



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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.

2016

Open to Public Inspection

For calendar year 2016 or tax year beginning , 2016, and ending

Name of foundation NORMAN M SHACK CHARITABLE FOUNDATION		A Employer identification number 04-3396602
Number and street (or P O box number if mail is not delivered to street address) C/O SHACK LAW OFFICE 160 PLEASANT STREET	Room/suite	B Telephone number (see instructions) (978) 688-0292
City or town, state or province, country, and ZIP or foreign postal code NORTH ANDOVER MA 01845		C If exemption application is pending, check here. <input type="checkbox"/>
G Check all that apply	<input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change	<input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change
H Check type of organization <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Other taxable private foundation		D 1 Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, column (c), line 16) \$ 424,394.	J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1	Contributions, gifts, grants, etc., received (attach schedule)	0.			
2	Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B				
3	Interest on savings and temporary cash investments				
4	Dividends and interest from securities	11,029.	11,029.	11,029.	
5a	Gross rents				
b	Net rental income or (loss)				
6a	Net gain or (loss) from sale of assets not on line 10				
b	Gross sales price for all assets on line 6a				
7	Capital gain net income (from Part IV line 2)		6,564.		
8	Net short-term capital gain			424.	
9	Income modifications				
10a	Gross sales less returns and allowances				
b	Less Cost of goods sold				
c	Gross profit or (loss) (attach schedule)				
11	Other income (attach schedule)				
12	Total. Add lines 1 through 11.	11,029.	17,593.	11,453.	
13	Compensation of officers, directors, trustees, etc.	0.	0.	0.	0.
14	Other employee salaries and wages	0.	0.	0.	0.
15	Pension plans, employee benefits	0.	0.	0.	0.
16a	Legal fees (attach schedule)	0.	0.	0.	0.
b	Accounting fees (attach sch.)	500.	500.	500.	500.
c	Other professional fees (attach sch.)				
17	Interest				
18	Taxes (attach schedule) (see Instrs)	800.			
19	Depreciation (attach schedule) and depletion				
20	Occupancy				
21	Travel, conferences, and meetings				
22	Printing and publications				
23	Other expenses (attach schedule)				
	See Line 23 Stmt	2,878.	2,878.	2,878.	2,878.
24	Total operating and administrative expenses. Add lines 13 through 23.	4,178.	3,378.	3,378.	3,378.
25	Contributions, gifts, grants paid	16,999.			16,999.
26	Total expenses and disbursements. Add lines 24 and 25.	21,177.	3,378.	3,378.	20,377.
27	Subtract line 26 from line 12.				
a	Excess of revenue over expenses and disbursements	-10,148.			
b	Net investment income (if negative, enter -0-)		14,215.		
c	Adjusted net income (if negative, enter -0-)			8,075.	

SCANNED MAY 23 2017

Received in
Batching Ogden
MAY 22 2017ADMINISTRATIVE
OPERATING AND
SUPPORTING EXPENSES10
c24

Part II Balance Sheets

Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)

Beginning of year

End of year

(a) Book Value

(b) Book Value

(c) Fair Market Value

ASSETS	1	Cash — non-interest-bearing	26,825.		
	2	Savings and temporary cash investments		44,000.	44,000.
	3	Accounts receivable			
		Less allowance for doubtful accounts			
	4	Pledges receivable			
		Less allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach sch)			
		Less allowance for doubtful accounts			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments — U.S. and state government obligations (attach schedule)			
	b	Investments — corporate stock (attach schedule) L-10b. Stmt	173,411.	167,714.	355,118.
	c	Investments — corporate bonds (attach schedule) L-10c. Stmt	40,000.	24,937.	25,276.
	LIABILITIES	11	Investments — land, buildings, and equipment basis		
		Less accumulated depreciation (attach schedule)			
12		Investments — mortgage loans			
13		Investments — other (attach schedule)			
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).	240,236.	236,651.	424,394.
17		Accounts payable and accrued expenses			
18		Grants payable			
NET FUND ASSETS	19	Deferred revenue			
	20	Loans from officers, directors, trustees, & other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe)			
	23	Total liabilities (add lines 17 through 22)			
		Foundations that follow SFAS 117, check here <input type="checkbox"/>			
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
		Foundations that do not follow SFAS 117, check here <input checked="" type="checkbox"/>			
27	Capital stock, trust principal, or current funds	240,236.	236,651.		
28	Paid-in or capital surplus, or land, bldg., and equipment fund				
29	Retained earnings, accumulated income, endowment, or other funds				
30	Total net assets or fund balances (see instructions)	240,236.	236,651.		
31	Total liabilities and net assets/fund balances (see instructions)	240,236.	236,651.		

