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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 separate instructions is at *www.irs.gov/form990pf.***

OMB No. 1545-0052

2015

Open to Public Inspection

For calendar year 2015 or tax year beginning June 1 **, 2015, and ending** May 31 **, 20** 16

Name of foundation
Memorial Fund of Phi Beta Epsilon

A Employer identification number
01-6013997

Number and street (or P O. box number if mail is not delivered to street address)
12704 Maldens Bower Drive

Room/suite

B Telephone number (see instructions)
301-987-9805

City or town, state or province, country, and ZIP or foreign postal code
Potomac, Maryland 20854

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)* ▶ $ 206,036

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)	0			
	2 Check ▶ ☐ if the foundation is **not** required to attach Sch. B				
	3 Interest on savings and temporary cash investments	0	0		
	4 Dividends and interest from securities	28,901	28,901		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a _____				
	7 Capital gain net income (from Part IV, line 2) . .				
	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)				
	12 **Total.** Add lines 1 through 11	28,901	28,901		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.				
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits . . .				
	16a Legal fees (attach schedule) . . .				
	b Accounting fees (attach schedule) . . .				
	c Other professional fees (attach schedule) . . .				
	17 Interest				
	18 Taxes (attach schedule) (see instructions) . . .	490	490		35
	19 Depreciation (attach schedule) and depletion . .				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	0	0		
	24 **Total operating and administrative expenses.** Add lines 13 through 23	490	490		35
	25 Contributions, gifts, grants paid	10,600			10,635
	26 **Total expenses and disbursements.** Add lines 24 and 25	11,090	490		
	27 Subtract line 26 from line 12:				
	a **Excess of revenue over expenses and disbursements**	17,811			
	b **Net investment income** (if negative, enter -0-) .		28,411		
	c **Adjusted net income** (if negative, enter -0-) . .				

2

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	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing			
	2	Savings and temporary cash investments	1,913	1,423	1,423
	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)			
	b	Investments—corporate stock (attach schedule)			
	c	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	219,187	204,613	
	14	Land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe ▶)			
	16	**Total assets** (to be completed by all filers—see the instructions. Also, see page 1, item I)	221,700	206,036	
Liabilities	17	Accounts payable and accrued expenses			
	18	Grants payable	9,600	10,600	
	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)	9,600	10,600	
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			
	28	Paid-in or capital surplus, or land, bldg., and equipment fund	36,516	36.516	
	29	Retained earnings, accumulated income, endowment, or other funds	175,584	158,920	
	30	**Total net assets or fund balances** (see instructions)	212,100	195,436	
	31	**Total liabilities and net assets/fund balances** (see instructions)	221,700	206,036	

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	212,100
2	Enter amount from Part I, line 27a	2	17,811
3	Other increases not included in line 2 (itemize) ▶	3	0
4	Add lines 1, 2, and 3	4	229,911
5	Decreases not included in line 2 (itemize) ▶ Change in market value	5	34475
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	195,436

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) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a				
b				
c				
d				
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a				
b				
c				
d				
e				

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a				
b				
c				
d				
e				

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	
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 the 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			
2013			
2012			
2011			
2010			

2	**Total** of line 1, column (d)	2	
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	
4	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5	4	
5	Multiply line 4 by line 3	5	
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	
7	Add lines 5 and 6	7	
8	Enter qualifying distributions from Part XII, line 4	8	

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 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	568	
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		
3	Add lines 1 and 2	3		
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4		
5	**Tax based on investment income.** Subtract line 4 from line 3. If zero or less, enter -0-	5	568	
6	Credits/Payments:			
a	2015 estimated tax payments and 2014 overpayment credited to 2015 — 6a			
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		
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	568	
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10		
11	Enter the amount of line 10 to be: **Credited to 2016 estimated tax** ▶ **Refunded** ▶	11		

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		✔
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?	1b		✔
	*If the answer is "Yes" to **1a** or **1b**, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		✔
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: **(1)** On the foundation. ▶ $ _____ **(2)** On foundation managers. ▶ $ _____			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ $ _____			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities.*	2		✔
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*	3		✔
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		✔
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		✔
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		✔
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	✔	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ _____			
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	✔	
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		✔
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses*	10		✔

Part VII-A Statements Regarding Activities *(continued)*

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

Website address ▶ None

14 The books are in care of ▶ Mark D. Beasman Telephone no. ▶ 301-987-9085

Located at ▶ 12704 Maiden Bower Drive Potomac, Maryland ZIP+4 ▶ 20854-6057

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

			Yes	No
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? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶	16		✔

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

			Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			
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		
	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		✔
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		✔
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		✔

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		
	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	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Robert J. Steininger II, Chairman 100 Reed Street, Cambridge MA 02140	0	0	0	0
Lester C. Hopton Jr, Secretary 410 W Third Street Moorestown, NJ 08057	0	0	0	0
Mark D Beasman, Treasurer 12704 Maidens Bower Drive Potomac,MD 20854	1	0	0	0
D Reid Weedon 22 Gammons Rd Cohasset, MA 02025 Marc Moesse 10 Roger Street #1002 Cambridge MA 0212	0	0	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	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
None				
Total number of other employees paid over $50,000 . . . . . ▶				

