Form **990-PF** Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2017 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 16

For	cale	ndar year 2016 or tax yea	r beginning		, and ending		
		f foundation •				A Employer identification	n number
		I JOSEPH E. A					
_F	ΑM	ILY CHARITAI	BLE FOUNDATI	ON		04-3350462	2
		and street (or P O box number		address)	Room/suite	B Telephone number	
_1	50	MOUNT VERNO	ON STREET		500	617-822-73	366
		town, state or province, co		ostal code		C If exemption application is p	pending, check here
_E	OS	TON, MA 02:	125			,	•
G	Chec	k all that apply:	Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organizations	s, check here
			Final return	Amended return			•
_			Address change	Name change		Foreign organizations me check here and attach co	eeting the 85% test, omputation
Н (Chec	k type of organization:	X Section 501(c)(3) ex	kempt private foundation		E If private foundation sta	
	<u></u> s	ection 4947(a)(1) nonexen	npt charitable trust	Other taxable private founda	ation	under section 507(b)(1)	N(A), check here
i F	air m	arket value of all assets at	end of year J Account	ng method: X Cash	Accrual	F If the foundation is in a	
(f.	rom	Part II, col (c), line 16)	Or	ther (specify)		under section 507(b)(1)	
>	-\$			ımn (d) must be on cash i	basis)	(, , , , ,	, (=
Pi	art	Analysis of Revenue as	nd Expenses imns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
		necessarily equal the amour	nts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)
	1	Contributions, gifts, gran	ts, etc., received	11,235,022.	,	N/A	
	2	Check I if the foundation	in is not required to attach Sch. B	`	`	>	
	3	Interest on savings and temp cash investments	orary	9,635.	9,635.		STATEMENT 1
	4	Dividends and interest fro	om securities				
	5	a Gross rents		35,837.	35,837.		STATEMENT 2
		Net rental income or (loss)	12,091.			*	STATEMENT 3
a	6	A Net gain or (loss) from sale of	assets not on line 10				
Revenue		Gross sales price for all assets on line 6a		,, *	. >		
eke	7	Capital gain net income (from	Part IV, line 2)		0.		
Œ	8	Net short-term capital ga	ın		· · · · · · · · · · · · · · · · · · ·	REC	FIVED
	9	Income modifications			\	g than o	100
	10	Gross sales less returns and allowances				24	u 2017
		Less Cost of goods sold			, 4	NOC IN	2
		Gross profit or (loss)				LE L	17 3.14 marities and the same
	11	Other income				l 'agn	-N. U.L.
	12	Total. Add lines 1 throug	ıh 11	11,280,494.	45,472.		
	13		ectors, trustees, etc	0.	0.		0.
	14	' '	•				
G		Pension plans, employee					
ses	16	a Legal fees	STMT 4	14,592.	0.		14,592.
ber	1	b Accounting fees	STMT 5	350.	175.		175.
ŭ	1	Other professional fees					
Ę	17	Interest					
tra	18	Taxes	STMT 6	1,119.	0.		0.
Operating and Administrative Expens	19	Depreciation and depletic	n	6,704.	6,704.		
퍨	20	Occupancy		17,042.	17,042.		0.
Š	21	Travel, conferences, and	-				
ă	22	Printing and publications					
ing.	23	Other expenses	STMT 7	1,000.	0.		1,000.
rati	24	Total operating and adm					
Š		expenses. Add lines 13 t	_	40,807.	23,921.		15,767.
-	25	Contributions, gifts, gran	•	1,124,500.			15,767. 1,124,500.
Operating an	26	Total expenses and disb	ursements.	1 105 00-			
<u>'</u> —	<u> </u>	Add lines 24 and 25		1,165,307.	23,921.		1,140,267.
1	27	Subtract line 26 from line	12:	10 115 125			
2	1	Excess of revenue over exper	ises and disbursements	10,115,187.			
Z,		Subtract line 26 from line Excess of revenue over exper Net investment income (if n Adjusted net income (if n 1-23-16 LHA For Paper	if negative, enter -0-)		21,551.		
<u>ٽ</u> ــــــــ	Щ	Adjusted net income (if n	egative, enter -0-)	<u> </u>		N/A	
()3235	01 1	1-23-16 LHA For Paper	work Reduction Act Notic	e, see instructions.	_		Form 990-PF (2016)
					1		Ų

