	6d		
7	Total credits and payments Add lines 6a through 6d		7	72,000
8	Enter any **penalty** for underpayment of estimated tax Check here ☐ if Form 2220 is attached		8	
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶		9	
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶		10	13,706
11	Enter the amount of line 10 to be **Credited to 2015 estimated tax** ▶ 13,706 **Refunded** ▶		11	0

Part VII-A Statements Regarding Activities

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		No
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)?	1b		No
	*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.*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year **(1)** On the foundation ▶ $ 0 **(2)** On foundation managers ▶ $ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ $ 0			
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		No
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		No
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T.*	5		No
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		No
7	Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col. (c), and Part XV.*	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ MA			
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* .	8b	Yes	
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 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? *If "Yes," complete Part XIV*	9		No
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses.*	10	Yes	

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		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	

Website address ▶ WWW APCFUND ORG

14 The books are in care of ▶ CHERYL GIDEON Telephone no ▶ (617) 451-6178

Located at ▶ 185 DEVONSHIRE STREET SUITE 600 BOSTON MA ZIP+4 ▶ 02110

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** —Check here . . . . . ▶ ☐
and enter the amount of tax-exempt interest received or accrued during the year . . . . . ▶ 15

16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16		No

See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ▶

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☑ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☑ No			
	(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? ☑ Yes ☐ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☑ No			
	(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) ☐ Yes ☑ No			
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		No
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
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 2015?	1c		No
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))			
a	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? ☐ Yes ☑ No			
	If "Yes," list the years ▶ 20____ , 20____ , 20____ , 20____			
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		
c	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____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☑ No			
b	If "Yes," did it have excess business holdings in 2015 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 2015.)*	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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 2015?	4b		No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required *(Continued)*

5a	During the year did the foundation pay or incur any amount to			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	☐ Yes ☑ No		
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	☐ Yes ☑ No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	☐ Yes ☑ No		
	(4) Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? (see instructions)	☐ Yes ☑ No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	☐ Yes ☑ No		
b	If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?		**5b**	
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	☐ Yes ☐ No		
	If "Yes," attach the statement required by Regulations section 53.4945–5(d).			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes ☑ No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		**6b**	**No**
	If "Yes" to 6b, file Form 8870.			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	☐ Yes ☑ No		
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?		**7b**	

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	Title, and average hours per week **(b)** devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	Expense account, **(e)** other allowances
CALEB LORING III 185 DEVONSHIRE STREET BOSTON,MA 02110	TRUSTEE 7 00	100,000	0	0
ROBERT G BANNISH 185 DEVONSHIRE STREET BOSTON,MA 02110	TRUSTEE 7 00	100,000	0	0
KATHERINE L BABSON 185 DEVONSHIRE STREET BOSTON,MA 02110	TRUSTEE 7 00	100,000	0	0
MARGARET H MORTON 185 DEVONSHIRE STREET BOSTON,MA 02110	TRUSTEE 7 00	100,000	0	0

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than $50,000	Title, and average hours per week **(b)** devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans and deferred compensation	Expense account, **(e)** other allowances
EVAN C PAGE 185 DEVONSHIRE STREET SUITE 600 BOSTON,MA 02110	EXECUTIVE DIRECTOR (40 00	158,077	21,742	0
CHERYL A GIDEON 185 DEVONSHIRE STREET SUITE 600 BOSTON,MA 02110	ADMINISTRATOR 40 00	87,007	5,266	0
BETHANY B KENDALL 185 DEVONSHIRE STREET SUITE 600 BOSTON,MA 02110	EXECUTIVE DIRECTOR 40 00	30,208	26,519	0
Total number of other employees paid over $50,000 ▶				0

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)***

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than $50,000	**(b)** Type of service	**(c)** Compensation
NORTHERN TRUST 50 SOUTH LASALLE STREET CHICAGO,IL 60603	INVESTMENT ADVISORY	129,068

Total number of others receiving over $50,000 for professional services. . . . . ▶ 0