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
None		
Total number of others receiving over $50,000 for professional services ▶		

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 None	
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 None	
2	
All other program-related investments See instructions.	
3 None	
Total. Add lines 1 through 3 ▶	

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	207,204
b	Average of monthly cash balances	1b	2,853
c	Fair market value of all other assets (see instructions)	1c	0
d	**Total** (add lines 1a, b, and c)	1d	210,057
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) — 1e		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	0
4	Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount, see instructions)	4	3,151
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3. Enter here and on Part V, line 4	5	206,906
6	**Minimum investment return.** Enter 5% of line 5	6	10,345

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	10.345
2a	Tax on investment income for 2015 from Part VI, line 5	2a	568		
b	Income tax for 2015. (This does not include the tax from Part VI.)	2b	0		
c	Add lines 2a and 2b			2c	569
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	9,777
4	Recoveries of amounts treated as qualifying distributions			4	0
5	Add lines 3 and 4			5	9,777
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	9,777

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	10,635
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	0
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	0
b	Cash distribution test (attach the required schedule)	3b	0
4	**Qualifying distributions.** Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	10,635
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	10,635
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	0

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				9,777
2 Undistributed income, if any, as of the end of 2015:				
a Enter amount for 2014 only			9,600	
b Total for prior years: 20___,20___,20___				
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				
4 Qualifying distributions for 2015 from Part XII, line 4: ▶ $				
a Applied to 2014, but not more than line 2a			9,600	
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				-35
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2015 *(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				
b Prior years' undistributed income. Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b. Taxable amount—see instructions				
e Undistributed income for 2014. Subtract line 4a from line 2a. Taxable amount—see instructions				
f Undistributed income for 2015. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2016				9,812
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)				
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions)				
9 **Excess distributions carryover to 2016.** Subtract lines 7 and 8 from line 6a				
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 . . . . . ▶ Not applicable

b Check box to indicate whether the foundation 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 foundation 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).)

None

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.

None

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:

Mark D. Beasman 12704 Maidens Bower Drive Potomac, MD 20854

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

Certification of charitable orgainzation or if individual, demonstration of financial need

c Any submission deadlines:

Befoe the end of the fiscal year

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

Members pf Phi Beta Alumni and their families or other charitable and education organizations

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*				
Massachusetts Institute of Technology		University	MIT Independent Residence Development Fund	$1,600.00
			Frank Dennison Scholarship	$4,000.00
Camp Kessem		Childrens' Camp	To support summer camp for children of parents afflicted with cancer	$5,000.00
Total . . . . . ▶ **3a**				
b *Approved for future payment*				
MIT		University		$4,900.00
Camp Kessem of Simiat charitable organization				$5,000.00
Total . . . . . ▶ **3b**				

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)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions.)
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					28,901
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					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue: a					
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)					
13 **Total.** Add line 12, columns (b), (d), and (e)				13	28,901

(See worksheet in line 13 instructions to verify calculations.)

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.)
	Not apllicable

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)		✔
	(2) Other assets	1a(2)		✔
b	Other transactions:			
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		✔
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		✔
	(3) Rental of facilities, equipment, or other assets	1b(3)		✔
	(4) Reimbursement arrangements	1b(4)		✔
	(5) Loans or loan guarantees	1b(5)		✔
	(6) Performance of services or membership or fundraising solicitations	1b(6)		✔
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		✔

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 nonchantable 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.

Mark D Grosmen 10/14/2016 Treasurer

Signature of officer or trustee — Date — Title

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name ▶ | Firm's EIN ▶

Firm's address ▶ | Phone no.

Memorial Fund of
Phi Beta Epsilon Fraternity
An Independent Living Group at
The Massachusetts Institute of Technology
12704 Maidens Bower Drive
Potomac, Maryland 20854-6057

June 17, 2016

MIT Annual Fund
Attn: Frank Denison Scholarship Acct #3404500
Massachusetts Institute of Technology
600 Memorial Drive
Cambridge, MA 02139-4822

MIT Annual Fund:

Enclosed please find a donation check in the amount of $3,000.00 to the Frank Denison '40 Scholarship Fund (Account # 3404500) from the Memorial Fund of the Phi Beta Epsilon Fraternity for the fund's fiscal year ending May 31, 2016. This fund was established years ago and continues to be supported by Phi Beta alumni for various charitable purposes.

As has been our custom in recent years, the Memorial Fund Trustees have decided to once again donate this year's distribution to MIT in support of student education.

We value the close relationship our fraternity has maintained with MIT over the past 126 years and we look forward to continuing as a strong and growing part of the MIT community.

Sincerely,

Mark D. Beasman, '75

Trustee and Treasurer
Memorial Fund of Phi Beta Epsilon
Federal Tax Exempt Organization 501(c) (3)
Federal Tax ID: 01-6013997
Massachusetts Attorney General Account. 002980

MEMORIAL FUND OF PHI BETA EPSILON
12704 MAIDENS BOWER DR
POTOMAC, MD 20854

13

COPY

JUNE 17, 2016

65-7198/2550
21

Pay to the Order of MIT ALUMNI FUND - F. DENISON SCHOLARSHIP $ 3,000.00

THREE THOUSAND AND 00/100 Dollars

Security Features Details on Back

CHEVY CHASE BANK
A division of Capital One, N.A.