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Par	t Balance Sheets Attached schedules and amounts in the description	Beginning of year	End o	f year
1 41	Column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	Cash - non-interest-bearing			
	2 Savings and temporary cash investments	11,365,787.	21,487,678.	21,487,678.
- 1	Accounts receivable ►			
	Less: allowance for doubtful accounts			
'	Pledges receivable ►			
	Less: allowance for doubtful accounts			
	Grants receivable			
'	Receivables due from officers, directors, trustees, and other			
	disqualified persons			
	Other notes and loans receivable			
	Less: allowance for doubtful accounts			
7.1	Inventories for sale or use			
Ass	Prepaid expenses and deferred charges			
· ''	Da Investments - U.S. and state government obligations			
	b Investments - corporate stock			
1	c Investments - corporate bonds			
- '	G TO S C	97,382.	90,678.	360 000
_ ₁ ,	Less accumulated depreciation STMT 8 90,322. Investments - mortgage loans	31,302.	30,070.	360,000.
13				
1	Land, buildings, and equipment; basis			
- 1.	Less accumulated depreciation			346 566 36
1	o Other assets (describe ►			· · · · · · · · · · · · · · · · · · ·
	5 Total assets (to be completed by all filers - see the			
'	instructions. Also, see page 1, item I)	11,463,169.	21,578,356.	21,847,678.
1	Accounts payable and accrued expenses	11/103/103	22,370,330.	21,041,070.
11	•			*, * * * * * * * * * * * * * * * * * *
ر ا 11				*
Liabilities 5	Loans from officers, directors, trustees, and other disqualified persons			* }
<u> </u>				•
□ ₂ ;	? Other liabilities (describe ▶)			ŭ
		-		, }
2:	3 Total liabilities (add lines 17 through 22)	0.	0.	•
	Foundations that follow SFAS 117, check here	-		
ای	and complete lines 24 through 26 and lines 30 and 31.			
க் വ	Unrestricted	11,463,169.	21,578,356.	,
<u>re</u> 25	•			
<u>m</u> 20	Permanently restricted			,
<u> </u>	Foundations that do not follow SFAS 117, check here			
7	and complete lines 27 through 31.			
Net Assets or Fund Balance	, , , , , , , , , , , , , , , , , , , ,			
9S 2	Paid-in or capital surplus, or land, bldg., and equipment fund			
¥ 29	, , , , , , , , , , , , , , , , , , , ,	11 162 160	04 550 054	
ž 30	Total net assets or fund balances	11,463,169.	21,578,356.	
	Total Pol Par	11 462 160	01 550 356	
	Total liabilities and net assets/fund balances	11,463,169.	21,578,356.	
Par	t III Analysis of Changes in Net Assets or Fund B	alances		
1 To	al net assets or fund balances at beginning of year - Part II, column (a), line	20	- ·	
		ou .		11 462 160
	ust agree with end-of-year figure reported on prior year's return) er amount from Part I, line 27a			11,463,169.
	er anrount norm raitt, fille 27a er increases not included in line 2 (itemize)		2	10,115,187.
	d lines 1, 2, and 3		3	0. 21,578,356.
	creases not included in line 2 (itemize)		4 5	0.
	al net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (h), line 30	6	21,578,356.
	Turing to			Form 990-PF (2016)

2-story brick w	(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.)				{ P·	ow ac - Purcl - Dona	lase ((c) Date acquired (mo., day, yr.)		(d) Date sold (mo., day, yr.)
la :		 _			<u> </u>					
	NE				<u> </u>					
<u>C</u>					↓					
<u>d</u>					┼					ļ <u>.</u>
e (e) Gross sales price	(f) C	epreciation allowed (or allowable)	(g) Cos plus e	t or other basis	<u></u>		, _		ain or (loss (f) minus	
a	 			<u> </u>				· · · ·		
b			-							
c		<u> </u>				-				,
d										
e										
Complete only for assets show	ing gain in d	column (h) and owned by	the foundation	on 12/31/69			(I)	Gains (C	ol. (h) gaın	minus
(i) F.M.V. as of 12/31/69					ot less tha (from col.					
1										
b										
c										
d										
<u> </u>								,		
Capital gain net income or (net o	apıtal loss)	If gain, also enter -(er in Part I, line 0- in Part I, line	7 7	}	2				
Net short-term capital gain or (le	oss) as defii	ned in sections 1222(5) a	nd (6):							
If gain, also enter in Part I, line 8			V - /-		}					
If (loss), enter -0- in Part I, line	3	/* /				3				
Part V Qualification For optional use by domestic priva							nent Inc	ome		
section 4940(d)(2) applies, leave /as the foundation liable for the se "Yes," the foundation does not qu Enter the appropriate amount in	ction 4942 alify under:	tax on the distributable a section 4940(e). Do not c	omplete this pa	rt.						Yes X
(a)	r each colui	(b)	11511 00110115 00	lore making any e				Т		(d)
Base periód years Calendar year (or tax year begini	nua in)	Adjusted qualifying di	stributions	Net value of no	(c) onchai		use assets		Distri (co) (b) di	(d) bution ratio vided by col. (c))
2015	iiig iii)		54,307.		3	. 94	0,327		(001. (5) 41	• 2447
2014			13,324.		_ <u> </u>		0,000			3.6221
2013			12,500.				1,750			.0164
2012			0.			18	1,636			.0000
2011			37,000.			24	8,553	•		.1488
Total of line 1, column (d)								2		4.0321
Average distribution ratio for the	e 5-year bas	se period - divide the total	on line 2 by 5,	or by the number	r of ye	агѕ				
the foundation has been in exist	ence if less	than 5 years						3		.8064
Enter the net value of noncharit	able-use as:	sets for 2016 from Part X	, line 5					4	2	20,576,13
Multiply line 4 by line 3								5	1	6,593,25
										<u>-</u>
Enter 1% of net investment inco	me (1% of	Part I, line 27b)						6		21
									_	6 F00 :=
Add lines 5 and 6								7	1	6,593,47
										1 140 00
Enter qualifying distributions fro								8	L	1,140,26
If line 8 is equal to or greater th See the Part VI instructions.	an line 7, ct	neck the box in Part VI, lin	e 1b, and comp	plete that part usi	ng a 1	% tax	rate.			