Part IX-A **Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1	
2	
3	
4	

Part IX-B **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	
2	
All other program-related investments See instructions **3**	
Total. Add lines 1 through 3 . . . . . ▶	0

Part X Minimum Investment Return
(All domestic foundations must complete this part. Foreign foundations,see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities	1a	160,919,156
b	Average of monthly cash balances	1b	278,207
c	Fair market value of all other assets (see instructions)	1c	0
d	**Total** (add lines 1a, b, and c)	1d	161,197,363
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) — 1e: 0		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	161,197,363
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	2,417,960
5	**Net value of noncharitable-use assets.**Subtract line 4 from line 3 Enter here and on Part V, line 4	5	158,779,403
6	**Minimum investment return.**Enter 5% of line 5	6	7,938,970

Part XI Distributable Amount
(see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6			1	7,938,970
2a	Tax on investment income for 2015 from Part VI, line 5	2a	58,294		
b	Income tax for 2015 (This does not include the tax from Part VI)	2b			
c	Add lines 2a and 2b			2c	58,294
3	Distributable amount before adjustments Subtract line 2c from line 1			3	7,880,676
4	Recoveries of amounts treated as qualifying distributions			4	0
5	Add lines 3 and 4			5	7,880,676
6	Deduction from distributable amount (see instructions)			6	0
7	**Distributable amount**as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1			7	7,880,676

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	7,919,329
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	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	7,919,329
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	0
6	**Adjusted qualifying distributions.**Subtract line 5 from line 4	6	7,919,329

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				7,880,676
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only			1,001,996	
b Total for prior years 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2015				
a From 2010				
b From 2011				
c From 2012				
d From 2013				
e From 2014				
f **Total** of lines 3a through e	0			
4 Qualifying distributions for 2015 from Part XII, line 4 ▶ $ 7,919,329				
a Applied to 2014, but not more than line 2a			1,001,996	
b Applied to undistributed income of prior years (Election required—see instructions)		0		
c Treated as distributions out of corpus (Election required—see instructions)	0			
d Applied to 2015 distributable amount				6,917,333
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2015	0			0
(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	0			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0		
d Subtract line 6c from line 6b Taxable amount —see instructions		0		
e Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015				963,343
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0			
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions)	0			
9 **Excess distributions carryover to 2016.** Subtract lines 7 and 8 from line 6a	0			
10 Analysis of line 9				
a Excess from 2011				
b Excess from 2012				
c Excess from 2013				
d Excess from 2014				
e Excess from 2015				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling. . . . . ▶

b Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2015	(b) 2014	(c) 2013	(d) 2012	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon **a** "Assets" alternative test—enter **(1)** Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
c "Support" alternative test—enter **(1)** Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . .					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the organization had $5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $5,000) (See section 507(d)(2))

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ▶☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

CHERYL GIDEON EXEC ASSISTANTBUSINES
185 DEVONSHIRE STREET SUITE 600
BOSTON, MA 02110
(617) 451-6178

b The form in which applications should be submitted and information and materials they should include

PROPOSALS ARE SUBMITTED ONLINE

c Any submission deadlines

DEADLINES ARE FEBRUARY 1ST AND JULY 1ST OF EVERY YEAR

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

SEE ATTACHED GUIDELINES FOR RESTRICTIONS AND LIMITATIONS

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year* See Additional Data Table				
Total . . . . . ▶ **3a**				7,163,000
b *Approved for future payment*				
Total . . . . . ▶ **3b**				0

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	3,483,160	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	-84,384	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a NONDIV DISTRIBUTION			14	14,549	
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e)		0		3,413,325	0
13 **Total.** Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations)				13	3,413,325

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions)