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year — Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	240,236.
2	Enter amount from Part I, line 27a	2	-10,148.
3	Other increases not included in line 2 (itemize) See Other Increases Stmt	3	6,563.
4	Add lines 1, 2, and 3	4	236,651.
5	Decreases not included in line 2 (itemize)	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5) — Part II, column (b), line 30	6	236,651.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shares MLC Company)	(b) How acquired P — Purchase D — Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a 115 Kraft Heinz Co	P	02/10/05	05/18/16
b 1250 Australia & New Zealand BKG	P	11/21/06	08/12/16
c 4,273.504 HIGH YIELD CORP INV	P	10/09/15	09/28/16
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 9,380.		1,765.	7,615.
b 25,407.		26,882.	-1,475.
c 25,000.		24,576.	424.
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			7,615.
b			-1,475.
c			424.
d			
e			

2 Capital gain net income or (net capital loss)	If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	6,564.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8		3	424.

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

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes☒ No

If 'Yes,' the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year, see the instructions before making any entries			
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2015	18,852.	419,429.	0.044947
2014	17,428.	368,676.	0.047272
2013	18,412.	359,073.	0.051276
2012	16,198.	322,080.	0.050292
2011	14,431.	314,738.	0.045851
2 Total of line 1, column (d)		2	0.239638
3 Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years		3	0.047928
4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5.		4	402,371.
5 Multiply line 4 by line 3		5	19,285.
6 Enter 1% of net investment income (1% of Part I, line 27b)		6	142.
7 Add lines 5 and 6.		7	19,427.
8 Enter qualifying distributions from Part XII, line 4		8	20,377.

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

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

1 a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter 'N/A' on line 1 Date of ruling or determination letter: _____ (attach copy of letter if necessary — see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		1	142.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	0.
3 Add lines 1 and 2		3	142.
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	142.
6 Credits/Payments			
a 2016 estimated tax pmts and 2015 overpayment credited to 2016	6 a	244.	
b Exempt foreign organizations — tax withheld at source	6 b		
c Tax paid with application for extension of time to file (Form 8868)	6 c		
d Backup withholding erroneously withheld	6 d		
7 Total credits and payments. Add lines 6a through 6d	7	244.	
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	102.	
11 Enter the amount of line 10 to be Credited to 2017 estimated tax 102. Refunded	11		

Part VII-A Statements Regarding Activities

	Yes	No
1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?		X
If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities		
c Did the foundation file Form 1120-POL for this year?		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 \$		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers \$		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If 'Yes,' attach a detailed description of the activities.		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes		X
4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If 'Yes,' attach the statement required by General Instruction T		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?		X
7 Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, col (c), and Part XV	X	
8 a Enter the states to which the foundation reports or with which it is registered (see instructions) MASSACHUSETTS		
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	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If 'Yes,' complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses		X

BAA

Form 990-PF (2016)

Part VII-A Statements Regarding Activities (continued)

	Yes	No
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' attach schedule (see instructions)	11	X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement (see instructions)	12	X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ N/A	13	X
14 The books are in care of ▶ NORMAN M SHACK Telephone no ▶ (978) 688-0292 Located at ▶ 160 Pleasant St No Andover MA ZIP + 4 ▶ 01845-2706		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year ▶ 15		
16 At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country ▶		

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

File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.