Form 990-PF (2016) FAMILY CHARITABLE FOUNDATION		04-3	350462	2	Page
Part VI Excise Tax Based on Investment Income (Section 49)	40(a), 4940(b), 4940(e), or	1948 -	see instr	uctic	ns)
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 no					
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here	➤ □ and enter 1%	1 1		^ 4	ĨĨ1.
of Part I, line 27b					
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4		1 1			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only.	Others enter -0-)	2			0.
3 Add lines 1 and 2		3		4	131
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only.	Others enter -0-)	4			0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5		4	131.
6 Credits/Payments:					
a 2016 estimated tax payments and 2015 overpayment credited to 2016	6a				
b Exempt foreign organizations - tax withheld at source	6b	1			
c Tax paid with application for extension of time to file (Form 8868)	6c 431.	1			
d Backup withholding erroneously withheld	6d	1			
7 Total credits and payments. Add lines 6a through 6d		1 7		4	131.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is at	tached	8			_
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	•	9			0.
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 2017 estimated tax	Refunded	11		-	
Part VII-A Statements Regarding Activities			_		
1a During the tax year, did the foundation attempt to influence any national, state, or local legi	slation or did it participate or intervene	ın	-	Yes	No
any political campaign?			1a		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purpo	oses (see instructions for the definition)?	1b		X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities	and copies of any materials publish	hed or			1
distributed by the foundation in connection with the activities					
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 th	e year:				3
(1) On the foundation. ▶ \$ 0 . (2) On foundation manager					١.
e Enter the reimbursement (if any) paid by the foundation during the year for political expend	diture tax imposed on foundation	•			
managers. ► \$O .			\$,	ì	
2 Has the foundation engaged in any activities that have not previously been reported to the	IRS?		2		x
If "Yes," attach a detailed description of the activities				`	
3 Has the foundation made any changes, not previously reported to the IRS, in its governing		r	İ	,	
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change	ges		3	ĺ	Х
4a Did the foundation have unrelated business gross income of \$1,000 or more during the ye	ar?		4a		Х
b If "Yes," has it filed a tax return on Form 990-T for this year?		N/.	A 4b		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year	?		5		Х
If "Yes," attach the statement required by General Instruction T.					
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied 6	either:] .
 By language in the governing instrument, or 			1	ž	,
 By state legislation that effectively amends the governing instrument so that no mandato 	ry directions that conflict with the state	law	İ	^	
remain in the governing instrument?			6		Х
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," co.	mplete Part II, col. (c), and Part XV	•	7	Х	
8a Enter the states to which the foundation reports or with which it is registered (see instruction	ons) >		ļ		
MA			_	4	
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	X	_
9 Is the foundation claiming status as a private operating foundation within the meaning of se	ection 4942(j)(3) or 4942(j)(5) for cale	ndar	,		
year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," of	complete Part XIV		9	•	x
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a sched	ule listing their names and addresses S	ŢMŢ		Х	