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

		Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		
a	Transfers from the reporting foundation to a noncharitable exempt organization of		
	(1) Cash	1a(1)		No
	(2) Other assets	1a(2)		No
b	Other transactions		
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		No
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		No
	(3) Rental of facilities, equipment, or other assets	1b(3)		No
	(4) Reimbursement arrangements	1b(4)		No
	(5) Loans or loan guarantees	1b(5)		No
	(6) Performance of services or membership or fundraising solicitations	1b(6)		No
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		No

d If the answer to any of the above is "Yes," complete the following schedule Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☑ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge

******	2016-04-29	******
Signature of officer or trustee	Date	Title

May the IRS discuss this return with the preparer shown below (see instr)? ☑ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ▶ ☐	PTIN
STEPHEN D CANDELARIO				P00739148

Firm's name ▶ RUSSELL BRIER & CO LLP

Firm's EIN ▶ 04-1796830

Firm's address ▶ TEN POST OFFICE SQUARE - 6TH FL BOSTON, MA 021094689

Phone no (617) 523-7094

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN RED CROSS - CENTRAL & WESTERN 2000 CENTURY DRIVE WORCESTER,MA 01606	NONE	PC	EQUIPMENT	108,000
APPALACHIAN MOUNTAIN CLUB 5 JOY STREET BOSTON,MA 02108	NONE	PC	RENOVATIONS	150,000
ASIAN TASK FORCE AGAINST DOMESTIC VIOLENCE PO BOX 120108 BOSTON,MA 02112	NONE	PC	RENOVATIONS	25,000
ASSISTED LIVING CENTER INC 19 BEACH ROAD SALISBURY,MA 01952	NONE	PC	EQUIPMENT	35,000
BEVERLY BOOTSTRAPS 371 CABOT STREET BEVERLY,MA 02215	NONE	PC	RENOVATIONS	25,000
BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVENUE BOSTON,MA 02215	NONE	PC	EQUIPMENT	500,000
BOSTON MEDICAL CENTER 801 MASSACHUSETTS AVE BOSTON,MA 02118	NONE	PC	RENOVATIONS	150,000
BOYS & GIRLS CLUB OF GREATER NEW BEDFORD 166 JENNEY STREET NEW BEDFORD,MA 02741	NONE	PC	RENOVATIONS	50,000
BRIGHAM & WOMEN'S HOSPITAL - PARTNERS HEALTHCARE SYSTEM 116 HUNTINGTON AVE BOSTON,MA 02116	NONE	PC	EQUIPMENT	250,000
CAMBRIDGE CENTER FOR ADULT EDUCATION 42 BRATTLE STREET CAMBRIDGE,MA 02138	NONE	PC	RENOVATIONS	25,000
