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Form 990-PF

Return of Private Foundation

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

OMB No 1545-0052

Department of the Treasury

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. Open to Public Inspection Internal Revenue Service For calendar year 2015 or tax year beginning 10/1/2015 and ending 9/30/2016 Name of foundation A Employer identification number FAY EUGENE F TR U/WILL Number and street (or P O box number if mail is not delivered to street address) Room/suite 04-6091426 B Telephone number (see instructions) BNY Mellon, NA - PO BOX 185 ZIP code City or town 15230-0185 Pittsburgh PΑ (617) 722-7626 Foreign country name Foreign province/state/county Foreign postal code C If exemption application is pending, check here G Check all that apply Initial return D 1. Foreign organizations, check here \square initial return of a former public charity l Final return Amended return 2. Foreign organizations meeting the 85% test, ☐ Address change ☐ Name change check here and attach computation E If private foundation status was terminated under Check type of organization Section 501(c)(3) exempt private foundation section 507(b)(1)(A), check here Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation J Accounting method X Cash Accrual Fair market value of all assets at F If the foundation is in a 60-month termination end of year (from Part II, col (c), Other (specify) under section 507(b)(1)(B), check here (Part I, column (d) must be on cash basis) line 16) ▶ \$ 1,456,879 (d) Disbursements Part I Analysis of Revenue and Expenses (The total of (a) Revenue and (b) Net investment (c) Adjusted net for charitable amounts in columns (b), (c), and (d) may not necessarily expenses per income ıncome purposes books equal the amounts in column (a) (see instructions)) cash basis only) Contributions, gifts, grants, etc., received (attach schedule) 2 Check ►X if the foundation is **not** required to attach Sch B 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 24,675 23,806 5a Gross rents b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 13,722 Gross sales price for all assets on line 6a 7 Capital gain net income (from Part IV, line 2) 13,722 Net short-term capital gain 9 Income modifications 10a Gross sales less returns and allowances Less Cost of goods sold Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) 12 Total. Add lines 1 through 11 38.397 37.528 13 Compensation of officers, directors, trustees, etc. 14,773 8,689 5.909 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) . 4,392 4,392 b Accounting fees (attach schedule) Other professional fees (attach schedule) 17 Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion Occupancy 18 1.710 738 19 20 21 Travel, conferences, and meetings 22 Printing and publications Other expenses (attach schedule) 23 435 435 24 Total operating and administrative expenses. 9,427 Add lines 13 through 23 21,310 10.736 25 87,000 87,000 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 108,310 9,427 97,736 27 Subtract line 26 from line 12 Excess of revenue over expenses and disbursements -69,913 28,101 Net investment income (if negative, enter -0-) Adjusted net income (if negative, enter -0-)

For Paperwork Reduction Act Notice, see instructions.

Form 990-PF (2015)

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	
		should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	1	Cash—non-interest-bearing .			
	2	Savings and temporary cash investments	29,054	6,962	6,962
ł	3	Accounts receivable			
		Less allowance for doubtful accounts			
- 1	4	Pledges receivable ▶	Militari (1923)		
		Less allowance for doubtful accounts		·	
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
-		disqualified persons (attach schedule) (see instructions)			
Ì	7	Other notes and loans receivable (attach schedule)			
		Less allowance for doubtful accounts			
क्ष	8	Inventories for sale or use .			
Assets	9	Prepaid expenses and deferred charges .			
¥	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
ļ	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)			
- 1	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	1,389,406	1,341,585	1,449,917
	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)	1,418,460	1,348,547	1,456,879
	17	Accounts payable and accrued expenses			\$ 1.00 miles
,,	18	Grants payable			
Liabilities	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons		-	
ab	21	Mortgages and other notes payable (attach schedule)			对在基础
	22	Other liabilities (describe)			
	23	Total liabilities (add lines 17 through 22)	0	0	
		Foundations that follow SFAS 117, check here		-	
Balances		and complete lines 24 through 26 and lines 30 and 31.			
Ĕ	24	Unrestricted			
a	25	Temporarily restricted			
	26	Permanently restricted			
pur		Foundations that do not follow SFAS 117, check here ▶ 🏻			
F		and complete lines 27 through 31.			
Net Assets or Fur	27	Capital stock, trust principal, or current funds	1,418,460	1,348,547	
įts	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
3S6	29	Retained earnings, accumulated income, endowment, or other funds			
Ä	30	Total net assets or fund balances (see instructions)	1,418,460	1,348,547	
et et	31	Total liabilities and net assets/fund balances (see			2° 2° 2° 2° 2° 2° 2° 2° 2° 2° 2° 2° 2° 2
_		instructions)	1,418,460	1,348,547	** *** * *
Pa	rt 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 agr	ee with	
		of-year figure reported on prior year's return)	. •	1	1,418,460
2		amount from Part I, line 27a		2	-69,913
3		r increases not included in line 2 (itemize)		3	
4		ines 1, 2, and 3	··	4	1,348,547
5		eases not included in line 2 (itemize)		5	
6	Total	net assets or fund balances at end of year (line 4 minus line 5)-P	art II, column (b), lin		1,348,547
					Form 990-PF (2015)