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	otationical regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly over a controlled and the victorial of the foundation.		Yes	No
•	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)			v
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?	11	 	X
	If "Yes," attach statement (see instructions)	12		x
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			
14	The books are in care of ► DONNA SPAULDING Located at ► 150 MOUNT VERNON STREET, NO. 500, BOSTON, MA ZIP+4 ► 02			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	2125		· · · · ·
	and enter the amount of tay exempt interpot received an exempt divine a thin		. , , ▶	• 🔲
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank,	IV	/A Yes	NI.
	securities, or other financial account in a foreign country?	16	res	No X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country			
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			<u> </u>
4.	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
18	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? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No	1.4		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	[]		
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	1		* <
	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.)		4	
D	of fany 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)? N/A	1b		
r	Organizations relying on a current notice regarding disaster assistance check here		1	
·	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 2016?	9	.	···
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	1c		X
	defined in section 4942(j)(3) or 4942(j)(5)):		84	
а	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning		l	
	before 2016? Yes X No		4	
	If "Yes," list the years	\	ı	
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.) N/A	2b		
	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		1	
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
	If "Yes," did it have excess business holdings in 2016 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 2016) N/A	3ь		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that		$\neg \uparrow$	
	had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b		<u>X</u>
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Part VII-B Statements Regarding Ac		orm 4/20 May Be F	requirea (continu	jed)	<u>. </u>	
5a During the year did the foundation pay or incur any						
(1) Carry on propaganda, or otherwise attempt to i	= '	, ,,		s X No		ļ
(2) Influence the outcome of any specific public ele	ection (see section 4955); or	r to carry on, directly or indire			İ	l
any voter registration drive?						
(3) Provide a grant to an individual for travel, study, or other similar purposes?						
(4) Provide a grant to an organization other than a	charitable, etc., organization	n described in section				
4945(d)(4)(A)? (see instructions)			☐ Ye	s X No		Ì
(5) Provide for any purpose other than religious, c	haritable, scientific, literary,	or educational purposes, or f			1	
the prevention of cruelty to children or animals	?		Ye	s X No	Ì	1
b If any answer is "Yes" to 5a(1)-(5), did any of the tra	ansactions fail to qualify und	er the exceptions described i	n Regulations			
section 53.4945 or in a current notice regarding dis	aster assistance (see instru	ctions)?		N/A	5b	
Organizations relying on a current notice regarding	disaster assistance check he	ere		▶∟	Ī	1
c If the answer is "Yes" to question 5a(4), does the fo	undation claim exemption fr	om the tax because it maintai	ned		1	Ì
expenditure responsibility for the grant?		N	/A Ye	es No		
If "Yes," attach the statement required by Reg	gulations section 53 4945	5-5(d).		İ	}	
6a Did the foundation, during the year, receive any fun	ds, directly or indirectly, to p	pay premiums on				7
a personal benefit contract?			Ye	es X No	Ì	
b Did the foundation, during the year, pay premiums,	directly or indirectly, on a p	ersonal benefit contract?		L	6b	X
If "Yes" to 6b, file Form 8870				[
7a At any time during the tax year, was the foundation	a party to a prohibited tax s	helter transaction?	Ye	es 🗶 No		
b If "Yes," did the foundation receive any proceeds or	have any net income attribu	table to the transaction?		N/A	7b	
Part VIII Information About Officer	s, Directors, Trusto	ees, Foundation Ma	nagers, Highly	/		
Paid Employees, and Con						
1 List all officers, directors, trustees, foundati	on managers and their		Transfer and all and	-7-1		
(a) Name and address		(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) t	expense unt, other wances
(a) Name and address		to position	(If not paid, enter -0-)	and deterred compensation	allo	wances
				_		_
SEE STATEMENT 10			0.	0.	ļ. <u>.</u>	0.
					}	
					ļ	
				·	<u> </u>	
]			
			ļ		Į	
			<u> L</u>			
2 Compensation of five highest-paid employe	es (other than those inc		enter "NONE."	14/2	1 - 1	F
(a) Name and address of each employee paid r	nore than \$50.000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	accor	Expense unt, other
		devoted to position	(0)	compensation	allo	wances
NONE						
					<u> </u>	
	·					
			1		L	
					L	
Total number of other employees paid over \$50,000						0
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NONE		
		
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities	<u> </u>	0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the	France	
number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expens	es
1 GRANT MAKING TO SUPPORT HOUSING AND IMPROVED LIVING CONDITIONS	{	
	1,140	,267.
2		
3		
4	 -	
]	
	1	
Part IX-B Summary of Program-Related Investments	L	
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amoun	it
	Amoun	ıt
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amoun	it
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amoun	it
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amoun	nt .
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. 1 N/A 2 All other program-related investments. See instructions.	Amoun	it
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. 1 N/A 2	Amoun	it .
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. 1 N/A 2 All other program-related investments. See instructions.	Amoun	nt .
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. 1 N/A 2 All other program-related investments. See instructions.	Amour	it .
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. 1 N/A 2 All other program-related investments. See instructions.	Amour	nt .

Form 990-PF (2016)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	dation	s, see instructions.)
$\overline{1}$	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a		1a	0.
	Average of monthly cash balances	1b	20,529,479.
	Fair market value of all other assets	1c	360,000.
d		1d	20,889,479.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.	1	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	20,889,479.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	313,342.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	20,576,137.
6	Minimum investment return. Enter 5% of line 5	6	1,028,807.
P	Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part.)	l certaii	n
1	Minimum investment return from Part X, line 6	1	1,028,807.
2a	Tax on investment income for 2016 from Part VI, line 5		
þ	Income tax for 2016. (This does not include the tax from Part VI.)	′a.	
C	Add lines 2a and 2b	_2c	431.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,028,376.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	1,028,376.
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	1,028,376.
F	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	1,140,267.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
t	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	1,140,267.
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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,140,267.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation q 4940(e) reduction of tax in those years.	ualifies	for the section

Form **990-PF** (2016)

Part XIII Undistributed Income (see instructions)

	T					
•	(a) Corpus	(b)	(c)			(d)
1 Distributable amount for 2016 from Part XI,	Corpus	Years prior to 2015	2015		2	016
line 7		1		1		
2 Undistributed income, if any, as of the end of 2016					1,0	28,376
a Enter amount for 2015 only		}				
b Total for prior years:				0.		
2 Evenes distributions		ľ	•	ĺ		
3 Excess distributions carryover, if any, to 2016:						
a From 2011				[
b From 2012						
c From 2013				ĺ		
dFrom 2014 433,836.				ĺ		
e From 2015 767,520.		ś		ĺ		
f Total of lines 3a through e	1,201,356.					
4 Qualifying distributions for 2016 from		,				
Part XII, line 4: ►\$ 1,140,267.		4		1		
a Applied to 2015, but not more than line 2a				0.	(
b Applied to undistributed income of prior	****		·	200		
years (Election required - see instructions)	, ² 4	0		Ì		s
c Treated as distributions out of corpus		2 ^				
(Election required - see instructions)	0.	* * ***				
d Applied to 2016 distributable amount		*	î	 -	1 02	8,376.
e Remaining amount distributed out of corpus	111,891.		· ·			0,370.
5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount	0.	· · ·	* >		<u></u>	0.
must be snown in column (a))	<i>2</i> • •	,	, ,			<u>.</u> .
6 Enter the net total of each column as indicated below;	1	`	. #		`	*;
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1 212 245	*	ĺ	'A,		` ^ .
b Prior years' undistributed income. Subtract	1,313,247.	<u></u>		^.	,	
line 4b from line 2b		_				 -
c Enter the amount of prior years'		0.		*	* :	*
undistributed income for which a notice of	****				<u> </u>	
deficiency has been issued, or on which	^		,	. [*
the section 4942(a) tax has been previously assessed	/,	_	[•	5
d Subtract line 6c from line 6b. Taxable		0.	, , , , , , , , , , , , , , , , , , ,		»	*
amount - see instructions		•		,		
e Undistributed income for 2015. Subtract line		<u>0.</u>				*
4a from line 2a. Taxable amount - see instr.			u.			
f Undistributed income for 2016. Subtract				0.		
lines 4d and 5 from line 1. This amount must		4				
be distributed in 2017		,		- 1		
7 Amounts treated as distributions out of			<u>-</u>			0.
corpus to satisfy requirements imposed by				f		
section 170(b)(1)(F) or 4942(g)(3) (Election			*	f		,
may be required - see instructions)	0.				•	
8 Excess distributions carryover from 2011						
not applied on line 5 or line 7	0.					
9 Excess distributions carryover to 2017.	-					
Subtract lines 7 and 8 from line 6a	1,313,247.					
10 Analysis of line 9:						
a Excess from 2012	ſ			[
b Excess from 2013		ĺ				
c Excess from 2014 433,836.		ſ		[
d Excess from 2015 767,520.		[
e Excess from 2016 111,891.						
623581 11-23-16						

THE JOSEPH E. AND ROSEMARIE CORCORAN

Form 990-PF (2016) FAMILY CHARITABLE FOUNDATION 04-3350462 Page 10 Part XIV | Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2016, enter the date of the ruling b Check box to indicate whether the foundation is a private operating foundation described in section 4942(1)(3) or 4942(1)(5) 2 a Enter the lesser of the adjusted net Tax year Prior 3 years (a) 2016 (b) 2015 (c) 2014 (d) 2013 (e) Total 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 Complete 3a, b, or c for the afternative 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 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 Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.) 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).) JOSEPH E. CORCORAN 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 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here \(\bigcirc X \) 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: b The form in which applications should be submitted and information and materials they should include: c Any submission deadlines: d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Form **990-PF** (2016)

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Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Purpose of grant or show any relationship to status of Amount any foundation manager contribution Name and address (home or business) recipient or substantial contributor a Paid during the year ADOPT A STUDENT FOUNDATION NONE 501 C 3 PROGRAM SUPPORT 49 ELM ST WORCESTER, MA 01609 1,000. AMERICAN IRELAND FUND NONE 501 C 3 PROGRAM SUPPORT 10 POST OFFICE SQUARE SUITE 1205 BOSTON, MA 02109 200,000. BOSTON COLLEGE NONE 501 C 3 PROGRAM SUPPORT 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467 50,000. BRIGHAM AND WOMEN'S HOSPITAL NONE 501 C 3 PROGRAM SUPPORT 75 FRANCIS ST BOSTON, MA 02115 100,000. CAMP HARBORVIEW NONE 501 C 3 PROGRAM SUPPORT 200 CLARENDON STREET BOSTON, MA 02119 50,000. SEE CONTINUATION SHEET(S) → 3a 1,124,500. Total b Approved for future payment NONE Total 0. 3b