CITI PERFORMING ARTS CENTER 270 TREMONT STREET BOSTON,MA 02116	NONE	PC	EQUIPMENT	150,000
CODMAN SQUARE HEALTH CENTER 637 WASHINGTON STREET DORCHESTER,MA 02124	NONE	PC	FURNITURE	37,000
COMMONWEALTH ZOOLOGICAL CORPORATION - ZOO NEW ENGLAND 1 FRANKLIN PARK ROAD BOSTON,MA 02121	NONE	PC	CONSTRUCTION	100,000
COMMUNITY MUSIC CENTER OF BOSTON INC 34 WARREN AVENUE BOSTON,MA 02116	NONE	PC	EQUIPMENT	50,000
COMMUNITY SERVINGS 18 MARBURY TERRACE JAMAICA PLAIN,MA 02130	NONE	PC	VEHICLE	51,000
Total . . . . . ▶ **3a**				7,163,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DISCOVERY MUSEUMS 177 MAIN STREET ACTON,MA 01729	NONE	PC	RENOVATIONS	100,000
DISMAS HOUSE OF MASSACHUSETTS PO BOX 30125 WORCESTER,MA 01603	NONE	PC	VEHICLE	25,000
EDWARD M KENNEDY COMMUNITY HEALTH CENTER 650 LINCOLN STREET WORCESTER,MA 01606	NONE	PC	EQUIPMENT	25,000
ELLIS MEMORIAL AND ELDREDGE HOUSE 58 BERKELEY STREET BOSTON,MA 02116	NONE	PC	RENOVATIONS	150,000
ESPLANADE ASSOCIATION 376 BOYLSTON STREET SUITE 503 BOSTON,MA 02116	NONE	PC	RESTORATION	50,000
ESSEX COUNTY GREENBELT ASSOCIATION 82 EASTERN AVE ESSEX,MA 011031548	NONE	PC	LAND PRESERVATION	75,000
FALMOUTH HOSPITALCAPE COD HEALTHCARE FOUNDATION 348 C GIFFORD STREET FALMOUTH,MA 02540	NONE	PC	CONSTRUCTION	100,000
FAMILY SERVICES - LAWRENCE 430 NORTH CANAL STREET LAWRENCE,MA 01840	NONE	PC	EQUIPMENT	24,000
FATHER BILL'S & MAINSPRING 422 WASHINGTON STREET QUINCY,MA 02169	NONE	PC	CONSTRUCTION	50,000
FOR KIDS ONLY AFTERSCHOOL 194 ESSEX STREET SALEM,MA 01970	NONE	PC	RENOVATIONS	25,000
FRANCISCAN CHILDREN'S HOSPITAL & REHAB 30 WARREN STREET BRIGHTON,MA 02135	NONE	PC	EQUIPMENT	80,000
FRANKLIN PERFORMING ARTS CO INC PO BOX 48 FRANKLIN,MA 020380048	NONE	PC	FURNITURE	40,000
FRIENDLY HOUSE 36 WALL STREET WORCESTER,MA 01604	NONE	PC	RENOVATIONS	35,000
GEORGE H & IRENE L WALKER HOME FOR CHILDREN INC 1968 CENTRAL AVE NEEDHAM,MA 024921410	NONE	PC	RENOVATIONS	50,000
GIRLS INC OF HOLYOKE PO BOX 6812 6 OPEN SQUARE WAY HOLYOKE,MA 010416812	NONE	PC	FURNITURE	15,000
Total . . . . . ▶ **3a**				7,163,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GRANADA HOUSE 70-72 ADAMSON STREET ALLSTON,MA 02134	NONE	PC	EQUIPMENT	20,000
HABITAT FOR HUMANITY - GREATER LOWELL 124 MAIN STREET WESTFORD,MA 01886	NONE	PC	CONSTRUCTION	25,000
HABITAT FOR HUMANITY - NORTH CENTRAL MASSACHUSETTS 138 GREAT ROAD ACTON,MA 01720	NONE	PC	CONSTRUCTION	25,000