	Yes	No
1 a 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1 b	
Organizations relying on a current notice regarding disaster assistance check here ▶ <input type="checkbox"/>		
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2016?	1 c	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))		
a 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 before 2016? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes,' list the years ▶ 20 __ , 20 __ , 20 __ , 20 __		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement - see instructions)	2 b	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20 __ , 20 __ , 20 __ , 20 __		
3 a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b 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)	3 b	
4 a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 a	X
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 2016?	4 b	X

BAA

Form 990-PF (2016)

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**5 a** During the year did the foundation pay or incur any amount to

- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?. ☐ Yes ☒ No
- (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No
- (3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions) ☐ Yes ☒ No
- (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No

b If any answer is 'Yes' to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?**5 b**Organizations relying on a current notice regarding disaster assistance check here ☐**c** If the answer is 'Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?☐ Yes ☐ No

If 'Yes,' attach the statement required by Regulations section 53.4945–5(d)

6 a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?☐ Yes ☒ No**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?**6 b**

If 'Yes' to 6b, file Form 8870

X

7 a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?☐ Yes ☒ No**b** If 'Yes,' did the foundation receive any proceeds or have any net income attributable to the transaction?**7 b****Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1** List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NORMAN M SHACK 160 PLEASANT ST. NO ANDOVER MA 01845	TRUSTEE 5.00	0.	0.	0.
WILLIAM P SHACK 160 PLEASANT ST. NO ANDOVER MA 01845	TRUSTEE 3.00	0.	0.	0.

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

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000

None

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3** Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		None

Part IX-A Summary of Direct Charitable Activities

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

	Expenses
1	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

	Amount
1	
2	
All other program-related investments See instructions	
3	
Total. Add lines 1 through 3	

BAA

Form 990-PF (2016)

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	
a	Average monthly fair market value of securities	1 a 336,608.
b	Average of monthly cash balances	1 b 34,166.
c	Fair market value of all other assets (see instructions)	1 c 37,724.
d	Total (add lines 1a, b, and c)	1 d 408,498.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1 e
2	Acquisition indebtedness applicable to line 1 assets	2
3	Subtract line 2 from line 1d	3 408,498.
4	Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4 6,127.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5 402,371.
6	Minimum investment return. Enter 5% of line 5	6 20,119.

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

1	Minimum investment return from Part X, line 6	1 20,119.
2a	Tax on investment income for 2016 from Part VI, line 5	2 a 142.
b	Income tax for 2016 (This does not include the tax from Part VI)	2 b
c	Add lines 2a and 2b	2 c 142.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3 19,977.
4	Recoveries of amounts treated as qualifying distributions	4
5	Add lines 3 and 4	5 19,977.
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, line 1.	7 19,977.

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	
a	Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26	1 a 20,377.
b	Program-related investments — total from Part IX-B	1 b
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)	3 a
b	Cash distribution test (attach the required schedule)	3 b
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4 20,377.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions)	5 142.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6 20,235.

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				19,977.
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only			1,900.	
b Total for prior years 20 __, 20 __, 20 __				
3 Excess distributions carryover, if any, to 2016				
a From 2011 0.				
b From 2012 0.				
c From 2013 0.				
d From 2014 0.				
e From 2015 0.				
f Total of lines 3a through e 0.				
4 Qualifying distributions for 2016 from Part XII, line 4 ▶ \$ 20,377.				
a Applied to 2015, but not more than line 2a			1,900.	
b Applied to undistributed income of prior years (Election required — see instructions)				
c Treated as distributions out of corpus (Election required — see instructions)				
d Applied to 2016 distributable amount				18,477.
e Remaining amount distributed out of corpus 0.				
5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5 0.				
b Prior years' undistributed income Subtract line 4b from line 2b 0.				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b Taxable amount — see instructions 0.				
e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount — see instructions 0.				
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2017 1,500.				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required — see instructions)				
8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions) 0.				
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a 0.				
10 Analysis of line 9				
a Excess from 2012 0.				
b Excess from 2013 0.				
c Excess from 2014 0.				
d Excess from 2015 0.				
e Excess from 2016 0.				