Form 990-PF (2016)

Analysis of Income-Producing Activities

FAMILY CHARITABLE FOUNDATION

Enter gross amounts unless otherwise indicated.	Unrelated business income		Exclu	ded by section 512, 513, or 514	(e)		
Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income		
- ·	code		code				
a							
b							
·	 						
d			-				
e							
f	——	 ,_ ,					
g Fees and contracts from government agencies							
2 Membership dues and assessments	\						
3 Interest on savings and temporary cash	l j						
investments			14	9,635.			
4 Dividends and interest from securities							
5 Net rental income or (loss) from real estate:							
a Debt-financed property							
b Not debt-financed property			16	12,091.			
6 Net rental income or (loss) from personal							
property	1						
7 Other investment income							
8 Gain or (loss) from sales of assets other							
than inventory	1						
9 Net income or (loss) from special events		·	ţ		 		
10 Gross profit or (loss) from sales of inventory							
11 Other revenue:							
	1 1		1	Ì			
			 				
^			-		·····		
4		·	├				
e	 		 				
12 Subtotal Add columns (b), (d), and (e)	}	0.	 	21,726.	0.		
13 Total. Add line 12, columns (b), (d), and (e)	<u></u>		<u></u>	13	21,726.		
(See worksheet in line 13 instructions to verify calculations.)			10	21,720.			
				_ 	·····		
Part XVI-B Relationship of Activities t							
Explain below how each activity for which income the foundation's exempt purposes (other than			contrit	outed importantly to the accomp	plishment of		
and realisation of extrape paragraphs (earlier than	by providing id.		_				
				· - · · · · · · · · · · · · · · · · · · ·			
							
							

623621 11-23-16

04-3350462 Page 13

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

		Exempt Organ	izations							
1	Did the or	ganization directly or indii	rectly engage in any	of the followin	g with any other organization	on described in secti	on 501(c) of		Yes	No
	the Code ((other thần section 501(c))(3) organizations) o	r in section 52	7, relating to political organ	izations?		1 [
a	Transfers	from the reporting founda	ation to a noncharita	ble exempt org	ganization of:			1 1		
	(1) Cash	•						1a(1)		Х
	(2) Other	assets						1a(2)		X
b	Other tran							1		
	(1) Sales	of assets to a noncharital	ble exempt organiza	tion				1b(1)		Х
		nases of assets from a no						1b(2)		X
	(3) Rental of facilities, equipment, or other assets									X
	(4) Reimbursement arrangements									X
	(5) Loans or loan guarantees									X
		rmance of services or me	mharchin ar fundras	cina colinitatio	no			1b(5)		X
c		f facilities, equipment, ma	•	•				1b(6)	-	$\frac{X}{X}$
			_	-	dule. Column (b) should alv	waya ahayy tha fair n	oorkat value of the monday	10		
u					ed less than fair market valu				eis,	
		i) the value of the goods,			cu icss than fall market valu	ic iii aily tialisaction	or snaring arrangement, s	HOW III		
a)ر		(b) Amount involved			e exempt organization	(d) Description	of transfers, transactions, and	charina arr		
		(5)	(0)1101110 01	N/A	o Admir to gameaton	(a) Description	or translers, transactions, and	Sharing and	angeme	
				N/A						
							· · · · · · · · · · · · · · · · · · ·			
		 				- 			_	
-										
		 =				-				
						-				
						_				
							·		-	
										
20	le the four	adation directly or indirect	ly affiliated with or i	ralated to one	or more tax-exempt organi	Tations described				
2 a		501(c) of the Code (other				zations described	г	¬ ∨oo	v	No
		omplete the following sch	, ,)(3)) 01 111 5001	1011 527 f		L.	Yes	LA) NO
U	11 165, 00	(a) Name of org			(b) Type of organization	T	(c) Description of relations	hin		
		N/A	<u> </u>		(b) Type of organization	· · · · · · · · · · · · · · · · · · ·	(c) Description of relations	Пр		
		N/A								
						 -				
							 			