HABITAT FOR HUMANITY - PIONEER VALLEY 140 PINE STREET 9 PO BOX 60642 FLORENCE,MA 01062	NONE	PC	CONSTRUCTION	25,000
HALE RESERVATION 80 CARBY STREET WESTWOOD,MA 02090	NONE	PC	LAND PRESERVATION	50,000
HARBORLIGHT COMMUNITY PARTNERS PO BOX 507 BEVERLY,MA 01915	NONE	PC	RENOVATIONS	75,000
HEALTHCARE OPTIONS INC 10 EMORY STREET ATTLEBORO,MA 027033089	NONE	PC	EQUIPMENT	21,500
HEBREW SENIORLIFE 1200 CENTRE STREET BOSTON,MA 02131	NONE	PC	RENOVATIONS	100,000
INTERSEMINARIAN - PROJECT PLACE 1145 WASHINGTON STREET BOSTON,MA 02118	NONE	PC	VEHICLE	22,500
JANE DOE INC 14 BEACON STREET SUITE 507 BOSTON,MA 02108	NONE	PC	EQUIPMENT	30,000
JEREMIAH'S HOSPICE 1059 MAIN STREET PO BOX 30035 WORCESTER,MA 01603	NONE	PC	RENOVATIONS	13,000
JOSLIN DIABETES CENTER ONE JOSLIN PLACE BOSTON,MA 02215	NONE	PC	EQUIPMENT	100,000
KENNEDY-DONOVAN CENTER ONE COMMERCIAL STREET FOXBORO,MA 02035	NONE	PC	RENOVATIONS	25,000
LAHEY CLINIC FOUNDATION INC 41 MALL ROAD BURLINGTON,MA 018050001	NONE	PC	RENOVATIONS	250,000
LIFEFLIGHT FOUNDATION PO BOX 899 CAMDEN,ME 04843	NONE	PC	EQUIPMENT	50,000
Total . . . . . ▶ **3a**				7,163,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MALDEN YOUNG MEN'S CHRISTIAN ASSOCIATION 99 DARTMOUTH STREET MALDEN,MA 021485103	NONE	PC	RENOVATIONS	70,000
MASSACHUSETTS HORTICULTURAL SOCIETY 900 WASHINGTON STREET WELLESLEY,MA 02482	NONE	PC	VEHICLE	45,000
MEEI 243 CHARLES STREET BOSTON,MA 02114	NONE	PC	MEDICAL	750,000
MSPCA-ANGELL 350 S HUNTINGTON AVE BOSTON,MA 021304803	NONE	PC	RENOVATIONS	100,000
MUSEUM OF SCIENCE SCIENCE PARK BOSTON,MA 021141099	NONE	PC	RENOVATIONS	250,000
NATICK COMMUNITY ORGANIC FARM 117 ELIOT STREET NATICK,MA 01760	NONE	PC	VEHICLE	40,000
NEW ENGLAND AQUARIUM CENTRAL WHARF BOSTON,MA 02210	NONE	PC	RENOVATIONS	250,000
NEWTON-WELLESLEY HOSPITAL CHARITABLE FOUNDATION - PARTNERS HEALTHCARE SYSTE 2014 WASHINGTON STREET NEWTON,MA 02462	NONE	PC	EQUIPMENT	100,000
NORTHEASTERN UNIVERSITY - LOWELL INSTITUTE SCHOOL 40BV 360 HUNTINGTON AVE BOSTON,MA 02115	NONE	PC	EQUIPMENT	350,000
PHOENIX HOUSES OF NEW ENGLAND INC 99 WAYLAND STREET PROVIDENCE,RI 029064314	NONE	PC	EQUIPMENT	12,000
RIVER HOUSE PO BOX 3226 56 RIVER STREET BEVERLY,MA 01915	NONE	PC	RENOVATIONS	15,000
ROCA 101 PARK STREET CHELSEA,MA 01250	NONE	PC	RENOVATIONS	100,000