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(j)(3) or☐ 4942(j)(5)**2** a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

Tax year

Prior 3 years

(a) 2016

(b) 2015

(c) 2014

(d) 2013

(e) Total

b 85% of line 2a**c** Qualifying distributions from Part XII, line 4 for each year listed**d** Amounts included in line 2c not used directly for active conduct of exempt activities**e** Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c**3** Complete 3a, b, or c for the alternative test relied upon**a** 'Assets' alternative test — enter

(1) Value of all assets

(2) Value of assets qualifying under section 4942(j)(3)(B)(i)

b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed**c** 'Support' alternative test — enter

(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)

(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)

(3) Largest amount of support from an exempt organization

(4) Gross investment income

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year — see instructions.)**1 Information Regarding Foundation Managers:****a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))**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

NOT APPLICABLE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d**a** The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

WILLIAM P SHACK

160 PLEASANT STREET

NO ANDOVER

MA

01845

(978) 688-0292

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

WRITTEN REQUEST

c Any submission deadlines

NONE

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

USA

Part XV. Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
TEMPLE EMANUEL 7 HAGGETTS POND RD ANDOVER MA 01810			GIFT	4,525.
Merrimack Valley Jewish Federation BOX 937 ANDOVER MA 01810			GIFT	100.
WORLD JEWISH CONGRESS BOX 40400 WASHINGTON DC 20090			GIFT	6,000.
American Jewish committee 165 E 56th St New York NY 10022			GIFT	775.
Anti-Defamation League Box 96266 Washington DC 20090			GIFT	240.
25 Wounded Warriors Box 5050 Hagerstown MD 21741			GIFT	300.
16 Mass General Hospital Box 55242 Boston MA 02205			GIFT	15.
32 CARE Box 1870 Merrifield VA 22116			GIFT	15.
Memorial Sloan-Kettering Cancer Ctr Box 5028 Hagerstown MD 21741			GIFT	30.
See Line 3a statement				4,999.
Total			3 a	16,999.
b Approved for future payment				
Total			3 b	

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	
1 Program service revenue					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies . .					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			30	11,029.	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory . . .			41	6,988.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory . . .					
11 Other revenue:					
a					
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)				18,017.	
13 Total. Add line 12, columns (b), (d), and (e)				13	18,017.

(See worksheet in line 13 instructions to verify calculations)

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

[illegible]

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

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

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

[illegible]

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

b If 'Yes,' complete the following schedule

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

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

**Sign
Here**

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

Tom Williams *TR*

Signature of officer or trustee

Date 5/10/17

TRUSTEE
Title

May the IRS discuss this return with the preparer shown below (see instructions)?

☒ Yes ☐ No

**Paid
Preparer
Use Only**

Print/Type preparer's name

Edward T Coorev

Preparer's signature

ian CPA

Date	
------	--

5/5/1E

Check	<input checked="" type="checkbox"/>	if
self-employed		

PTIN

P01233553

Firm's name ▶ Armen G Derderian CPA

Firm's EIN ▶ 20-4466964

Firm's address ► PO Box 1049

Methuen

MA 01844

Phone no (978) 794-9200

BAA

Form 990-PF (2016)

Form 990-PF, Page 1, Part I, Line 23

Line 23 Stmt

Other expenses:	Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
MA FILING FEE	35.	35.	35.	35.
Office/Financial Pub	2,843.	2,843.	2,843.	2,843.
Total	2,878.	2,878.	2,878.	2,878.

Form 990-PF, Page 2, Part III, Line 3

Other Increases Stmt

Capital Gains	6,564.
Rounding	-1.
Total	6,563.

Form 990-PF, Page 11, Part XV, line 3a

Line 3a statement

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Person or Business Checkbox
Name and address (home or business)				Amount
a Paid during the year				
35 St Jude Childrens Research Ctr				Person or Business <input type="checkbox"/>
501 St Jude Pl				<input checked="" type="checkbox"/> 570.
Memphis TN 38105			GIFT	
AIPAC				Person or Business <input type="checkbox"/>
251 H St NW				<input checked="" type="checkbox"/> 130.
Washington DC 20001			GIFT	
Rhode Island Jewish Historical				Person or Business <input type="checkbox"/>
130 Sessions St,				<input checked="" type="checkbox"/> 100.
Providence RI 02906			GIFT	
The Heritage Foundation				Person or Business <input type="checkbox"/>
214 Massachusetts Ave NE				<input checked="" type="checkbox"/> 160.
Washington DC 20062			GIFT	
American Society for Yad Vashem			Gift	Person or Business <input type="checkbox"/>
500 Fifth Ave				<input checked="" type="checkbox"/> 20.
New York NY 10110				
Natl Museum of American Jewish History			Gift	Person or Business <input type="checkbox"/>
101 South St				<input checked="" type="checkbox"/> 25.
Philadelphia PA 19106				
Zionist Organization of America			Gift	Person or Business <input type="checkbox"/>
4 E 34th St				<input checked="" type="checkbox"/> 125.
New York NY 10016				
Judicial Watch			Gift	Person or Business <input type="checkbox"/>
PO Box 96234				<input checked="" type="checkbox"/> 275.
Washington DC 20077				

Form 990-PF, Page 11, Part XV, line 3a

Continued

Line 3a statement

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Person or Business Checkbox	Amount
Name and address (home or business)					
a Paid during the year					
Yiddish Book Center			Gift	Person or Business <input checked="" type="checkbox"/>	
1021 West Street					
Amherst MA 01002					250.
Young America's Foundation			Gift	Person or Business <input checked="" type="checkbox"/>	
PO Box 96285					
Washington DC 20090					10.
WGBH			Gift	Person or Business <input checked="" type="checkbox"/>	
1 Guest Street					
Boston MA 02135					10.
Boston Childrens Hospital			Gift	Person or Business <input checked="" type="checkbox"/>	
PO Box 414428					
Boston MA 02241					15.
National Jewish health			Gift	Person or Business <input checked="" type="checkbox"/>	
PO Box 5898					
Denver CO 80217					10.
American Red Cross			Gift	Person or Business <input checked="" type="checkbox"/>	
PO Box 59919					
Boston MA 02205					20.
Pine Street Inn			Gift	Person or Business <input checked="" type="checkbox"/>	
PO Box 59945					
Boston MA 02205					15.
Hilel International			Gift	Person or Business <input checked="" type="checkbox"/>	
PO Box 92994					
Washington DC 20090					15.
Young America's Foundation			Gift	Person or Business <input checked="" type="checkbox"/>	
11480 Commerce Park Drive					
Reston VA 20191					25.
Salvation Army			Gift	Person or Business <input checked="" type="checkbox"/>	
PO Box 55876					
Boston MA 02205					20.
Clare Booth Luce Policy Inst			Gift	Person or Business <input checked="" type="checkbox"/>	
112 Elden St					
Herndon VA 20170					50.
Boston Health Care for Homeless			Gift	Person or Business <input checked="" type="checkbox"/>	
780 Albany St					
Boston MA 02118					50.
WBUR			Gift	Person or Business <input checked="" type="checkbox"/>	
890 Commonwealth Ave					
Boston MA 02215					10.
American Associates Ben Gurion Univ			Gift	Person or Business <input checked="" type="checkbox"/>	
1001 Avenue of the Americas					
New York NY 10018					20.
Flame			Gift	Person or Business <input checked="" type="checkbox"/>	
PO Box 590359					
San Francisco CA 94159					36.