For FOR AC # 3404500

MP

TREASURER

⑈255071981⑈ ⑆113431225⑈ 0013

Memorial Fund of
Phi Beta Epsilon Fraternity
An Independent Living Group at
The Massachusetts Institute of Technology
12704 Maidens Bower Drive
Potomac, Maryland 20854-6057

August 30, 2016

MIT Annual Fund
Attn: Frank Denison Scholarship Acct #3404500
Massachusetts Institute of Technology
600 Memorial Drive
Cambridge, MA 02139-4822

MIT Annual Fund:

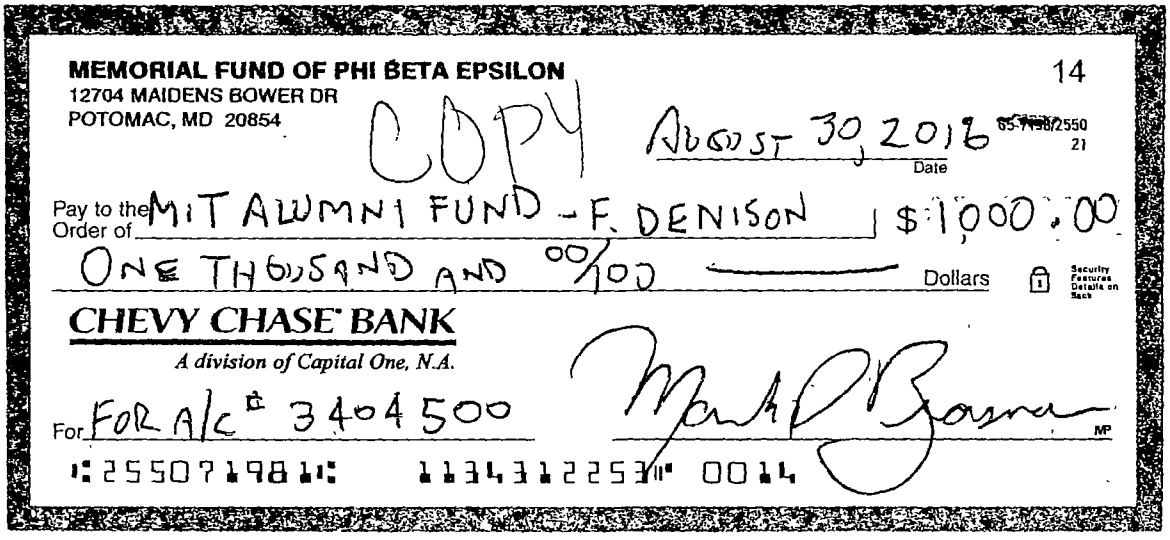
Enclosed please find a donation check in the amount of $1,000.00 to the Frank Denison '40 Scholarship Fund (Account # 3404500) from the Memorial Fund of the Phi Beta Epsilon Fraternity for the fund's fiscal year ending May 31, 2016. This donation is in addition to one we made earlier this year on June 17 in the amount of $3,000. This fund was established years ago and continues to be supported by Phi Beta alumni for various charitable purposes.

As has been our custom in recent years, the Memorial Fund Trustees have decided to once again donate this year's distribution to MIT in support of student education.

Sincerely,

Mark D. Beasman, '75

Trustee and Treasurer
Memorial Fund of Phi Beta Epsilon
Federal Tax Exempt Organization 501(c) (3)
Federal Tax ID: 01-6013997
Massachusetts Attorney General Account: 002980



MEMORIAL FUND OF PHI BETA EPSILON 14
12704 MAIDENS BOWER DR
POTOMAC, MD 20854

COPY

AUGUST 30, 2016 (Date) 65-7158/2550 21

Pay to the Order of MIT ALUMNI FUND - F. DENISON $1,000.00

ONE THOUSAND AND 00/100 Dollars

Security Features Details on Back

CHEVY CHASE BANK
A division of Capital One, N.A.

For FOR A/C # 3404500

MP

⑆255071981⑆ 1134112253⑈ 0014

Memorial Fund of
Phi Beta Epsilon Fraternity
An Independent Living Group at
The Massachusetts Institute of Technology
12704 Maidens Bower Drive
Potomac, Maryland 20854-6057

June 17, 2016

MIT Annual Fund
Attn: Independent Residence Development Fund
Massachusetts Institute of Technology
600 Memorial Drive
Cambridge, MA 02139-4822

MIT Annual Fund:

Enclosed please find a donation check in the amount of $1,600.00 to MIT's Independent Residence Development Fund from the Memorial Fund of the Phi Beta Epsilon Fraternity for the fund's fiscal year ending May 31, 2016. This fund was established years ago and continues to be supported by Phi Beta alumni for various charitable purposes.