SECOND CHANCE ANIMAL SHELTER INC PO BOX 136 111 YOUNG ROAD EAST BROOKFIELD,MA 015150136	NONE	PC	EQUIPMENT	41,000
SHERRILL HOUSE INC 135 S HUNTINGTON AVE BOSTON,MA 021304885	NONE	PC	RENOVATIONS	150,000
SPECIAL OLYMPICS MASSACHUSETTS 512 FOREST STREET MARLBOROUGH,MA 01752	NONE	PC	EQUIPMENT	54,000
Total . . . . . ▶ **3a**				7,163,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPRINGFIELD DAY NURSERY CORP 1095 MAIN STREET FLOOR 2 SPRINGFIELD,MA 011032115	NONE	PC	RENOVATIONS	25,000
SPRINGFIELD MUSEUMS CORPORATION 21 EDWARDS STREET SPRINGFIELD,MA 011031548	NONE	PC	RENOVATIONS	250,000
STEPPINGSTONE 466 NORTH MAIN STREET FALL RIVER,MA 02720	NONE	PC	RENOVATIONS	75,000
THE BOSTON HOME 2049 DORCHESTER AVENUE DORCHESTER,MA 02124	NONE	PC	EQUIPMENT	80,000
THE OPEN DOORCAPE ANN FOOD PANTRY INC 28 EMERSON AVE GLOUCESTER,MA 019302583	NONE	PC	RENOVATIONS	50,000
THE SALVATION ARMY 25 SHAWMUT ROAD CANTON,MA 02021	NONE	PC	VEHICLE	126,000
THE TRUST FOR PUBLIC LAND 10 MILK STREET BOSTON,MA 02108	NONE	PC	CONSTRUCTION	50,000
TRI-COMMUNITY YOUNG MEN'S CHRISTIAN ASSOCIATION OF SOUTHBRIDGE INC 43 EVERETT STREET SOUTHBRIDGE,MA 015502619	NONE	PC	CONSTRUCTION	60,000
TUFTS MEDICAL CENTER 800 WASHINGTON STREET BOX 811 BOSTON,MA 021111552	NONE	PC	EQUIPMENT	180,000
TWO STATE YOUNG MEN'S CHRISTIAN ASSOCIATION 748 HAMILTON ROAD BECKET,MA 012239686	NONE	PC	CONSTRUCTION	100,000
VISITING NURSE ASSOCIATION OF MIDDLESEX-EAST 607 NORTH AVE STE 17 WAKEFIELD,MA 018801322	NONE	PC	EQUIPMENT	38,000
VNA CARE NETWORK AND HOSPICE (DANVERS) 199 ROSEWOOD DRIVE SUITE 180 DANVERS,MA 01923	NONE	PC	RENOVATIONS	25,000
WALDEN WOODS PROJECT 44 BAKER FARM ROAD LINCOLN,MA 01773	NONE	PC	LAND ACQUISITION	50,000
WINCHESTER HEALTHCARE MANAGEMENT) WINCHESTER HOSPITAL 41 HIGHLAND AVENUE WINCHESTER,MA 01890	NONE	PC	RENOVATIONS	50,000
WORCESTER CENTER FOR THE PERFORMING ARTS 2 SOUTHBRIDGE STREET WORCESTER,MA 01608	NONE	PC	EQUIPMENT	50,000
Total . . . . . ▶ **3a**				7,163,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YMCA - ATHOL AREA - ATHOL MA 545 MAIN STREET ATHOL, MA 01331	NONE	PC	RENOVATIONS	70,000
YMCA - CENTRAL MA - WORCESTER - EVAN C PAGE ENDOWMENT 766 MAIN STREET WORCESTER, MA 01610	NONE	PC	ENDOWMENT	75,000
YMCA - CENTRAL MA - WORCESTER (WESTBOROUGH WORCESTER FITCHBURG) 766 MAIN STREET WORCESTER, MA 01610	NONE	PC	RENOVATIONS	100,000
Total . . . . . ▶ **3a**				7,163,000