Part	V Capital Gains and	d Losses for Tax on Investn	nent Income			
		he kind(s) of property sold (e.g., real estate buse, or common stock, 200 shs. MLC Co		(b) How acquired P—Purchase D—Donation	(c) Date acquir (mo , day, yr	• · · · · · · · · · · · · · · · · · · ·
1a	See Attached Statement					
b						
С						
<u>d</u>			 			
e			····	<u> </u>		
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis ense of sale	•) Gain or (loss) plus (f) minus (g)
<u>a</u>						
<u>b</u>					··· ·- · · ·	
<u> </u>						
d			 			· · · · · · · · · · · · · · · · · · ·
е	Complete only for accets of	howing gain in column (h) and owned	hy the foundation	n on 12/31/60		
	Complete only for assets sr					s (Col. (h) gain minus out not less than -0-) or
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of col (i) I (j), if any		ses (from col (h))
<u>a</u>						
b						
<u>c</u>				**	-	
e						-
2	Capital gain net income o	r (net canital inss)	also enter in Pa), enter -0- in Pa	,	2	13,722
3		n or (loss) as defined in sections	1222(5) and (6))		13,722
		I, line 8, column (c) (see instructi	ons) If (loss), e	nter -0- in }		•
D	Part I, line 8	den Cardian 4040/a) fan Dade	read Tay on N	lat Invastment	lnoomo	0
Part		der Section 4940(e) for Redurate foundations subject to the				
Was		ve this part blank e section 4942 tax on the distribut t qualify under section 4940(e)			ase period?	X Yes No
1		ount in each column for each yea			king any entri	es
	(a) Base period years	(b)		(c)		(d) Distribution ratio
Cal	endar year (or tax year beginning i	n) Adjusted qualifying distribution	ns Net value	of nonchantable-use a	issets (cc	of (b) divided by col (c))
	2014					0 000000
	2013					0 000000
	2012					0 000000 0 000000
	2011			·	- -	0 000000
	2010					0 000000
2	Total of line 1, column (d	N			2	0 000000
3	The state of the s	r/ for the 5-year base period—divi	de the total on li	ne 2 by 5, or by t		
•		dation has been in existence if le			3	0 000000
4	Enter the net value of no	ncharitable-use assets for 2015 f	rom Part X, line	5 .	4	
5	Multiply line 4 by line 3				5	
6	Enter 1% of net investme	ent income (1% of Part I, line 27b)		. 6	0
7	Add lines 5 and 6				7	0
8	Enter qualifying distribution of the street	ons from Part XII, line 4 ater than line 7, check the box in	Part VI, line 1b,	, and complete th	at part using a	1% tax rate See the

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Part \	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instr	ructions)		
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
b	Date of ruling or determination letter (attach copy of letter if necessary—see instructions) Domestic foundations that meet the section 4940(e) requirements in Part V, check		562	لنت
~	here Dand enter 1% 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)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		0	
3	Add lines 1 and 2		562	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0-			
5 6	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0- Credits/Payments	21 (38.8.5.7.	562	* 1
а	2015 estimated tax payments and 2014 overpayment credited to 2015 6a 1,707		1 · 1 · 1	
b	Exempt foreign organizations—tax withheld at source 6b			
C	Tax paid with application for extension of time to file (Form 8868) 6c 6c			
d	Backup withholding erroneously withheld 6d 5			
7	Total credits and payments Add lines 6a through 6d		1,707	
8	Enter any penalty for underpayment of estimated tax. Check here			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		0	
10 11	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Enter the amount of line 10 to be: Credited to 2016 estimated tax		1,145 583	
	VII-A Statements Regarding Activities	<u>'</u>	363	Ц
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	T	Yes	No
	participate or intervene in any political campaign?	1a	_	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see			
	Instructions for the definition)?	1t)	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any material	als		
	published or distributed by the foundation in connection with the activities	سنستند	المشتألة	<u></u>
C	Did the foundation file Form 1120-POL for this year?	10	: 	X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation (2) On foundation managers			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax impos	ed		
-	on foundation managers ▶\$	**		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	. 2		Х
	If "Yes," attach a detailed description of the activities	2.0	4	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			
40	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	48		X
4a b	Did the foundation have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a tax return on Form 990-T for this year?	41		 ^
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T	1.0	7 1 7	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or	13		
	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	\rightarrow	
7 8a	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV. Enter the states to which the foundation reports or with which it is registered (see instructions)	1.16	-120	F. *4*
oa	MA			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney Gene	ral		
-	(or designate) of each state as required by General Instruction G? If "No," attach explanation	81		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3	3) 📆	ir čei	ر ، » ، . خد مهم
	or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)?			
	"Yes," complete Part XIV	<u>, 9</u>		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing to	heir 10	ا م	"
	names and addresses		90-PF	X

Part	VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11	j	<u>x</u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified		- 1	
	person had advisory privileges? If "Yes," attach statement (see instructions)	12	\dashv	<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ► BNY MELLON, N A Telephone no ► (617) 722			
	Located at ▶ P.O. BOX 185, PITTSBURGH, PA ZIP+4 ▶ 15230-01	85		
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			► 区 753
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority	Y	'es	No
	over a bank, securities, or other financial account in a foreign country?	16	8 C 2 C C	<u>X</u> ,
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If			
	"Yes," enter the name of the foreign country	÷ 5 🕦 /**		<u> </u>
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required	. (d] .		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	Y	es	No
1a	During the year did the foundation (either directly or indirectly)			-,
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			~F.
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		2.35 X	
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		1. The state of th	
	(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)?		1,100	
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			1/3/
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days)			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in	<u>" </u>	ا ــــــــــــــــــــــــــــــــــــ	¥i
	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		<u> </u>
	Organizations relying on a current notice regarding disaster assistance check here		5.00	
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	40		Ţ
_	were not corrected before the first day of the tax year beginning in 2015?	1c	1 d	X
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))			54
а	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?			
				ā.
	If "Yes," list the years 20 , 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)		: ا	8.6
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	2h 1	- ایکنیا	لننست
	all years listed, answer "No" and attach statement—see instructions)		V/A	A76:31
С	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,	ž. Ž.	* 38	````````
22	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	·	.,	j
3a	at any time during the year? Yes X No	*	<i>A</i> `	?
h	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or	'		
b	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the	,	· :-	1
	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	N/A	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
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		X