	Lunder	penalties of persury. I declare	that I have examined thi	s return includin	g accompanying schedules and	statements and to the	heet of my knowledge			
Si	l and be				n taxpayer) is based on all inform		has any knowledge Ma	y the IRS di urn with the		
He	re	OCO m	b and		1/1/21207	MDIIGME	sho	wn below (tr)?
•		nature of efficer or trustee	10 WY.		Date	Title	<u>'E</u>	X Yes	Щ	J No
	1 -	Print/Type preparer's na		Droparor's s			Check if PTIN			
		Primorype preparer Sina	11110	Preparer's si	yıratul c	Date	Check if PTIN self- employed			
Pa	id	. VENINTEMIT DA	TITNI CIDA	M MAINTEN	מים זונדעו נו	0 E /1 0 /1 B		1000	101	
_					H DAVIN, CP			$\frac{12804}{00746}$		
	eparer se Only	Firm's name FKEV	IN P MAKI	IN ASS	OCIATES, P.C	•	Firm's EIN ► 04-3	J 9 / 4 (טע	
U	e Unity	Firm's address 5 4 0	HODDES :	TOCIE		· · · · · · · · · · · · · · · · · · ·				
		Firm's address ► 10			0.4		/504)	202 -		^
		l BR	AINTREE,	MA UZ1	04		Phone no. (781):			_
							Fo	orm 990	-PF	2016)

FAMILY CHARITABLE FOUNDATION 04 - 3350462Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to any foundation manager Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient or substantial contributor DORCHESTER YMCA NONE 501 C 3 PROGRAM SUPPORT 776 WASHINGTON ST 2,500. DORCHESTER, MA 02124 EMMANUEL COLLEGE NONE 501 C 3 PROGRAM SUPPORT 400 FENWAY BOSTON, MA 02115 125,000. EVERYTOWN FOR GUN SAFETY SUPPORT NONE 501 C 3 PROGRAM SUPPORT FUND, INC. PO BOX 4184 50,000. NEW YORK, NY 10163 HOMESTART, INC. NONE 501 C 3 PROGRAM SUPPORT 105 CHAUNCY STREET 5,000. BOSTON, MA 02111 MASSACHUSETTS GENERAL HOSPITAL NONE 501 C 3 PROGRAM SUPPORT 55 FRUIT STREET 50,000. BOSTON, MA 02114 501 C 3 ROBERT F KENNEDY CHILDREN'S ACTION NONE PROGRAM SUPPORT CORPS 11 BEACON ST #820 50,000. BOSTON, MA 02108 SIMON OF CYRENE SOCIETY NONE 501 C 3 PROGRAM SUPPORT

170 NEWBURY ST

BOSTON, MA 02116

SISTERS OF SAINT JOSEPH 632 WASHINGTON STREET

ST JOSEPHS PREPARATORY HIGH SCHOOL

ST MARY'S WOMEN AND CHILDRENS CENTER

BRAINTREE, MA 02184

617 CAMBRIDGE STREET

DORCHESTER, MA 02125

BOSTON, MA 02134

90 CUSHING AVE

501 C 3

501 C 3

501 C 3

NONE

NONE

NONE

Total from continuation sheets

PROGRAM SUPPORT

PROGRAM SUPPORT

PROGRAM SUPPORT

1,000.

25,000.

50,000.

5,000.

723,500.

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, show any relationship to any foundation manager Foundation Purpose of grant or Amount status of contribution Name and address (home or business) or substantial contributor recipient THE AMERICAN CITY COALITION, INC. NONE 501 C 3 PROGRAM SUPPORT 2136 WASHINGTON STREET ROXBURY, MA 02119 20,000. THE BOSTON FOUNDATION, INC. NONE 501 C 3 PROGRAM SUPPORT 75 ARLINGTON STREET BOSTON, MA 02116 265,000. THOMAS S DURANT FELLOWSHIP OF REFUGEE NONE 501 C 3 PROGRAM SUPPORT MEDICINE 125 NASHUA STREET, SUITE 722 BOSTON, MA 02114 50,000. URBAN COLLEGE OF BOSTON NONE 501 C 3 PROGRAM SUPPORT 178 TREMONT ST BOSTON, MA 02111 25,000. Total from continuation sheets

<u> </u>				
FORM 990-PF INTEREST ON SAVIN	NGS AND TEMPORARY	CASH INVESTMENTS	STATEMENT	1
SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOM	Ξ
FIDELITY MONEY MARKET FIDELITY MONEY MARKET	945. 8,690.	945. 8,690.		_
TOTAL TO PART I, LINE 3	9,635.	9,635.		
FORM 990-PF	RENTAL INCOME		STATEMENT	2
KIND AND LOCATION OF PROPERTY		ACTIVITY NUMBER	GROSS RENTAL INC	OME
CONDO		1	35,8	37.
TOTAL TO FORM 990-PF, PART I,	LINE 5A		35,8	37.
FORM 990-PF	RENTAL EXPENSES		STATEMENT	3
DESCRIPTION	ACTIVIT NUMBER		TOTAL	
DEPRECIATION WATER REAL ESTATE TAXES MANAGEMENT FEES INSURANCE		6,704. 172. 2,706. 13,740. 424.		•
	UBTOTAL - 1	1211	23,7	46.
TOTAL RENTAL EXPENSES			23,7	46.
NET RENTAL INCOME TO FORM 990	-PF, PART I, LINE	5B	12,0	91.

FORM 990-PF	LEGAL	FEES	S7	ATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAB PURPOSE	
LEGAL	14,592.	0.		14,59	2.
TO FM 990-PF, PG 1, LN 16A =	14,592.	0.		14,59	2.
FORM 990-PF	ACCOUNTI	NG FEES	S	PATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAB PURPOSE	
ACCOUNTING	350.	175.		17	5.
TO FORM 990-PF, PG 1, LN 16B	350.	175.		17	5.
FORM 990-PF	TAX	ES	S	PATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAB PURPOSE	
FEDERAL EXCISE TAXES	1,119.	0.	,		_
					0.
TO FORM 990-PF, PG 1, LN 18 =	1,119.	0.			0.
TO FORM 990-PF, PG 1, LN 18 =	1,119. OTHER E		S		
<u>-</u>			(C) ADJUSTED NET INCOME		0. 7
FORM 990-PF	OTHER E. (A) EXPENSES	XPENSES (B) NET INVEST-	(C) ADJUSTED	TATEMENT (D) CHARITAB	7

	ETS HELD FOR INV	VESTMENT	STATI	EMENT	8
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATIO		OK VAL	UE
CONDO	181,000.	90,32	2.	90,6	78.
TOTAL TO FM 990-PF, PART II, LN 11	181,000.	90,32	2.	90,6	78.
	TANTIAL CONTRIBU	UTORS	STATI	EMENT	9
NAME OF CONTRIBUTOR	ADDRESS				
1999 CORCORAN FAMILY TRUST	C/O CJ 150 MOU BOSOTN, MA 02:		REET ST	500	
FORM 990-PF PART VIII - LIST TRUSTEES AND	OF OFFICERS, DEFOUNDATION MANAGE		STAT	EMENT	1(
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- B	MPLOYEE EN PLAN CONTRIB		
NAME AND ADDRESS JOSEPH E. CORCORAN 150 MOUNT VERNON STREET BOSTON, MA 02125		COMPEN- B	EN PLAN		NT
JOSEPH E. CORCORAN 150 MOUNT VERNON STREET BOSTON, MA 02125 JOSEPH J. CORCORAN 150 MOUNT VERNON STREET	AVRG HRS/WK TRUSTEE	COMPEN- B SATION	EN PLAN CONTRIB		0 .
JOSEPH E. CORCORAN 150 MOUNT VERNON STREET BOSTON, MA 02125 JOSEPH J. CORCORAN 150 MOUNT VERNON STREET BOSTON, MA 02125	AVRG HRS/WK TRUSTEE 1.00 TRUSTEE	COMPEN- B SATION 0.	EN PLAN CONTRIB		0.
JOSEPH E. CORCORAN 150 MOUNT VERNON STREET BOSTON, MA 02125 JOSEPH J. CORCORAN 150 MOUNT VERNON STREET BOSTON, MA 02125 ALEXANDER A. RANDALL 150 MOUNT VERNON STREET	AVRG HRS/WK TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE	COMPEN- B SATION 0.	CONTRIB 0.		0. 0.
JOSEPH E. CORCORAN 150 MOUNT VERNON STREET BOSTON, MA 02125 JOSEPH J. CORCORAN 150 MOUNT VERNON STREET BOSTON, MA 02125 ALEXANDER A. RANDALL 150 MOUNT VERNON STREET BOSTON, MA 02125 PATRICIA CORCORAN CHAPPLE 150 MOUNT VERNON STREET	AVRG HRS/WK TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00	COMPEN- B SATION 0. 0.	O. O.		

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No 1545-0047

2016

Name of the organization

THE JOSEPH E. AND ROSEMARIE CORCORAN FAMILY CHARITABLE FOUNDATION

Employer identification number

04-3350462

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization THE JOSEPH E. AND ROSEMARIE CORCORAN Employer identification number

<u> FAMT</u>	Y CHARITABLE FOUNDATION	04	-3350462
Part I	Contributors (See instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	1999 CORCORAN FAMILY TRUST C/O CJ 150 MOUNT VERNON STREET BOSTON, MA 02125	<u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Onncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization THE JOSEPH E. AND ROSEMARIE CORCORAN FAMILY CHARITABLE FOUNDATION

Employer identification number

04-3350462

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

	· · · · · · · · · · · · · · · · · · ·		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
623453 10-18-16		\$ Schedule B (Form 9	90. 990-EZ. or 990-PF) (2016

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

(e) Transfer of gift

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