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TY 2015 Accounting Fees Schedule

Name: AMELIA PEABODY CHARITABLE FUND TRUST

EIN: 23-7364949

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
NORTHERN TRUST - CUSTODY FEES	35,000	35,000		0
RUSSELL, BRIER & CO LLP - AUDIT AND RELATED ACCOUNTING	20,000	8,000		12,000

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2015 Depreciation Schedule

Name: AMELIA PEABODY CHARITABLE FUND TRUST

EIN: 23-7364949

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
COMPUTER AND PERIPHERAL EQUIPMENT	1998-01-08	4,852	4,852	SL	5 000000000000	0	0		
COMPUTER AND PERIPHERAL EQUIPMENT	2004-06-03	3,260	3,260	SL	5 000000000000	0	0		
SERVER, SOFTWARE & MANUAL	2006-04-10	350	350	SL	5 000000000000	0	0		
185 DEVONSHIRE STREET, UNIT 600	2008-08-01	1,248,641	204,102	SL	39 000000000000	32,016	0		
DESK AND CHAIRS	2008-09-01	9,147	9,147	SL	5 000000000000	0	0		
CONFERENCE TABLE	2008-10-14	2,318	2,318	SL	5 000000000000	0	0		
BOOKCASES	2008-12-22	822	821	SL	5 000000000000	0	0		
TELEPHONE	2008-08-18	4,804	4,804	SL	5 000000000000	0	0		
COMPUTER HARDWARE	2008-09-12	6,308	6,308	SL	5 000000000000	0	0		
185 DEVONSHIRE STREET, UNIT 600	2008-09-12	99,755	16,305	SL	39 000000000000	2,558	0		
COLOR COPIER	2008-03-17	10,356	10,356	SL	5 000000000000	0	0		
AIR CONDITIONER	2010-07-27	5,733	5,064	SL	5 000000000000	669	0		
COMPUTER	2011-06-01	2,600	2,424	SL	5 000000000000	176	0		
FURNITURE (COUCH, LAMPS)	2011-11-28	1,192	1,192	SL	5 000000000000	0	0		
SERVER BATTERY	2012-07-11	200	120	SL	5 000000000000	40	0		
APPLE LAPTOP	2012-11-06	1,279	768	SL	5 000000000000	256	0		
PRINTER	2014-07-01	926	93	SL	5 000000000000	185	0		
NETWORK SOLUTIONS COMPUTER	2015-07-04	3,300		SL	5 000000000000	330	0		
TWO DELL MONITORS	2015-07-04	500		SL	5 000000000000	50	0		

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TY 2015 Investments Corporate Bonds Schedule

Name: AMELIA PEABODY CHARITABLE FUND TRUST

EIN: 23-7364949

Name of Bond	End of Year Book Value	End of Year Fair Market Value
CORPORATE BONDS-PUBLICLY TRADED	3,801,832	3,760,419

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TY 2015 Investments Corporate Stock Schedule

Name: AMELIA PEABODY CHARITABLE FUND TRUST

EIN: 23-7364949

Name of Stock	End of Year Book Value	End of Year Fair Market Value
CORPORATE STOCKS-PUBLICLY TRADED	81,721,198	117,364,292

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TY 2015 Investments Government Obligations Schedule

Name:	AMELIA PEABODY CHARITABLE FUND TRUST
EIN:	23-7364949
US Government Securities - End of Year Book Value:	21,022,990
US Government Securities - End of Year Fair Market Value:	21,158,494
State & Local Government Securities - End of Year Book Value:	937,607
State & Local Government Securities - End of Year Fair Market Value:	1,054,480

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TY 2015 Investments - Other Schedule

Name: AMELIA PEABODY CHARITABLE FUND TRUST

EIN: 23-7364949

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
MUTUAL FUNDS-PUBLICLY TRADED	AT COST	1,477,385	2,080,398
PARTNERSHIP-PUBLICLY TRADED	AT COST	5,061,229	5,273,796

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TY 2015 Land, Etc. Schedule

Name: AMELIA PEABODY CHARITABLE FUND TRUST

EIN: 23-7364949

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
COMPUTER AND PERIPHERAL EQUIPMENT	4,852	4,852	0	
COMPUTER AND PERIPHERAL EQUIPMENT	3,260	3,260	0	
SERVER, SOFTWARE & MANUAL	350	350	0	
185 DEVONSHIRE STREET, UNIT 600	1,248,641	236,118	1,012,523	
DESK AND CHAIRS	9,147	9,147	0	
CONFERENCE TABLE	2,318	2,318	0	
BOOKCASES	822	821	1	
TELEPHONE	4,804	4,804	0	
COMPUTER HARDWARE	6,308	6,308	0	
185 DEVONSHIRE STREET, UNIT 600	99,755	18,863	80,892	
COLOR COPIER	10,356	10,356	0	
AIR CONDITIONER	5,733	5,733	0	
COMPUTER	2,600	2,600	0	
FURNITURE (COUCH, LAMPS)	1,192	1,192	0	
SERVER BATTERY	200	160	40	
APPLE LAPTOP	1,279	1,024	255	
PRINTER	926	278	648	
NETWORK SOLUTIONS COMPUTER	3,300	330	2,970	
TWO DELL MONITORS	500	50	450	