Part	VII-B	Statements Regarding Activities f	or Wh	ich Form 4	720 Ma	y Be Req	uired (continue	d)		
5a		e year did the foundation pay or incur an on propaganda, or otherwise attempt to			(section	on 4945(e))	?	Yes	X No) (át.	
		nce the outcome of any specific public el y or indirectly, any voter registration driv		(see section	4955),	or to carry	on,	Yes	X No	,	
	(3) Provid	le a grant to an individual for travel, stud	y, or ot	ther similar pi	urposes	37		Yes	X No	,	
		le a grant to an organization other than a n 4945(d)(4)(A)? (see instructions)	a charit	able, etc , or	ganızat	ion describe	ed in	Yes	⊠ No	,	
	(5) Provide purpos	le for any purpose other than religious, o ses, or for the prevention of cruelty to ch	haritab ildren d	ole, scientific, or animals?	literary	, or educat	ional	Yes	⊠ No		
b		wer is "Yes" to 5a(1)–(5), did any of the ns section 53 4945 or in a current notice							bed in	5b	N/A
С	Organizat	tions relying on a current notice regardin wer is "Yes" to question 5a(4), does the t maintained expenditure responsibility f	g disas founda	ster assistanc ition claim ex	e chec	k here .		□Yes	► [
6a	If "Yes," a	ittach the statement required by Regulat undation, during the year, receive any fu	ions se	ection 53 494			iums	1 <i>e</i> s	wc		
		onal benefit contract?	,	,	,,,			Yes	X No	> [33]	
b		undation, during the year, pay premiums of 6b, file Form 8870	s, direc	tly or indirect	ly, on a	personal b	enefit o	contract?		6b	X
		during the tax year, was the foundation a pa						Yes	X No) <u> </u>	
b Part		nd the foundation receive any proceeds of the foundation About Officers, Directors								7b	N/A
ıaıı		nd Contractors	<i>1</i> 15, 11	ustees, ro	unuati	on Manaç	jers, r	ngmy Pa	ua En	npioye	es,
1		ficers, directors, trustees, foundation	mana	gers and the	ir com	pensation	(see ir	struction	ns).		
		(a) Name and address	(b) Titl hou	e, and average irs per week ted to position	(c) Co (If i	mpensation not paid, nter -0-)	(d) emplo	Contribution byee benefit erred compe	s to plans		ense account, allowances
	lellon, N A		TRUS	TEE							
9 O E	OX 185 P	ıttsburgh, PA 15230-0185	SEE A	TTACHED		14,773	NONE			NONE	
••••									···		
	• • • • • • • • • • • • • • • • • • • •										
2	Compens "NONE."	sation of five highest-paid employees	(other	than those	include	ed on line	1—see	instructi	ons). I	f none,	enter
	(a) Name and	d address of each employee paid more than \$50,000)	(b) Title, and a hours per v devoted to p	veek	(c) Comper	nsation	(d) Contribution employee plans and compens	benefit deferred	(e) Exp	ense account, allowances
NONE		••••					•				
•••••											
								<u>.</u>			
		•••••									
Total	number of	other employees paid over \$50,000		·			·		>	NONE	
										00	0 DE (0045)

Part	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid E and Contractors (continued)	mployees,
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		
·—		
		1
Total r	umber of others receiving over \$50,000 for professional services	NONE
Part	IX-A Summary of Direct Charitable Activities	
	e foundation's four largest direct chantable activities during the tax year. Include relevant statistical information such as the number of zations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 <u>N</u>	DNE	
2 -		
		-
3		
4 -		
7		
		<u> </u>
	X-B Summary of Program-Related Investments (see instructions)	·
	be the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 <u>N</u>	JNE	•
2		
		1
All oti	er program-related investments. See instructions	
3 <u>N</u>	DNE	
Total.	Add lines 1 through 3	NONE
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Part	X Minimum Investment Return (All domestic foundations must complete this part. Foreign	n foun	dations,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc,	Y.C.	
	purposes		
а	Average monthly fair market value of securities	1a	1,437,312
b	Average of monthly cash balances	1b	39,914
C	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	1,477,226
6	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	
3	Subtract line 2 from line 1d .	3	1,477,226
4	Cash deemed held for charitable activities Enter 1 ½ % of line 3 (for greater amount, see	1	
	instructions)	4	22,158
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,455,068
6_	Minimum investment return. Enter 5% of line 5	6	72,753
Part			
	foundations and certain foreign organizations check here		
1	Minimum investment return from Part X, line 6	1	72,753
2a	Tax on investment income for 2015 from Part VI, line 5 2a 562	2 7.5	
b	Income tax for 2015 (This does not include the tax from Part VI)	M E	
С	Add lines 2a and 2b	2c	562
3	Distributable amount before adjustments Subtract line 2c from line 1	3	72,191
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	72,191
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,	1	ı
	line 1	7	72,191
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	97,736
b	Program-related investments—total from Part IX-B	1b	NONE
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the.		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	97,736
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	1	
	Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	97,736
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating will	hether	the foundation
	qualifies for the section 4940(a) reduction of tay in those years		

art	XIII Undistributed Income (see instructions				
		(a)	(b)	(c)	(d)
1	Distributable amount for 2015 from Part XI,	Corpus	Years prior to 2014	2014	2015
•	line 7	2007.73212. "			72,191
2	Undistributed income, if any, as of the end of 2015				
a	Enter amount for 2014 only			3,361	
b	Total for prior years 20, 20, 20	No Sector I A		THE TOTAL TRANSPORT	
	Excess distributions carryover, if any, to 2015				
3					
a	From 2010				
b	From 2011 .				
C	From 2012	+			
d	From 2013	4			
е	From 2014				
f	Total of lines 3a through e	U			
4	Qualifying distributions for 2015 from Part XII,				
	line 4 ▶ \$ 97,736			3,361	
а	Applied to 2014, but not more than line 2a			3,301	23 44
b	Applied to undistributed income of prior years				
	(Election required—see instructions)				7-10
C	Treated as distributions out of corpus (Election				
	required—see instructions)	- 100 m			72,191
d	Applied to 2015 distributable amount .	** ***	4.00		72,191
е	Remaining amount distributed out of corpus	22,184			18, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3,
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	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	22,184	1		
b	Prior years' undistributed income Subtract				
	line 4b from line 2b	C**) · ¾ · · · · · · · · · · · · · · · · ·	
C	Enter the amount of prior years' undistributed		3		
	income for which a notice of deficiency has		¥		
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				750 80 2 2 2 2 2
d					
	amount—see instructions		\$ /	49 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
е	Undistributed income for 2014 Subtract line			<u>t.</u>	
	4a from line 2a Taxable amount—see				
	instructions .				0 3
f	Undistributed income for 2015 Subtract lines				
	4d and 5 from line 1 This amount must be				0
	distributed in 2016	34.1 - 3 8 · /			
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section		", ",	4 4	, , , , , , , , , , , , , , , , , , ,
	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.	00.40	اړ.	1]
	Subtract lines 7 and 8 from line 6a	22,18	*		
10	Analysis of line 9				
а				1	
t		-			
C					
C		긁			
€	Excess from 2015 22,10	04			Form 990-PF (2015)

CALL MARY ZAREMBA (617) 722-7626

04-6091426 FAY EUGENE F TR U/WILL Form 990-PF (2015) Page **11** Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient Purpose of grant or show any relationship to status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year See Attached Statement

	i Otai	•	ya ya	67,000
b NON	Approved for future payment IE			-

Totai

3b NONE

Pa	rt XVI-A	Analysis of Income-Producing Ac	tivities		_		
		mounts unless otherwise indicated	Unrelated bu	usiness income		on 512, 513, or 514	(e) Related or exempt
1	a	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
	d e f g Fees	and contracts from government agencies					
2 3 4 5	Interest of Dividend Net renta a Debt	ship dues and assessments n savings and temporary cash investments ds and interest from securities al income or (loss) from real estate t-financed property	A section set		14	24,675	
6 7 8 9	Net renta Other in Gain or (I	debt-financed property al income or (loss) from personal property vestment income oss) from sales of assets other than inventory me or (loss) from special events			18	13,722	
10 11	Gross pr Other re b c	rofit or (loss) from sales of inventory venue a					
13	eSubtotal Total. A	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) set in line 13 instructions to verify calculation	ns)	0	**CHX***	38,397 13	0 38,397
Pa Lin	rt XVI-B e No. ▼		ccomplishm	column (e) of Part	XVI-A contributed	d importantly to the ses) (See instructi	ons)
				7			

Page **13**

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

		Exempt Org	anizations			•					
1	Did t			ngage in any of the follo	owing with any o	ther organiz	zation c	lescribed	·	Yes	No
				ection 501(c)(3) organi					4	4.34	81.57
	politi	cal organizations	?								
а	Tran	sfers from the rep	oorting foundation to	a noncharitable exemp	t organization of				-		
	(1) C	ash	-	·	-				1a(1)		X
		ther assets			•				1a(2)		X
b		r transactions							30 73	¥	
	(1) S	ales of assets to	a noncharitable exer	npt organization					1b(1)		Χ_
				ble exempt organization	n				1b(2)		X
			equipment, or other	•					1b(3)		X
		leimbursement ai							1b(4)		Х
		oans or loan gua	•						1b(5)		X
		-		p or fundraising solicita	itions				1b(6)		X
С				ts, other assets, or paid					1c		X
d				plete the following sched		ould always	show th	ne fair marke	et		
				ven by the reporting foun-							
	value	in any transaction	or sharing arrangemen	nt, show in column (d) the	e value of the good	ls, other asse	ets, or s	ervices rece	ived.		
(a) Line	on e	(b) Amount involved	(c) Name of nonch	naritable exempt organization	(d) Descr	ption of transfe	ers, trans	actions, and sl	naring arra	ngeme	nts
			NOT APPLICABLE								
			· · · · · · · · · · · · · · · · · · ·								
									_		
2a	Is the	e foundation direc	ctly or indirectly affilia	ited with, or related to,	one or more tax-	exempt org	anızatı	ons _	_		
	desc	ribed in section 5	01(c) of the Code (of	ther than section 501(c)(3)) or in section	1 527?			Yes	X N	0
b	If "Ye	es," complete the	following schedule								
		(a) Name of organ	nization	(b) Type of organ	ization		(c) Desc	cription of relat	ionship		
											
				·							
				turn, including accompanying schedu			nowledge	and belief, it is tru	e		
Sign	1.		on of preparer (other than taxpa)	yer) is based on all information of wh	ich preparer has any knov	vieage			RS discuss		
lere		2-8		12/22/2016	VICE PRESID	ENT			reparer shouctions)?		
	Sig	nature of officer or tru		Date	Title					ا ده . ند	<u> </u>
aid		Print/Type preparer	's name	Preparer's signature		Date		Check X if	PTIN		
repa	rer	Shawn P Hanlo		C340_ 011		12/22/20	216	self-employed	P0096	5923	
•			PRICEWATERHOU				Firm's E	IN ► 13-4	008324		
Jse (riiy	Firm's address	600 GRANT STREE	T, PITTSBURGH, PA	15219		Phone n	o (412)	355-60	00_	

Part I, Line 6 (990-PF) - Gain/Loss from Sale of Assets Other Than Inventory

Check "X" if
is a Acquisition Date
ss Method A
12/21/2015
1/24/2013
1/24/2013
3/22/2012
3/5/2015
2/11/2010
1/24/2013
1/24/2013
7/13/2007
12/15/2014
1/31/1984
1/31/1984
12/22/2008
2/12/2009
12/20/2011
3/22/2012
3/5/2015
4/1/2014
4/1/2014
4/1/2014
4/1/2014
3/5/2015
4/1/2014
12/30/2014

Part I, Line 16a (990-PF) - Legal Fees

	4,392	0	0	4,392
	Boyonya and			Disbursements
	Revenue and	N-41		for Charitable
	Expenses per	Net Investment	Adjusted Net	Purposes
Description	Books	Income	Income	(Cash Basis Only)
1 LEGAL FEES	4,392			4,392

Part I, Line 18 (990-PF) - Taxes

		1,710	738	0	0
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1 Foreign	Tax Withheld	738	738		
2 Estimat	ted Excise Payments	972			

Part I, Line 23 (990-PF) - Other Expenses

		435	0	0	435
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1	FEE FOR FILING PROBATE	400	0		400
2	STATE AG FILING FEES	35	0		35

Part II, Line 13 (990-PF) - Investments - Other

			1,389,406	1,341,585	1,449,917
		Basis of	Book Value	Book Value	FMV
	Asset Description	Valuation	Beg. of Year	End of Year	End of Year
-				0	
7	2 BNY MELLON TAX-SENSITIVE LARGE CAR		0	186,655	211,079
က	BNY MELLON SMALL/MID CAP FUND-M		0	149,799	155,982
4	BNY MELLON MID CAP STK FD CL M		0	70,749	95,329
က	BNY MELLON S/T US GVT SECS FD CL M		0	21,457	20,644
ဖ	BNY MELLON INTERMEDIATE BOND FD C		0	107,365	110,641
<u> </u>	BNY MELLON BOND FD CL M		0	128,467	153,859
∞	DREYFUS YIELD ENH STRA T-Y		0	176,350	174,239
ြ	DREYFUS ALTERN DIVERS STR-Y		0	263,462	263,170
9	10 DREYFUS DIVERSIFIED INTL-Y		0	237,281	264,974

ł
Investment Income
5
Тах
for T
Losses fo
and
Gains
apital
9
990-PF)
Part IV

	Amount	-											
Long 1em CG Distributions					1	,	•	1			•	(•
Short Term CG Distributions	S				255,675	0	٥	269,667	-13,992		0	0	-13,992
								Cost or Other		N M	Adjusted Basis	Excess of FMV	Gains Minus
		Acquistion	Date	Date	Gross	Depreciation		Basis Plus		as of	asof	Over	Excess FMV Over
Description of Property Sold	CUSIP #	Method	Acquired	Sold	Sales Price	Allowed	Adjustments	Expense of Sale	Gain or Loss	12/31/69	12/31/69	Adjusted Basis	Ady Basis or Losses
1 BNY MELLON TAX-SEN L/C M	M 05569M434		12/21/2015	2/17/2016	16,619		0	17,581	-962	0	0	0	- 967
2 BNY MELLON TAX-SEN L/C M	M 05569M434		1/24/2013	2/17/2016	25,785		0	25,962	-177		0	0	2/1-
3 BNY MELLON TAX-SEN L/C M	M 05569M434		1/24/2013	9/19/2016	2,600		0	2,332	268	0	0	0	268
4 BNY MELLON SM/MID CAP-M	M 05569M442		3/22/2012	9/19/2016	1,840		0	2,063	-223	0	0	0	-223
5 BNY MELLON MC MULTI-STR	TR 05569M509		3/5/2015	9/19/2016	1,160		0	1,217	-57	0	0	0	-57
6 BNY MELLON S/T US GOV SE	SE 05569M780		2/11/2010	2/17/2016	19,046		0	19,898	-852	0	0 0	0	-852
7 BNY MELLON INTERMEDIAT	TE 05569M814		1/24/2013	2/17/2016	15,337		0	16,132	-795	0	0	0	-795
8 BNY MELLON INTERMEDIATE	TE 05569M814		1/24/2013	9/19/2016	1,600		0	1,660	09	0	0	0	09
9 BNY MELLON BOND FUND-M	M 05569M830		7/13/2007	2/17/2016	17,924		0	16,954	920	0	0	0	970
10 BNY MELLON BOND FUND-M	M 05569M830		12/15/2014	2/17/2016	132		0	134	-2	0	0	0	-2
11 BNY MELLON BOND FUND-M	M 05569M830		1/31/1984	2/17/2016	2 404		0	2,216	188	0	0	0	188
12 BNY MELLON BOND FUND-M	M 05569M830		1/31/1984	9/19/2016	2,200		0	1,983	217	0	0	0	217
13 BNY MELLON EMERGING MK	IK 05569M855		12/22/2008	2/17/2016	20,215		0	16,066	4,149		0	0	4,149
14 BNY MELLON EMERGING MK	IK 05569M855	1	2/12/2009	2/17/2016	16,218		0	12,488	3 730	,	0	0	3,730
15 BNY MELLON EMERGING MK			2/11/2010	2/17/2016	26,050		0	34,554	8 504	0	0	0	-8,504
16 BNY MELLON EMERGING MK			12/20/2011	2/17/2016	3,067		0	3,704	-637	•	0	0	-637
17 BNY MELLON EMERGING MK	IK 05569M855		3/22/2012	2/17/2016	4,555		0	998'9	-1,813	0	0	٥	-1,813
18 DREYFUS YIELD ENH STRA	.1 26188X817		3/5/2015	2/17/2016	475		0	511	-36	0	0	0	95-
19 DREYFUS YIELD ENH STRA	.1 26188X817		4/1/2014	2/17/2016	25,399		0	27,224	-1,825	0	0	Q	-1,825
20 DREYFUS YIELD ENH STRA	.1 26188X817		4/1/2014	9/19/2016	2,400		0	2,441	4	0	0	0	4
21 DREYFUS ALTERN DIVERS S	S 26188X858		4/1/2014	9/19/2016	3,700		0	3,736	96-	0	0	0	98-
22 DREYFUS DIVERSIFIED INTL	L 261986228		4/1/2014	9/19/2016	3,400		0	3,587	-187	0	0	O	-187
23 DREYFUS INTL SMALL CAP-Y	-Y 26201F777		3/5/2015	2/17/2016	28,792		0	31,900	-3,108		0	C	-3 108
24 DREYFUS DIVERSIFIED EM N	N 26203E646		4/1/2014	2/17/2016	14,572	1	0	18,724	4 152	,	0	٠	4,152
25 DREYFUS DIVERSIFIED EM	N 26203E646		12/30/2014	2/17/2016	185	-	0	232			0	0	4

Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

0	Expense Account	NONE
	Benefits	NONE
14,773	Avg Hrs Per Week Compensation	14,773 NON
	Avg Hrs Per Week	RUSTEE SEE ATTAC
	Trile	TRUSTEE
	Foreign Country	230-0185
	State Zip Code	15230-0185
	State	PA
	Cut	Pittsburgh
	Street	P O BOX 185
	Check "X" if Business	×
	Name	BNY Mellon, N.A.

Part VI, Line 6a (990-PF) - Estimated Tax Payments

					Date		Amount
 Credit from 	prior year return .	•	•			_ 1 _	735
2 First quarte	r estimated tax payment				2/9/2016	_ 2 _	243
3 Second qua	rter estimated tax payment				3/9/2016	3	243
4 Third quarte	er estimated tax payment				6/9/2016	_ 4 _	243
5 Fourth quar	ter estimated tax payment				9/9/2016	5	243
6 Other paym	ents					⁻ 6 ⁻	
_ 7 Total				 		⁻ 7 ⁻	1,707

 Part XIII, Line 2a, Column C (990-PF) - Prior Year Undistributed Income

 1 Distributable amounts for 2014 that remained undistributed at the beginning of the 2015 tax year
 1 3,361

 2
 3

 3
 4

 5
 5

 6
 6

 7
 7

 8
 9

 10 Total
 10 3,361

FAY EUGENE F TR U/WILL	 			04-609		
Continuation of Part XV, Lin	e 3a (990-PF) -	Gran	ts and Conf	tributions Paid	d During the	e Year
Recipient(s) paid during the year						
Name						
ROOM TO GROW						
Street			·-·			
142 Berkeley St # 22						
City		State	Zip Code	Foreign Coun	itry	
BOSTON		MA	02116	. 0.0.5	,	
Relationship	Foundation Status		1	, , , , , , , , , , , , , , , , , , , 		
NONE	PC					
Purpose of grant/contribution					Amount	
GENERAL OPERATING PURPOSES					<u> </u>	2,500
Name						
BROOKLINE COMMUNITY FOUNDATI	ON					
Street	ON			· · · · · · · · · · · · · · · · · · ·		
40 Webster PI						
City	-	State	Zip Code	Foreign Coun	itry	
Brookline		MA	02445	i Grongin Godin	· · · · · ·	
Relationship	Foundation Status	1417	102-1-0			
NONE	PC					
Purpose of grant/contribution	<u>. F</u>		•		Amount	
GENERAL OPERATING PURPOSES						1,000
Name						
ACTION FOR BOSTON COMMUNITY Street						
178 Tremont St City		State	Zip Code	Foreign Coun		
BOSTON		MA	02111	Foreign Coun	itry	
Relationship	Foundation Status		102111			
NONE	PC					
Purpose of grant/contribution	11 0				Amount	
GENERAL OPERATING PURPOSES					Amount	5,000
						0,000
Name						
BOSTON HEALTH CARE FOR THE HO	MELESS PROGRAM	М				
BOSTON HEALTH CARE FOR THE HO Street	DMELESS PROGRAM	<u>vi</u>				
BOSTON HEALTH CARE FOR THE HO Street 780 Albany St	DMELESS PROGRAM		Zin Code	Foreign Coun	· tn.	
BOSTON HEALTH CARE FOR THE HOStreet 780 Albany St City	DMELESS PROGRA!	State		Foreign Coun	ntry	
BOSTON HEALTH CARE FOR THE HO Street 780 Albany St City BOSTON			Zip Code 02118	Foreign Coun	itry	
BOSTON HEALTH CARE FOR THE HO Street 780 Albany St City BOSTON Relationship	Foundation Status	State		Foreign Coun	ntry	
BOSTON HEALTH CARE FOR THE HO Street 780 Albany St City BOSTON Relationship NONE		State		Foreign Coun		
BOSTON HEALTH CARE FOR THE HO Street 780 Albany St City BOSTON Relationship NONE Purpose of grant/contribution	Foundation Status	State		Foreign Coun	Amount	5.000
BOSTON HEALTH CARE FOR THE HO Street 780 Albany St City BOSTON Relationship NONE Purpose of grant/contribution GENERAL OPERATING PURPOSES	Foundation Status	State		Foreign Coun		5,000
BOSTON HEALTH CARE FOR THE HO Street 780 Albany St City BOSTON Relationship NONE Purpose of grant/contribution GENERAL OPERATING PURPOSES Name	Foundation Status	State		Foreign Coun		5,000
BOSTON HEALTH CARE FOR THE HO Street 780 Albany St City BOSTON Relationship NONE Purpose of grant/contribution GENERAL OPERATING PURPOSES Name DRESS FOR SUCCESS BOSTON	Foundation Status	State		Foreign Coun		5,000
BOSTON HEALTH CARE FOR THE HO Street 780 Albany St City BOSTON Relationship NONE Purpose of grant/contribution GENERAL OPERATING PURPOSES Name DRESS FOR SUCCESS BOSTON Street	Foundation Status	State		Foreign Coun		5,000
BOSTON HEALTH CARE FOR THE HO Street 780 Albany St City BOSTON Relationship NONE Purpose of grant/contribution GENERAL OPERATING PURPOSES Name DRESS FOR SUCCESS BOSTON Street 989 Commonwealth Avenue	Foundation Status	State MA	02118		Amount	5,000
BOSTON HEALTH CARE FOR THE HO Street 780 Albany St City BOSTON Relationship NONE Purpose of grant/contribution GENERAL OPERATING PURPOSES Name DRESS FOR SUCCESS BOSTON Street 989 Commonwealth Avenue City	Foundation Status	State MA	02118 Zip Code	Foreign Coun	Amount	5,000
BOSTON HEALTH CARE FOR THE HO Street 780 Albany St City BOSTON Relationship NONE Purpose of grant/contribution GENERAL OPERATING PURPOSES Name DRESS FOR SUCCESS BOSTON Street 989 Commonwealth Avenue City BOSTON	Foundation Status PC	State MA State MA	02118		Amount	5,000
BOSTON HEALTH CARE FOR THE HO Street 780 Albany St City BOSTON Relationship NONE Purpose of grant/contribution GENERAL OPERATING PURPOSES Name DRESS FOR SUCCESS BOSTON Street 989 Commonwealth Avenue City BOSTON Relationship	Foundation Status PC	State MA State MA	02118 Zip Code		Amount	5,000
BOSTON HEALTH CARE FOR THE HO Street 780 Albany St City BOSTON Relationship NONE Purpose of grant/contribution GENERAL OPERATING PURPOSES Name DRESS FOR SUCCESS BOSTON Street 989 Commonwealth Avenue City BOSTON Relationship NONE	Foundation Status PC	State MA State MA	02118 Zip Code		Amount	5,000
BOSTON HEALTH CARE FOR THE HO Street 780 Albany St City BOSTON Relationship NONE Purpose of grant/contribution GENERAL OPERATING PURPOSES Name DRESS FOR SUCCESS BOSTON Street 989 Commonwealth Avenue City BOSTON Relationship NONE Purpose of grant/contribution	Foundation Status PC	State MA State MA	02118 Zip Code		Amount	
BOSTON HEALTH CARE FOR THE HO Street 780 Albany St City BOSTON Relationship NONE Purpose of grant/contribution GENERAL OPERATING PURPOSES Name DRESS FOR SUCCESS BOSTON Street 989 Commonwealth Avenue City BOSTON Relationship NONE Purpose of grant/contribution GENERAL OPERATING PURPOSES	Foundation Status PC	State MA State MA	02118 Zip Code		Amount	5,000
BOSTON HEALTH CARE FOR THE HO Street 780 Albany St City BOSTON Relationship NONE Purpose of grant/contribution GENERAL OPERATING PURPOSES Name DRESS FOR SUCCESS BOSTON Street 989 Commonwealth Avenue City BOSTON Relationship NONE Purpose of grant/contribution GENERAL OPERATING PURPOSES	Foundation Status PC	State MA State MA	02118 Zip Code		Amount	
BOSTON HEALTH CARE FOR THE HO Street 780 Albany St City BOSTON Relationship NONE Purpose of grant/contribution GENERAL OPERATING PURPOSES Name DRESS FOR SUCCESS BOSTON Street 989 Commonwealth Avenue City BOSTON Relationship NONE Purpose of grant/contribution GENERAL OPERATING PURPOSES Name HEARTH, INC	Foundation Status PC	State MA State MA	02118 Zip Code		Amount	
BOSTON HEALTH CARE FOR THE HO Street 780 Albany St City BOSTON Relationship NONE Purpose of grant/contribution GENERAL OPERATING PURPOSES Name DRESS FOR SUCCESS BOSTON Street 989 Commonwealth Avenue City BOSTON Relationship NONE Purpose of grant/contribution GENERAL OPERATING PURPOSES Name HEARTH, INC Street	Foundation Status PC	State MA State MA	02118 Zip Code		Amount	
BOSTON HEALTH CARE FOR THE HO Street 780 Albany St City BOSTON Relationship NONE Purpose of grant/contribution GENERAL OPERATING PURPOSES Name DRESS FOR SUCCESS BOSTON Street 989 Commonwealth Avenue City BOSTON Relationship NONE Purpose of grant/contribution GENERAL OPERATING PURPOSES Name HEARTH, INC Street 1640 Washington Street	Foundation Status PC	State MA State MA		Foreign Coun	Amount	
BOSTON HEALTH CARE FOR THE HO Street 780 Albany St City BOSTON Relationship NONE Purpose of grant/contribution GENERAL OPERATING PURPOSES Name DRESS FOR SUCCESS BOSTON Street 989 Commonwealth Avenue City BOSTON Relationship NONE Purpose of grant/contribution GENERAL OPERATING PURPOSES Name HEARTH, INC Street 1640 Washington Street City	Foundation Status PC	State MA State MA	Zip Code 02215		Amount	
BOSTON HEALTH CARE FOR THE HO Street 780 Albany St City BOSTON Relationship NONE Purpose of grant/contribution GENERAL OPERATING PURPOSES Name DRESS FOR SUCCESS BOSTON Street 989 Commonwealth Avenue City BOSTON Relationship NONE Purpose of grant/contribution GENERAL OPERATING PURPOSES Name HEARTH, INC Street 1640 Washington Street City BOSTON	Foundation Status PC Foundation Status PC	State MA State MA		Foreign Coun	Amount	
BOSTON HEALTH CARE FOR THE HO Street 780 Albany St City BOSTON Relationship NONE Purpose of grant/contribution GENERAL OPERATING PURPOSES Name DRESS FOR SUCCESS BOSTON Street 989 Commonwealth Avenue City BOSTON Relationship NONE Purpose of grant/contribution GENERAL OPERATING PURPOSES Name HEARTH, INC Street 1640 Washington Street City BOSTON Relationship	Foundation Status PC Foundation Status PC	State MA State MA	Zip Code 02215	Foreign Coun	Amount	
BOSTON HEALTH CARE FOR THE HO Street 780 Albany St City BOSTON Relationship NONE Purpose of grant/contribution GENERAL OPERATING PURPOSES Name DRESS FOR SUCCESS BOSTON Street 989 Commonwealth Avenue City BOSTON Relationship NONE Purpose of grant/contribution GENERAL OPERATING PURPOSES Name HEARTH, INC Street 1640 Washington Street City BOSTON Relationship NONE	Foundation Status PC Foundation Status PC	State MA State MA	Zip Code 02215	Foreign Coun	Amount	
BOSTON HEALTH CARE FOR THE HO Street 780 Albany St City BOSTON Relationship NONE Purpose of grant/contribution GENERAL OPERATING PURPOSES Name DRESS FOR SUCCESS BOSTON Street 989 Commonwealth Avenue City BOSTON Relationship NONE Purpose of grant/contribution GENERAL OPERATING PURPOSES Name HEARTH, INC Street 1640 Washington Street City BOSTON Relationship	Foundation Status PC Foundation Status PC	State MA State MA	Zip Code 02215	Foreign Coun	Amount	

FAY EUGENE F TR U/WILL				04-609	
Continuation of Part XV, Lin	<u>e 3a (990-PF) -</u>	Gran	ts and Con	tributions Paid	During the Yea
Recipient(s) paid during the year					
Name READ TO A CHILD					
Street	·· · · · · · · · · · · · · · · · · · ·				
20 William Street #G25			1=:		
City Wellesley			Zip Code 02481	Foreign Count	ry
Relationship	Foundation Status		102401		
NONE	PC				
Purpose of grant/contribution GENERAL OPERATING PURPOSES					Amount 5,0
Name					
Street	, ,				
City		State	Zip Code	Foreign Count	ry
Relationship	Foundation Status		·		
Purpose of grant/contribution					Amount
Name					
Street					
City		State	Zip Code	Foreign Count	ry
Relationship	Foundation Status	<u></u>		· ·- h	
Purpose of grant/contribution	l .			, , , , , , , , , , , , , , , , , , , ,	Amount
Name					•
Street					
City		State	Zip Code	Foreign Count	ry
Relationship	Foundation Status	1			
Purpose of grant/contribution					Amount
Name			-		
Street		- "			· · · ·
City		State	Zip Code	Foreign Count	try
Relationship	Foundation Status		 	"	
Purpose of grant/contribution	<u> </u>				Amount
Name					
Street			 -		
City		State	Zip Code	Foreign Coun	try
Relationship	Foundation Status	·	 		. ;
Purpose of grant/contribution				 	Amount

1.000

GENERAL OPERATING PURPOSES

Attachment to Form 990PF Part VIII, Column (b) Title and Average Hours Per Week Devoted To Position

The compensation reported in column (b) paid to BNY Mellon, N.A. as Corporate Trustee is calculated based on market value and current fee schedule. It is not determined on an hourly basis. Corporate Trustee services include administrative responsibilities, grant requirements, recordkeeping, investment management, income collection, statement and accounting services, and regulatory reporting.