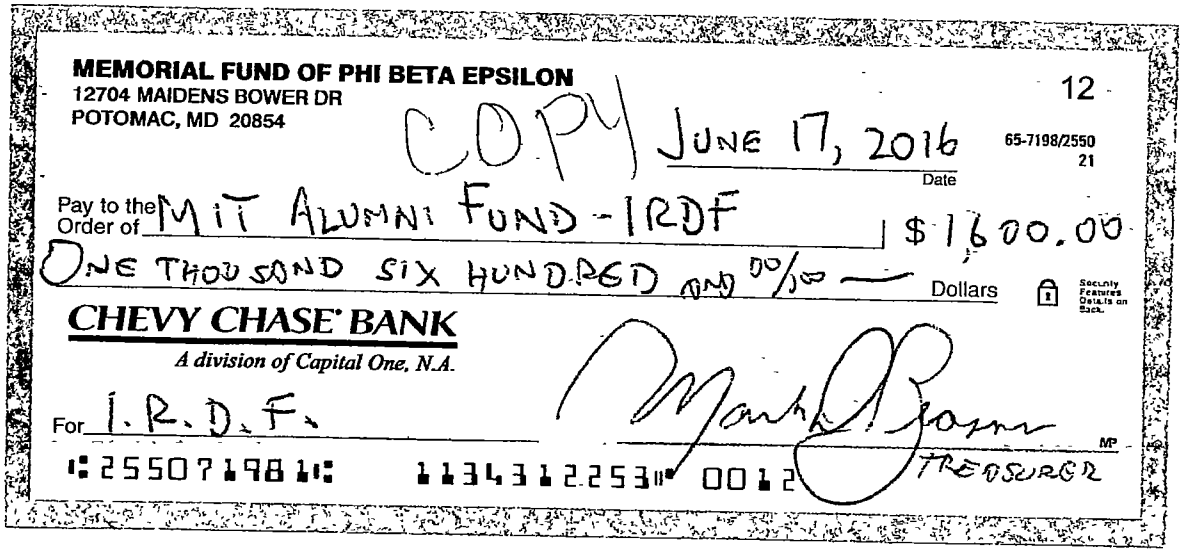
As has been our custom in recent years, the Memorial Fund Trustees have decided to once again donate this year's distribution to MIT's IRDF.

We value the close relationship our fraternity has maintained with MIT over the past 126 years and we look forward to continuing as a strong and growing part of the MIT community.

Sincerely,

Mark D. Beasman, '75

Trustee and Treasurer
Memorial Fund of Phi Beta Epsilon
Federal Tax Exempt Organization 501(c) (3)
Federal Tax ID. 01-6013997
Massachusetts Attorney General Account 002980



MEMORIAL FUND OF PHI BETA EPSILON
12704 MAIDENS BOWER DR
POTOMAC, MD 20854

12

COPY

JUNE 17, 2016
Date

65-7198/2550
21

Pay to the Order of MIT ALUMNI FUND - IRDF $1,600.00

ONE THOUSAND SIX HUNDRED AND 00/100 Dollars

Security Features Details on Back.

CHEVY CHASE BANK
A division of Capital One, N.A.

For I.R.D.F.

MP

TREASURER

⑆255071981⑆ 1134312253⑈ 0012

MASSACHUSETTS INSTITUTE OF TECHNOLOGY

600 Memorial Drive, Third Floor
Cambridge, MA 02139-4819
RecSec@mit.edu

Office of the Recording Secretary
T: 617-253-5048 F: 617-258-8316
http://giving.mit.edu

Mr. Mark D. Beasman
Trustee and Treasurer
Memorial Fund of Phi Beta Epsilon
12704 Maidens Bower Drive
Potomac, MD 20854

This is to acknowledge receipt of the 06/22/16 gift of $4,600 00 to MIT from the Memorial Fund of Phi Beta Epsilon As requested, we have designated this donation as.

$1,600.00 to Independent Residence Development Fund (IRDF) - Expendable
$3,000.00 to Frank G. Denison (1940) (PBE) Scholarship Fund

We greatly appreciate this generous contribution and your support of the Institute

This receipt was prepared to support charitable contributions for tax purposes. Gifts are tax deductible as permitted by law We confirm that neither goods nor services were provided by MIT in exchange for this gift.

If you have any questions, please contact the Office of the Recording Secretary.

RECEIPT FOR TAX PURPOSES

OFFICE OF THE RECORDING SECRETARY
Massachusetts Institute of Technology

MASSACHUSETTS INSTITUTE OF TECHNOLOGY

600 Memorial Drive, Third Floor
Cambridge, MA 02139-4819
RecSec@mit.edu

Office of the Recording Secretary
T: 617-253-5048 F: 617-258-8316
http://giving.mit.edu

Mr. Mark D. Beasman
Trustee and Treasurer
Memorial Fund of Phi Beta Epsilon
12704 Maidens Bower Drive
Potomac, MD 20854

This is to acknowledge receipt of the 09/06/16 gift of $1,000.00 to MIT from Memorial Fund of Phi Beta Epsilon. As requested, we have designated this donation as:

$1,000.00 to Frank G. Denison (1940) (PBE) Scholarship Fund.