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TY 2015 Legal Fees Schedule

Name: AMELIA PEABODY CHARITABLE FUND TRUST

EIN: 23-7364949

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CASNER & EDWARDS	2,613	0		2,613

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TY 2015 Other Decreases Schedule

Name: AMELIA PEABODY CHARITABLE FUND TRUST

EIN: 23-7364949

Description	Amount
NONDIVIDEND DISTRIBUTION 2015 - BOOK VS TAX	14,549
CAPITAL GAINS DISTRIBUTIONS 2015 BOOKS VS TAX	4,676

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TY 2015 Other Expenses Schedule

Name: AMELIA PEABODY CHARITABLE FUND TRUST

EIN: 23-7364949

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
DUES AND SUBSCRIPTIONS	12,742	0		12,742
INSURANCE	6,058	606		5,452
MA FILING FEE	500	0		500
OFFICE EXPENSES AND SUPPLIES	39,473	1,820		37,653
POSTAGE	2,132	426		1,706
UTILITIES	4,666	467		4,199
MISCELLANEOUS	11,526	1,224		10,401

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TY 2015 Other Income Schedule

Name: AMELIA PEABODY CHARITABLE FUND TRUST

EIN: 23-7364949

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
NONDIV DISTRIBUTION	14,549		14,549

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TY 2015 Other Increases Schedule

Name: AMELIA PEABODY CHARITABLE FUND TRUST

EIN: 23-7364949

Description	Amount
DIVIDENDS & INTEREST - 2015 BOOK VS TAX ADJUSTMENT	146,990
REALIZED GAINS - 2015 BOOK VS TAX ADJUSTMENT	36,120
FOREIGN TAXES - 2015 BOOK VS TAX ADJUSTMENT	36,608
INVESTMENT ADVISORY FEES PAID - 2015 BOOK VS TAX ADJUSTMENT	33,695
OTHER TAX EXPENSE 2015 - BOOK VS TAX	85

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TY 2015 Other Professional Fees Schedule

Name: AMELIA PEABODY CHARITABLE FUND TRUST

EIN: 23-7364949

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT ADVISORY FEES	306,892	306,892		0
WB SMITH	7,700	7,700		0
COMPLETE NETWORK SOLUTIONS	8,125	0		8,125

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TY 2015 Substantial Contributors Schedule

Name: AMELIA PEABODY CHARITABLE FUND TRUST

EIN: 23-7364949

Name	Address
AMELIA PEABODY ANNUITY TRUST	SUSAN B RICE TRUSTEE HM PAYSON ONE PORTLAND SQUARE 5TH FL UNION STREE PORTLAND,ME 04101

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TY 2015 Taxes Schedule

Name: AMELIA PEABODY CHARITABLE FUND TRUST

EIN: 23-7364949

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES PAID ON FOREIGN DIVIDEND	88,342	88,342		0
PAYROLL TAXES	19,055	1,906		17,150
FEDERAL TAXES	47,178	0		0
OTHER TAX EXPENSE	85	85		0

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Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Name of the organization
AMELIA PEABODY CHARITABLE FUND TRUST

Employer identification number
23-7364949

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☑ 501(c)(3) exempt private foundation
	☐ 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

General Rule

☑ 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 other 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, charitable, 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, charitable, 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 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 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization
AMELIA PEABODY CHARITABLE FUND TRUST

Employer identification number
23-7364949

Part I **Contributors** (see instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AMELIA PEABODY ANNUITY TRUST SUSAN B RICE TRUSTEE HMPAYSON ONE P PORTLAND, ME04101	$ 97,200	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)

Name of organization
AMELIA PEABODY CHARITABLE FUND TRUST

Employer identification number
23-7364949

Part II Noncash Property
(see instructions) Use duplicate copies of Part II if additional space is needed

(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

Name of organization	Employer identification number
AMELIA PEABODY CHARITABLE FUND TRUST	23-7364949

Part III *Exclusively* **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of** ***exclusively*** **religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this information once. See instructions.) ▶ $ __________**

Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee