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Form **990-PF**

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. Department of the Treasury Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf Internal Revenue Service For calendar year 2015 or tax year beginning DEC 20, 2015 2015 and ending DEC 31 Name of foundation A Employer identification number REYNOLDS-MCKEE CHARITABLE TRUST 38-7154149 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 355 DOVER ROAD 781-326-6999 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here MA WESTWOOD 02090 G Check all that apply: X Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change H Check type of organization: X Section 501(c)(3) exempt private foundation E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J Accounting method: Accrual If the foundation is in a 60-month termination Other (specify) (from Part II, col. (c), line 16) under section 507(b)(1)(B), check here 2,000,000. (Part I, column (d) must be on cash basis) ▶\$ Part I Analysis of Revenue and Expenses (b) Net investment (a) Revenue and (d) Disbursements (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) for charitable purposes (cash basis only) expenses per books income income 2,000,000 Contributions, gifts, grants, etc., received N/A if the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments 43,3 Dividends and interest from securities 5a Gross rents) <u>V</u> 38 Net rental income or (loss) (%) ? ×\$ 13.19 ₹*3*£ 5 Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a ** 1.13 3% 1488 \$ Z 3 7 Capital gain net income (from Part IV, line 2) Ο. SSO 383 Net short-term capital gain 8 4~ ÆÌ MAY 22 *****: Income modifications 84 ٠<u>٠</u> S 2.28 3.8 ¥. 44 %. . ¥1&k **% *** { \$2 : 8 8 OGDEN b Less Cost of goods sold **(** §) c Gross profit or (loss) ΧÝ 11 Other income Total. Add lines 1 through 11 2,000,000 0 Ō. Compensation of officers, directors, trustees, etc O. SCANNED Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees **b** Accounting fees c Other professional fees 17 Interest 18 Taxes 14,450 <u>\ \</u> 19 Depreciation and depletion 20 Occupancy Travel, conferences, and meetings 21 22 Printing and publications 23 Other expenses 24 Total operating and administrative 0 expenses. Add lines 13 through 23 0 0. Contributions, gifts, grants paid 0. ANG LOCKE 0. Total expenses and disbursements. 0. 0. Add lines 24 and 25 7.88.7 27 Subtract line 26 from line 12: 11/19/11/20 2,000,000. a Excess of revenue over expenses and disbursements

LHA For Paperwork Reduction Act Notice, see instructions.

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1354

2%

9%

b Net investment income (if negative, enter -0-)

Adjusted net income (if negative, enter -0-)

× 1873

N/A

0.

For	m 99	0-PF (2015) REYNOLDS-MCKEE CHARITAB		38-	7154149 Page 2		
F	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End o	of year		
뜨	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash - non-interest-bearing		<u></u> -	<u></u>		
	2	Savings and temporary cash investments		2,000,000.	2,000,000.		
	3	Accounts receivable ►					
		Less: allowance for doubtful accounts					
	4	Pledges receivable ▶		•			
		Less: allowance for doubtful accounts	<u> </u>				
	5	Grants receivable			_		
	6	Receivables due from officers, directors, trustees, and other					
		disqualified persons					
	7	Other notes and loans receivable	, '	,	(,		
v		Less; allowance for doubtful accounts					
	8	Inventories for sale or use					
Assets	9	Prepaid expenses and deferred charges					
As	10a	Investments - U.S. and state government obligations	·				
	Ь	Investments - corporate stock					
	1	Investments - corporate bonds					
	11	Investments - land, buildings, and equipment basis	⟨ \		1940 (May 1)		
		Less accumulated depreciation	i i				
	12	Investments - mortgage loans					
	13	Investments - other					
	14	Land, buildings, and equipment basis	* \$ 2 3 3 2 X 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		R 12 13 8 8 8 8		
		Less accumulated depreciation	, ,	. /// /. *	* ** / */ * / * / * / * / * / * / * / *		
	15	Other assets (describe >					
		Total assets (to be completed by all filers - see the					
		instructions. Also, see page 1, item I)	0.	2,000,000.	2,000,000.		
	17	Accounts payable and accrued expenses					
	18	Grants payable					
w	19	Deferred revenue					
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons					
폁	21	Mortgages and other notes payable					
ت	22	Other liabilities (describe >					
	i						
	23	Total liabilities (add lines 17 through 22)	0.	0.			
		Foundations that follow SFAS 117, check here					
		and complete lines 24 through 26 and lines 30 and 31.			1		
Ses	24	Unrestricted			,		
ğ	25	Temporarily restricted			. * . 1		
Ba	26	Permanently restricted			9 (
Assets or Fund Balances		Foundations that do not follow SFAS 117, check here			ı.		
Ę		and complete lines 27 through 31.			₹ · ₹ 🍇		
8	27	Capital stock, trust principal, or current funds	0.	0.			
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.			
Ž	29	Retained earnings, accumulated income, endowment, or other funds	0.	2,000,000.			
Net	30	Total net assets or fund balances	0.	2,000,000.			
	31	Total liabilities and net assets/fund balances	0.	2,000,000.			
P	áŕt	Analysis of Changes in Net Assets or Fund B	alances				
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30		<u> </u>		
•		it agree with end-of-year figure reported on prior year's return)	1	0.			
2		amount from Part I, line 27a		2	2,000,000.		
		r increases not included in line 2 (itemize)		3	0.		
		lines 1, 2, and 3		4	2,000,000.		
		eases not included in line 2 (itemize)		5	0.		
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30	6	2,000,000.		
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Part IV Capital Gains and Losses for Tax on Investment Income											
(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)					(b) D	How acquired - Purchase - Donation	(c) Date acqui (mo., day, yr		(d) Date sold (mo., day, yr.)		
1a											
b	NO:	NE									
						<u>L</u>					
<u>d</u>						L					
е					 	L.,					
(e) (Gross sales price	(f)	Depreciation allowed (or allowable)		st or other basis expense of sale		(h) Gain or (loss) (e) plus (f) minus (g)				
_a											
<u>b</u>											
C											
<u>d</u>											
e Complet				h	40 (04 (00						
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				c	(I) Gains (Col. (h ol. (k), but not le:) gain ss thai	minus 1 -0-1 or				
(i) F.M	I.V. as of 12/31/69		(j) Adjusted basis as of 12/31/69		xcess of col. (1) col. (j), if any			Losses (from			
a											
<u>b</u>						_	· · · · · · · · · · · · · · · · · · ·				
C											
<u>d</u>											
<u>e</u>		L		L		_	· · · · · · · · · · · · · · · · · · ·				
2 Capital ga	ain net income or (net ca	pital loss	If gain, also enter $\{f(loss), enter -0\}$	in Part I, line in Part I, line	: 7 : 7	}	2				
	t-term capital gain or (los Iso enter in Part I, line 8,		ined in sections 1222(5) an	d (6):		Ì					
If (loss),	enter -0- in Part I, line 8					<i>_</i>	3				
Part V	Qualification U	nder S	ection 4940(e) for	Reduced	Tax on Net	nve	estment Inc	ome			
(For optional	I use by domestic private	foundati	ons subject to the section 4	940(a) tax on	net investment in	come	-)			N/A	
If section 49	40(d)(2) applies, leave th	ne nart hi	ank								
11 36011011 43	10(d)(E) applico, louvo li	no part bi	uin.								
			tax on the distributable am-	, ,	•	od?				Yes No	
			section 4940(e). Do not cor								
1 Enter the		each colui	nn for each year; see the in	structions be	fore making any er	itries.	·			(4)	
Calendar	(a) Base period years year (or tax year beginnii	ng in)	(b) Adjusted qualifying dist	ributions	Net value of no	(c) nchai	ritable-use asset		(d) Distribution ratio (col. (b) divided by col. (c))		
	2014		·								
<u></u>	2013										
	2012										
	2011						·				
	2010										
								1 1			
	line 1, column (d)							2			
			se period - divide the total c	in line 2 by 5,	or by the number	of ye	ars	1 1			
the found	dation has been in exister	nce if less	than 5 years					3			
4 Enter the	net value of noncharitab	le-use as	sets for 2015 from Part X, I.	ine 5				4			
			,								
5 Multiply line 4 by line 3					5	<u>-</u>					
6 Enter 1% of net investment income (1% of Part I, line 27b)					6						
7 Add lines 5 and 6					7						
		n Dard VIII	line 4								
	alifying distributions from							_ 8			
	s equal to or greater thar Part VI instructions.	i line 7, cl	neck the box in Part VI, line	1b, and comp	olete that part usin	g a 1°	% tax rate.				
										orm 990-PF (2015)	

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Pa	t VI Excise Tax Based on Investment Income (Section 4940	(a), 4940(b), 4940(e), or 4	948 -	see inst	ructio	ns)
,1a	Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔲 and ei	nter "N/A" on line 1.				
	Date of ruling or determination letter: (attach copy of letter if nec		1	1		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here		1			0.
	of Part I, line 27b					
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%	of Part I, line 12, col. (b).		· ·		
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Other		2			0.
	Add lines 1 and 2	,	3			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Of	thers enter -0-)	4			0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	,	5			0.
	Credits/Payments;					
	2015 estimated tax payments and 2014 overpayment credited to 2015	6a	1	1		
	Exempt foreign organizations - tax withheld at source	6b	1			,
	Tax paid with application for extension of time to file (Form 8868)	6c	1			
	Backup withholding erroneously withheld	6d	1			<
	Total credits and payments. Add lines 6a through 6d	00	7	 		0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is atta	rhed	8	t		
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	U1100	9	<u> </u>		0.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10	 		
	Enter the amount of line 10 to be: Credited to 2016 estimated tax	Refunded	11			
	t VII-A Statements Regarding Activities	Nelunded		<u> </u>		
	During the tax year, did the foundation attempt to influence any national, state, or local legisl	lation or did it participate or interven	0.10		Ye	s No
14	any political campaign?	lation of did it participate of interven	5 111	<u> </u>		X
		and form understand for the definition	۰/۵		1a	$\frac{1}{X}$
	Did it spend more than \$100 during the year (either directly or indirectly) for political purpos	•	•	_	1b	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and	d copies of any materials publish	ed or			
_	distributed by the foundation in connection with the activities.			I -		X
	Did the foundation file Form 1120-POL for this year?			1	1c	1 A
a	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the	-		, X	. S	
_	(1) On the foundation. \$ 0. (2) On foundation managers.	· · · — — — — — — — — — — — — — — — — —	_	I.2		1 3 3
e	Enter the reimbursement (if any) paid by the foundation during the year for political expendit managers. $ ightharpoonup$ \$	ture tax imposed on foundation			88	
_		000		<u> </u>	<u>* </u>	$\frac{1}{x}$
	Has the foundation engaged in any activities that have not previously been reported to the IR	157		3,	2	+
	If "Yes," attach a detailed description of the activities.				. %	
	Has the foundation made any changes, not previously reported to the IRS, in its governing in		or		-	
	oylaws, or other similar instruments? If "Yes," attach a conformed copy of the change				3	X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year	?	**	_	4a	X
	f "Yes," has it filed a tax return on Form 990-T for this year?		N		4b	+
	Nas there a liquidation, termination, dissolution, or substantial contraction during the year?				5	X
	f "Yes," attach the statement required by General Instruction T				- 2	
	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eit	her:				
	By language in the governing instrument, or			2,2,0,5		
	By state legislation that effectively amends the governing instrument so that no mandatory	directions that conflict with the state	e law	<u> </u>		
	remain in the governing instrument?			\vdash	6 X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," con	nplete Part II, col. (c), and Part X	/	1 —	7 X	4
				*** ***		.; X
8a	Enter the states to which the foundation reports or with which it is registered (see instruction	ns) ▶			, ()	1
	<u>MA</u>					
b	f the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the At	torney General (or designate)				82
	of each state as required by General Instruction G? If "No," attach explanation				8b X	
	s the foundation claiming status as a private operating foundation within the meaning of sec	ction 4942(j)(3) or 4942(j)(5) for cal	endar		/ k	1. 5
J						
	ear 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes." co	omplete Part XIV		- !	9	X
	rear 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," co Old any persons become substantial contributors during the tax year? If "Yes," attach a schedul			_	9 10_	X

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4a

N/A

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,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form 4720, to determine if the foundation had excess business holdings in 2015.)

had not been removed from jeopardy before the first day of the tax year beginning in 2015?

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

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Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be Re	equired (continu	ued)		
5a During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	**		s X No		
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire				
any voter registration drive?			s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section				
4945(d)(4)(A)? (see instructions)			s 🗓 No	1 1 1	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or fo		[22]		
the prevention of cruelty to children or animals?			s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni		n Regulations	N7 / 3		
section 53.4945 or in a current notice regarding disaster assistance (see instru			N/A	5 b	
Organizations relying on a current notice regarding disaster assistance check h					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		- /	\	3.	
expenditure responsibility for the grant?		I/A Ye	s No		
If "Yes," attach the statement required by Regulations section 53.4945	, ,		•		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on	r			
a personal benefit contract?		Ye	es 🗶 No 📙	- 22 - 3	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		<u> </u>	Sb X	
11 763 to da, the Form Gore.					
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes X No You The foundation of the tax year, was the foundation a party to a prohibited tax shelter transaction?					
b If 'Yes,' did the foundation receive any proceeds or have any net income attributable to the transaction? N/A 7b Part VIII					
Paid Employees, and Contractors	es, i odiladion Mai	iagers, riigiliy			
1 List all officers, directors, trustees, foundation managers and their	compensation.				
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deterred	(e) Expense	
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deterred compensation	account, other allowances	
MARGARET REYNOLDS	TRUSTEE				
355 DOVER ROAD]				
WESTWOOD, MA 02090	1.50	0.	0.	0.	
WILLIAM MCKEE, JR.	TRUSTEE				
355 DOVER ROAD					
WESTWOOD, MA 02090	1.50	0.	0.	<u> </u>	
	_				
			[[
		- RMONE II			
2 Compensation of five highest-paid employees (other than those inc	(b) Title, and average	enter "NONE."	(d) Contributions to	(e) Expense	
(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred	(e) Expense account, other	
NONE	devoted to position	 	compensation	allowances	
NONE	ł	1			
		 			
	1				
	 	 			
	1				
	 	 			
	1				
					
	1				
Total number of other employees paid over \$50,000				0	
			Earm	990-PF (2015)	

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Part VIII Information About Officers, Directors, Trustees, Foundation No. Paid Employees, and Contractors (continued)	lanagers, Highly	
Five highest-paid independent contractors for professional services. If none, enter "NON	E,"	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		Í
		ł
Fotal number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		▶ 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical info	ormation cuch as the	
number of organizations and other beneficiaries served, conferences convened, research papers produced, et		Expenses
ı N/A		
		
2		
3		
l <u></u>		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1	and 2.	Amount
N/A		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		0.
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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

income. Enter 1% of Part I, line 27b

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

6

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI,	CORPOR	·	,	3,239.
line 7		,	,	
2 Undistributed income, if any, as of the end of 2015	,	,	0.	
a Enter amount for 2014 only			/	4
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2015:			× * ,	, , , ,
a From 2010			\$ *	, ,
b From 2011			; '	/ · · · · · · · · · · · · · · · · · · ·
c From 2012			,	, , ,
d From 2013	,	, , , , , ,		
e From 2014		· / { × / `		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
f Total of lines 3a through e	0.		73333	2 2 7 7 8 8
4 Qualifying distributions for 2015 from	1. 3 4 3 6 1	1 3		
Part XII, line 4: ►\$0.			0.	14 13 9 2 1
a Applied to 2014, but not more than line 2a	382		× 5 5	X 4 & 5
b Applied to undistributed income of prior		0.		
years (Election required - see instructions)	* * * · · · · · · · · · · · · · · · · ·	7 7 7 7 7	* * * * * * *	4 (* * * * *
c Treated as distributions out of corpus	0.			
(Election required - see instructions)			1, 18 " 18 " 1	0.
d Applied to 2015 distributable amount	0.		1. 2 4 1. 7 2	\$ 62 \$ < X \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
e Remaining amount distributed out of corpus	0.	X 2 2 1 1 1	1 4 4 4	0.
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount	· 2	33 1 6 2.	X : % .	4, 1, 6 8 8 8
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.		7 . Y.,	
b Prior years' undistributed income. Subtract		0.		
line 4b from line 2b		<u> </u>		* * * * *
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		7 - 4 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -
e Undistributed income for 2014. Subtract line			0	
4a from line 2a. Taxable amount - see instr.	X		Λ <u>υ</u>	·
f Undistributed income for 2015. Subtract				***
lines 4d and 5 from line 1. This amount must				3,239.
be distributed in 2016	* 1/2 m 48 m	A X 1 X X X	2 60 0 44 24 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1 8 7/2 8 / 3 7/2
7 Amounts treated as distributions out of		The thing the state of		
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	0		The same of the same of the	
may be required - see instructions)		• 1 30 7 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	* ***	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
8 Excess distributions carryover from 2010	0			
not applied on line 5 or line 7		•	1 th	* (
9 Excess distributions carryover to 2016.	0			
Subtract lines 7 and 8 from line 6a	1 2 3 36 7	* * * * * * * * * * * * * * * * * * *	X 2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /	
10 Analysis of line 9:				
a Excess from 2011				
b Excess from 2012		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		The same of the sa
c Excess from 2013				
d Excess from 2014			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
e Excess from 2015				Form 990-PF (2015)

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1 a If the foundation has received a ruling or	determination letter that	it is a private operating			
foundation, and the ruling is effective for			▶ .		
b Check box to indicate whether the founda	ition is a private operatir	ng foundation described in	section	4942(j)(3) or	4942(1)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
investment return from Part X for					
each year listed				<u> </u>	
b 85% of line 2a				<u> </u>	<u> </u>
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		L		<u> </u>	
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				<u> </u>	
(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	•	1		[
(4) Gross investment income		 		 	_
Part XV Supplementary Infor	mation (Comple	te this part only i	the foundation	had \$5,000 or	more in assets
at any time during th	e year-see instr	uctions.)			
1 Information Regarding Foundation	ı Managers:				
a List any managers of the foundation who year (but only if they have contributed me	have contributed more ore than \$5,000). (See s	than 2% of the total contr ection 507(d)(2).)	ibutions received by the	foundation before the	e close of any tax
SEE STATEMENT 2					
b List any managers of the foundation who other entity) of which the foundation has			or an equally large porti	on of the ownership o	f a partnership or
NONE				·	
2 Information Regarding Contribution Check here ► X if the foundation on the foundation makes gifts, grants, etc. (s	nly makes contributions	to preselected charitable	organizations and does i		
a The name, address, and telephone number					· · · · · · · · · · · · · · · · · · ·
b The form in which applications should be	submitted and informat	tion and materials they sh	ould include:		
c Any submission deadlines:					
d Any restrictions or limitations on awards,	, such as by geographica	al areas, charitable fields,	kınds of institutions, or	other factors:	
523601 11-24-15					Form 990-PF (201

er gross amounts unless otherwise indicated.	<u>Unrelated b</u>	usiness income		led by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
Program service revenue:	code		code		Tallottoli illicollic
<u> </u>	1		╂——		
b	— }		↓		
	— -		+-+		
	— 		—-		
·			11		
, 	-		+		
Fees and contracts from government agencies			11		
lembership dues and assessments			1		
nterest on savings and temporary cash	:		1 1		
vestments			11		
vidends and interest from securities			4_4		
et rental income or (loss) from real estate:	y. 3 ,	<u>" '\ </u>	. 3.	, 4 #1×	1 2 2 X
Debt-financed property			11		
Not debt-financed property					
et rental income or (loss) from personal					
operty			ii	İ	
ther investment income			1-1		
ain or (loss) from sales of assets other					
an inventory			1 1	j	
et income or (loss) from special events			1 1		
ross profit or (loss) from sales of inventory			 		
ther revenue:			+-+		
			1 1	1	
	i l		1 1		
	l l		1		
			+		
			+		
		0.	(3)	0.	
ubtotal Add columns (b) (d) and (a)			\$ 4	13	
ubtotal. Add columns (b), (d), and (e)				เง	
otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations	,	 			
worksheet in line 13 instructions to verify calculations TXVI-B Relationship of Activitie No. Explain below how each activity for which	s to the Accom	olumn (e) of Part XVI-		Purposes	plishment of
htal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activitie No. Explain below how each activity for which	s to the Accom	olumn (e) of Part XVI-		Purposes	plishment of
tai. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations T XVI-B Relationship of Activitie No. Explain below how each activity for which	s to the Accom	olumn (e) of Part XVI-		Purposes	plishment of
ntal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations T XVI-B Relationship of Activitie No. Explain below how each activity for which	s to the Accom	olumn (e) of Part XVI-		Purposes	plishment of
htal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations T XVI-B Relationship of Activitie No. Explain below how each activity for which	s to the Accom	olumn (e) of Part XVI-		Purposes	plishment of
otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activitie No. Explain below how each activity for which	s to the Accom	olumn (e) of Part XVI-		Purposes	plishment of
htal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activitie No. Explain below how each activity for which	s to the Accom	olumn (e) of Part XVI-		Purposes	plishment of

Form **990-PF** (2015)

Here Si	man early lab 5/14 ROK TRI	USTEE Yes No
Paid Preparer Use Only	ining many in Operat / Copyrin	Check X if self- employed P1N /18 P01452996 Firm's EIN
	Firm's address ► 1443 BEACON STREET, #308 BROOKLINE, MA 02446	Phone no. 617-835-6032
		Form 990-PF (201

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 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

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

R	EYNOLDS-MCKEE CHARITABLE TRUST	38-7154149					
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	X 501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt chantable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
	is covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special R	ule See instructions					
General Rule							
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor						
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-EZ, line 1 Complete Parts I and II							
year, total contrib	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						
year, contribution is checked, enter purpose. Do not d	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.						
but it must answer "No" or	that is not covered by the General Rule and/or the Special Rules does not file Schedule in Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its it the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	•					

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

(d)

(d)

Type of contribution

(d)

Type of contribution

(d)

Type of contribution

(d)

Type of contribution

(d)

Person Payroll

Noncash

Person Payroll Noncash

Person Payroll Noncash (Complete Part II for noncash contributions.)

Person Pavroll Noncash (Complete Part II for noncash contributions.)

Person Payroll Noncash (Complete Part II for noncash contributions.)

(c)

Total contributions

(c)

Total contributions

(c)

Total contributions

(c)

X

Schedule B (Form 990, 990-EZ, or 990-PF) (2015) Name of organization Employer identification number REYNOLDS-MCKEE CHARITABLE TRUST 38-7154149 Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed (a) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 MARGARET REYNOLDS & WILLIAM MCKEE, JR 355 DOVER ROAD 2,000,000. (Complete Part II for WESTWOOD, MA 02090 noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** (Complete Part II for noncash contributions)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

Name, address, and ZIP + 4

(b)

No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
523452 10-20	6-15	Schedule B (For	m 990, 990-EZ, or 990-PF) (20

(a)

No.

(a)

No.

(a)

No.

(a)

Employer identification number

REYNOLDS-MCKEE CHARITABLE TRUST

38-7154149

art II Nonc	ash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. From	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom 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	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u></u>			
		\$	990, 990-EZ, or 990-PF) (2

Name of orga	anization	Employer identification number					
REYNOL	DS-MCKEE CHARITABLE TR	38-7154149					
Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete completing Part III, enter the total of exclusively religiou. Use duplicate copies of Part III if addition	ributions to organizations describe columns (a) through (e) and the formal chartable, etc., contributions of \$1,000	ollowing line entry. For greatize	or (10) that total more than \$1,000 for			
(a) No.	Ose duplicate copies of Fart in it addition	ai space is fleeded					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	(d) Description of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Helationship of	transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held			
-	(e) Transfer of gift						
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	escription 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) D	escription of how gift is held			
r	(e) Transfer of gift						
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
<u>_</u>							

FORM 990-PF

REASONABLE CAUSE FOR LATE FILING

STATEMENT 1

TRUSTEES WERE UNDER THE IMPRESSION THAT THE ATTORNEYS SETTING UP THE FOUNDATION WERE PREPARING AND FILING THE RETURNS AS REQUIRED. UPON THE DEATH OF ONE OF THE ATTORNEYS AND MENTORS TO THE FOUNDATION IT WAS DISCOVERD THAT THE TRUSTEES WERE MISTAKEN AND THAT THE RETURN WAS TO BE PREPARED BY THE GRANTORS/FOUNDATIONS ACCOUNTANT. SINCE THE TRUSTEES WERE UNDER THE IMPRESSION THAT SOMEONE ELSE WAS FILING THE RETURN THERE IS REASONABLE FOR ABATING THE LATE FILING PENALTY.

ADDITIONALLY THE FOUNDATON USES THE FIRST TIME EXCEPTION FOR THE ABATEMENT OF PENALTIES. ALTHOUGH, THIS IS THE FOUNDATION'S FIRST RETURN, THE GRANTORS OF THE FOUNDATION, HAVE ALSWAYS FILED AND PAID ON TIME AND THEREFORE THE PENALTY SHOLD BE ABATED. THE GRANOTRS HAD NO INTENTION TO FILE LATE.

FORM 990-PF

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT 2

NAME OF MANAGER

MARGARET REYNOLDS WILLIAM MCKEE, JR.