We greatly appreciate this generous contribution and your support of the Institute.

This receipt was prepared to support charitable contributions for tax purposes. Gifts are tax deductible as permitted by law. We confirm that neither goods nor services were provided by MIT in exchange for this gift.

If you have any questions, please contact the Office of the Recording Secretary.

RECEIPT FOR TAX PURPOSES

OFFICE OF THE RECORDING SECRETARY
Massachusetts Institute of Technology

Memorial Fund of
Phi Beta Epsilon Fraternity
An Independent Living Group at
The Massachusetts Institute of Technology
12704 Maidens Bower Drive
Potomac, Maryland 20854-6057

June 17, 2016

Camp Kesem MIT
PO Box 397219
Cambridge, MA 02139

Camp Kesem of MIT:

Enclosed please find a donation in the amount of $5,000.00 to Camp Kesem MIT from the Memorial Fund of the Phi Beta Epsilon Fraternity for the fund's fiscal year ending May 31, 2016. This fund was established years ago and continues to be supported by Phi Beta alumni for various charitable purposes.

Inspired by the involvement of our undergraduate members in Camp Kesem's mission, the Memorial Fund Trustees have decided to allocate this year's distribution to sustain your efforts in providing a meaningful summer camp experience for children whose parents are afflicted with cancer.

We value the close relationship our fraternity has maintained with the broader MIT community over the past 126 years and we look forward to continuing our efforts to improve the quality of life of individuals and organizations.

Sincerely,

Mark D. Beasman, '75

Trustee and Treasurer
Memorial Fund of Phi Beta Epsilon
Federal Tax Exempt Organization 501(c) (3)
Federal Tax ID. 01-6013997
Massachusetts Attorney General Account. 002980

MEMORIAL FUND OF PHI BETA EPSILON
12704 MAIDENS BOWER DR
POTOMAC, MD 20854

11

COPY

JUNE 17, 2016
Date

65-7198/2550
21

Pay to the Order of CAMP KESEM MIT $ 5,000.00

FIVE THOUSAND AND 00/100 Dollars

Security Features Details on Back.

CHEVY CHASE BANK
A division of Capital One, N.A.

For

MP

TREASURER

⑆255071981⑆ ⑈1134312253⑈ 0011

Camp Kesem Chapters
Arizona State University
University of Arkansas
Augustana College
Ball State University
Berkeley
Brown University
BYU
BYU – Idaho
California State University, Northridge
Carnegie Mellon University
Case Western Reserve University
Central PA
Chestnut Hill
The Claremont Colleges
University of Colorado Boulder
Columbia University
Cornell University
Emory University
Florida State University
University of Florida
Fresno State
George Washington University
The University of Georgia
University of Illinois
Indiana University
Johns Hopkins University
University of Kansas
Marquette University
Miami
Michigan State University
The University of Michigan
University of Minnesota
Mizzou
MIT
University of Nebraska
New Mexico State University
North Carolina (Duke /UNC-Chapel Hill)
North Carolina State University
Northern Arizona University
Northwestern University
Notre Dame
The Ohio State University
University of Oklahoma
University of Oregon
University of Pennsylvania
Princeton
Rice
University of Richmond
Rowan University
Saint Louis University
Santa Clara University
The University of South Alabama
Southern Utah University
Stanford
Stony Brook University
Syracuse University
Texas A&M University
University of Texas – Austin
UC Davis
UC Irvine
UCLA
UC San Diego
UC Santa Barbara
UC Santa Cruz
University of Southern California
Vanderbilt University
Virginia Commonwealth University
The University of Virginia
University of Washington
West Virginia University
University of Wisconsin - Madison
William & Mary
Yale University

camp kesem

A child's friend through and beyond a parent's cancer

June 1, 2016

Memorial Fund of Phi Beta Epsilon
12704 Maidens Bower Dr
Potomac, 20854

Dear Friends of Camp Kesem,

Thank you for your generous contribution in the amount of $5000 in June 2016 supporting Camp Kesem at MIT Your donation will bring life-changing benefits of Camp Kesem to more of the 3 million children touched by a parent's cancer

This past summer, Camp Kesem served over 5,000 children across the country. For many of these children, Camp Kesem is the FIRST place where they are surrounded by peers who truly understand them – providing them a community and the comfort knowing that they are not alone Our goal in 2016 is to welcome 6,000 children to Camp Kesem from coast to coast!

I hope you'll take a minute to read the quotes at the bottom of this letter. These words – from the people we serve – so beautifully describe the impact of our mission and your support.

Thank you for believing in the work that we do. You truly are part of the "magic" that is Camp Kesem.

Kind regards,

Jane Saccaro
CEO, Camp Kesem

The Kesem family is special to me because it's a group of people who make each other stronger They all know what it feels like when cancer has touched their heart and they know that even though cancer makes you weak - if you have people surrounding you who love and care about you - it can make you stronger. — Camp Kesem Camper

This program was a huge step in our family's healing process. At home, everyone is trying to be strong for each other so things go unsaid. Camp Kesem offers children a place where they can open up about the feelings, cry together, support each other, and most importantly they have fun together They learn that they are not alone. I'm so grateful I was told about Camp Kesem. — Camp Kesem Parent

Camp Kesem qualifies for corporate matching gifts, an easy way to double your to Camp Kesem Simply submit your donation information to your company for processing or contact us to learn more

Gifts made to Camp Kesem chapters will be designated to the chapter indicated Upon discretion and consent of chapter leadership, national management, and Camp Kesem Board of Directors, these gifts may be redirected towards expansion of Camp Kesem to new communities.

Camp Kesem is a 501c3 nonprofit organization (EIN # 51—0454157), your gift is tax deductible as allowed by law
No goods or services were provided in exchange for your contribution

Office Use Only: Fiscal Year

THE COMMONWEALTH OF MASSACHUSETTS
OFFICE OF THE ATTORNEY GENERAL
NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION

Print Form

MAURA HEALEY
ATTORNEY GENERAL

ONE ASHBURTON PLACE
BOSTON, MASSACHUSETTS 02108

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

Form PC

Report for the Fiscal Period: 06-01-2015 **to** 5-31-2016

Attorney General's Account #: 02980

Federal ID #: 01-6013997

Electronic Payment Confirmation #:

When did the organization first engage in charitable work in Massachusetts? 01/01/1959

Has the organization applied for or been granted IRS tax exempt status? ☒ Yes ☐ No

If yes, date of application **OR** date of determination letter: 02/20/1959

IRS Exemption under 501(c): 03

If exempt under 501(c), are contributions to the organization tax deductible as charitable contributions? ☒ Yes ☐ No

Check all items attached *(if applicable)*

- ☒ Filing Fee or Electronic Payment Confirmation #
- ☒ Copy of IRS Return
- ☐ Audited Financial Statements/Review
- ☐ Amended Articles/ By-Laws
- ☒ Schedule A-1
- ☒ Schedule A-2
- ☒ Schedule RO
- ☐ Probate Account

Organization Data

Name: Memorial Fund of Phi Beta Epsilon

Mailing Address: 12704 Maidens Bower Drive

City: Potomac State: MD Zip: 20854

Phone Number: 3019879085 Fax Number:

Email: mbeasman@alum.mit.edu Website:

In the table below, please enter the appropriate codes from the corresponding tables found in the instructions.
Enter **up to 2** codes from Table 3 for your organization's main purpose(s)

Category	Code	Category	Code
County (Table 1)	11	Organization Purpose Code 1	1
Type of Organization (Table 2)	26	Organization Purpose Code 2	

Please check box if final return prior to dissolution: ☐

Office Use Only: **Payment Received**

All questions must be completed in their entirety whether or not similar questions are answered in an attached federal form. See instructions and definition section for guidance.

1. On what date was the organization created? 01-01-1959

2. Where was the organization created? 400 Memorial Drive Cambridge, MA 021:

3. What is the form of organization? *(check one)*

Corporation	☐	Testamentary Trust	☐
Unincorporated Association	☐	Inter Vivos Trust	☐

Other (please describe): Private Foundation

4. Was your organization related to any other organization(s) during the reporting year (see definition "Related Organization")? *If yes, please complete the Schedule RO on pages 13 and 14.* ☐ Yes ☐ No

5. Enter your summary of financial data:

	Financial Data	Amounts
A.	Contributions, gifts, grants, and similar amounts received	$0
B.	Gross support and revenue	$28,900.68
C.	Program services and similar amounts paid out	$10,600.00
D.	Fundraising expenses	$0
E.	Management and general expenses	$0
F.	Payments to affiliates	$0
G.	Total expenses	$0
H.	Net assets or fund balances at the end of the year	$206,036.32

6. List the total compensation you provided to your five highest paid employees:

	Name/Title	Hrs/ Week	Salary and Other Income	Benefit Plans	Other Compensation
1.	Robert J. Steininger II, Chairman	0	$0	$0	$0
2.	Mark D. Beasman, Treasurer	1	$0	$0	$0
3.	Lester C. Hopton, Secretary	0	$0	$0	$0
4.					
5.					

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

8. List the name, amount of compensation paid, and the nature of services rendered by each of the organization's five highest paid consultants providing professional services (e.g. attorneys, architects, accountants, management companies, investment advisors, professional solicitors, professional fundraising counsel).

	Name/Title	Amount of Compensation	Type(s) of Service
1.	None are compensated, all volunteers		
2.			
3.			
4.			
5.			

9. Bank(s) in which the organization's funds are deposited *(include bank addresses and phone number)*:

Bank	Address	Phone Number
Capital One Bank	317 Kentlands Blvd. Gaithersburg, MD 20878	3012124085

10. What is the organization's accounting method? ☐ Cash ☒ Accrual

☐ Other *specify)*: _____

11. If organization's mailing address os a P.O. Box, list the organization's full street address:

Address: 12704 Maidens Bower Drive

City: Potomac State: MD Zip Code: 20854

12. Contact Person Name: Mark D. Beasman

Street Address: 12704 Maidens Bower Drive

City: Potomac State: MD Zip Code: 20854

Phone Number: 3019879085

13. During the fiscal year reported here, did your organization solicit contributions or have funds solicited on its behalf? ☐ Yes ☒ No

14. At any time during the fiscal year following the year reported here, will your organization, or others acting on its behalf, solicit contributions? ☐ Yes ☒ No
If you answered yes to Question 13 or 14, you must complete Schedule A-1 and/or Schedule A-2 unless you are exempt from the solicitation certificate requirement.

15. If you are claiming and exemption from the solicitation certificate requirement, please indicate by checking the box to the right to identify which exemption applies to your organization.

a religious organization	☐
an organization which: (a) does not raise more than $5,000 during a calendar year Or does not receive contributions from more than ten persons during a calendar year; AND (b) carries out all of its activities, including fundraising, through unpaid volunteers. [*The conditions at both (a) and (b) must be met for your organization to qualify for this exemption.*]	☐

16. Attach a list of names, addresses (street and/or mailing), and telephone numbers of other offices/chapters/branches/ affiliates.

17. Attach a list of names, titles, and addresses (street and/or mailing) of officers, directors, trustees, and the principal salaried executives of organization.

18. Attach a list of names, titles, and addresses (street and/or mailing) of any individual(s) authorized to sign checks, and any individual(s) responsible for: custody of funds; distribution of funds; fundraising; and custody of financial records.

19. Has this organization or any of its officers, directors, employees or fundraisers solicited funds in any other state? ☐ Yes ☒ No
If you attach list of states where solicitation was conducted, including registered agency, dates of registration, registration numbers, any other names under which the organization *was/is registered, and the dates and type (mail, telephone, door to door, special events, etc.) of the solicitation conducted.*

20. Has this organization or any of its officers, directors, or employees:
If yes, please attach an explanation.

(a) Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions? ☐ Yes ☒ No

(b) Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency? ☐ Yes ☒ No

(c) Been the subject of a proceeding regarding any solicitation or registration? ☐ Yes ☒ No

(d) Entered into a voluntary agreement of compliance or consent judgment with, any government agency or in a case before a court or administrative agency? ☐ Yes ☒ No

21. Have any restrictions been removed during the year from donor-restricted funds?
If yes, please attach an explanation. ☐ Yes ☒ No

22. Have donor-restricted funds been loaned to unrestricted funds?
If yes, please attach an explanation. ☐ Yes ☒ No

23. This question involves "Termination of Employment or Changes of Control Compensatory Arrangements" with certain "Related Parties" (*see instructions and definition sections*). Report only if payments made or promised to any individual are in excess of four months salary or $100,000, whichever dollar amount is less.

(a) Did you make actual payments or otherwise transfer value under such an arrangement to any individual described in Related Party definition, sections (a) or (b), which payments are not reported in Question 6 or 7 above? ☐ Yes ☒ No

(b) Do you have an agreement with any individual described in Related Party definition, sections (a) or (b), containing such an agreement? ☐ Yes ☒ No

If you answered yes for Question 23(a) or 23(b) above, please attach an explanation identifying the individual(s) involved, stating the amount of any payments made or value transferred, and describing the terms of each agreement.

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

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

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

Signature Required

Under penalty of perjury, I declare that the information furnished in this report, including all attachment, is true and correct to the best of my knowledge.

Signature: Mark D Beasman Date: 10/14/2016

Printed Name: Mark D. Beasman

Title: Treasurer

Name of Preparer: Mark D. Beasman

Address 12704 Maidens Bower Drive

City Potomac State MD Zip Code 20854

Phone Number

Schedule A-1
Solicitation Activities During Fiscal Year Covered By This Report

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

NOT APPLICABLE - NO SOLICITATIONS MADE

Types of solicitation activities in which you expect to engage (*check all that apply*):

Mass Mailing	☐	Via the Internet	☐
Door-to-door	☐	Raffle, beano, bingo or gaming event	☐
Entertainment event	☐	Sale of goods other than by telephone	☐
Telemarketing without sale of goods or ads	☐	Individual Mailings	☐
Telemarketing with sale of goods	☐	Corporate solicitations	☐
Telemarketing with sale of ads	☐	Grant Proposals	☐

☐ Other *specify)*: _____

Identify the method or methods you expect to use for the fundraising (*check all that apply*):

Professional solicitor*	☐	Own employees	☐
Professional fundraising counsel*	☐	Volunteers	☐
Commercial co-venturer*	☐		

* Provide applicable names and addresses:

Professional Solicitor Name: _____

Address _____

City _____ State _____ Zip Code _____

Professional Fundraising Counsel Name: _____

Address _____

City _____ State _____ Zip Code _____

Commercial Co-Venturer Name: _____

Address _____

City _____ State _____ Zip Code _____

Schedule A-1 ctd.
Solicitation Activities During Fiscal Year Covered By This Report

Identify the individuals who will have final responsibility for the charity's custody of contributions:

Name and Title: _____

Address _____

City _____ State _____ Zip Code _____

Name and Title: _____

Address _____

City _____ State _____ Zip Code _____

Name and Title: _____

Address _____

City _____ State _____ Zip Code _____

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

Name and Title: _____

Address _____

City _____ State _____ Zip Code _____

Name and Title: _____

Address _____

City _____ State _____ Zip Code _____

Name and Title: _____

Address _____

City _____ State _____ Zip Code _____

Schedule A-2
Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

NONE

Types of solicitation activities in which you expect to engage (*check all that apply*):

Mass Mailing	☐	Via the Internet	☐
Door-to-door	☐	Raffle, beano, bingo or gaming event	☐
Entertainment event	☐	Sale of goods other than by telephone	☐
Telemarketing without sale of goods or ads	☐	Individual Mailings	☐
Telemarketing with sale of goods	☐	Corporate solicitations	☐
Telemarketing with sale of ads	☐	Grant Proposals	☐

☐ Other *specify)*: _____

Identify the method or methods you expect to use for the fundraising (*check all that apply*):

Professional solicitor*	☐	Own employees	☐
Professional fundraising counsel*	☐	Volunteers	☐
Commercial co-venturer*	☐		

* Provide applicable names and addresses:

Professional Solicitor Name: _____

Address _____

City _____ State _____ Zip Code _____

Professional Fundraising Counsel Name: _____

Address _____

City _____ State _____ Zip Code _____

Commercial Co-Venturer Name: _____

Address _____

City _____ State _____ Zip Code _____

Schedule A-2 ctd.
Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

Identify the individuals who will have final responsibility for the charity's custody of contributions:

Name and Title: _____

Address _____

City _____ State _____ Zip Code _____

Name and Title: _____

Address _____

City _____ State _____ Zip Code _____

Name and Title: _____

Address _____

City _____ State _____ Zip Code _____

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

Name and Title: _____

Address _____

City _____ State _____ Zip Code _____

Name and Title: _____

Address _____

City _____ State _____ Zip Code _____

Name and Title: _____

Address _____

City _____ State _____ Zip Code _____

Certification by Organization

Two <u>different</u> signatures required. Signers must be organization president or other authorized officer or trustee.

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

Signature: _____ Date: 9Sep2016

Printed Name: Robert J. Steininger II

Title: President / Chairman

Signature: Mark D Beasman Date: 10/14/2016

Printed Name: MARK D. BEASMAN

Title: TREASURER

Schedule RO

1. **Please read the instructions and definition of "Related Organization" carefully before completing this section.**
(If you have more than five Related Organizations, please attach a list.)

Name:			Primary purpose or activity:	
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:			Primary purpose or activity:	
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:			Primary purpose or activity:	
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:			Primary purpose or activity:	
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:			Primary purpose or activity:	
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Schedule RO ctd.

2. **List the total compensation paid by your organization and/or any other related organization to your chief executive (e.g., executive director) and to the four other current or former directors, trustees, officers, or** employees within the system of related organizations identified at question 1, above, receiving the highest aggregate compensation (*see instructions*). Use additional lines below to itemize by compensation source.

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation

3. Is asset and/or compensation information for religious organizations and/or certain non-charitable entities related to foundations excluded pursuant to instructions? ☒ Yes ☐ No

Massachusetts Form PC
Fiscal year Ending May 31, 2016

Memorial Fund of Phi Beta Epsilon
Attorney General Number: 002980
Federal Tax ID: 01-6013997

Question 24 Supporting Schedule

24.m. Did organization make a grant award to any organization in which any if it's trustees has a relationship?

For the fiscal year ending May 31, 2016, the Fund accrued and subsequently distributed total grants in the amount of $10,600.00 allocated accordingly: $1,600.00 to the Independent Resident Development Fund of the Massachusetts Institute of Technology (MIT), $4,000.00 to the Frank Denison '41 Scholarship Fund of MIT and $5,000.00 to Camp Kesem MIT, a non-profit, student-run organization that provides a free, week-long summer camp for children (ages 6-18) affected by a parent's cancer. All of the trustees of the Memorial Fund of Phi Beta Epsilon are graduates of MIT.

Memorial Fund of Phi Beta Epsilon
002980
Form PC FY 2014
(Organization's FY: June 1, 2015 to May 31, 2016)

Line 17. Officers and Trustees for FY 14/15	**Line 18. Responsibilities**
Robert Steininger, Chairman 100 Reed Street Cambridge, MA 02139	Custody of Records Authorized to redeem investment shares
Mark Beasman, Treasurer 12704 Maidens Bower Drive Potomac, MD 20854	Custody of Funds Distribution of Funds Custody of Financial Records Authorized to sign checks Authorized to redeem investment shares
Lester C. Hopton, Secretary 410 West 3rd Street Moorestown, NJ 08057	Recordation of Meeting Minutes Authorized to redeem investment shares
D. Reid Weedon, Trustee 22 Gammons Road Cohasset, MA 02025	Authorized to sign checks Authorized to redeem investment shares
Marc Moesse, Trustee 10 Roger Street Apt 1002 Cambridge, MA 02142	Voting trustee