Form 990-PF, Page 11, Part XV, line 3a
Line 3a statement

Continued

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Person or Business Checkbox
Name and address (home or business)				Amount
a Paid during the year				
American Diabetes Assn PO Box 1834 Merrifield VA 22116			Gift	Person or Business <input type="checkbox"/> 50.
Native American Aid PO Box 6043 Albert Lea MN 56007			Gift	Person or Business <input checked="" type="checkbox"/> 10.
National MS Society PO Box 541617 Waltham MA 02454			Gift	Person or Business <input checked="" type="checkbox"/> 25.
Messianic Jewish All of America PO Box 131727 Houston TX 77219			Gift	Person or Business <input checked="" type="checkbox"/> 25.
Zionist Org of America 41 E 34th St New York NY 10016			Gift	Person or Business <input checked="" type="checkbox"/> 15.
Secure Freedom PO Box 1649 Merrifield VA 22116			Gift	Person or Business <input checked="" type="checkbox"/> 9.
American Conservative Union PO Box 96892 Washington DC 20077			Gift	Person or Business <input checked="" type="checkbox"/> 35.
Jerusalem Prayer Team Intl PO Box 30000 Phoenix AZ 85046			Gift	Person or Business <input checked="" type="checkbox"/> 15.
Stand With Us PO Box 341069 Los Angeles CA 90034			Gift	Person or Business <input checked="" type="checkbox"/> 15.
American Kidney Fund PO Box 1837 Merrifield VA 22116			Gift	Person or Business <input checked="" type="checkbox"/> 20.
National Jewish Health PO Box 5898 Denver CO 80217			Gift	Person or Business <input checked="" type="checkbox"/> 15.
Elder Services of Merr. Valley 280 Merrimack Street Lawrence MA 01843			Gift	Person or Business <input checked="" type="checkbox"/> 15.
JEWISH FOUNDATION FOR THE RIGHTEOUS 305 7th Ave New York NY 10001			Gift	Person or Business <input checked="" type="checkbox"/> 25.
Radio America PO Box 96848 Washington DC 20090			Gift	Person or Business <input checked="" type="checkbox"/> 25.
CAMERA PO Box 35040 Brighton MA 02135			Gift	Person or Business <input checked="" type="checkbox"/> 25.

Form 990-PF, Page 11, Part XV, Line 3a
Line 3a statement

Continued

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Person or Business Checkbox	Amount
Name and address (home or business)					
a Paid during the year					
American Friends of Magen Daavid Adom PO Box 96402 Washington DC 20077			Gift	Person or Business <input checked="" type="checkbox"/>	25.
LELDF PO Box 7011 Merrifield VA 22116			Gift	Person or Business <input checked="" type="checkbox"/>	20.
WGBH PO Box 55875 Boston MA 02205			Gift	Person or Business <input checked="" type="checkbox"/>	35.
American Civil Rights Union PO Box 96189 Washington DC 20077			Gift	Person or Business <input checked="" type="checkbox"/>	24.
US Holocaust Memorial Museum PO Box 1568 Merrifield VA 22116			Gift	Person or Business <input checked="" type="checkbox"/>	25.
US Deputy Sheriffs Assn PO Box 1936 Merrifield VA 22116			Gift	Person or Business <input checked="" type="checkbox"/>	10.
Secure Freedom PO Box 1649 Merrifield VA 22116			Gift	Person or Business <input checked="" type="checkbox"/>	30.
Young America's Foundation PO Box 96285 Washington DC 20090			Gift	Person or Business <input checked="" type="checkbox"/>	20.
Southern Poverty Law Center PO Box 5632 Montgomery AL 36177			Gift	Person or Business <input checked="" type="checkbox"/>	25.
Christians in Defense of Israel PO Box 540209 Orlando FL 32854			Gift	Person or Business <input checked="" type="checkbox"/>	15.
Muscular Dystrophy Assn PO Box 97075 Washington DC 20090			Gift	Person or Business <input checked="" type="checkbox"/>	20.
Friends of Israel Disabled Vets 1133 Broadway New York NY 10160			Gift	Person or Business <input checked="" type="checkbox"/>	20.
Bellesini Academy PO Box 1021 Lawrence MA 01843			Gift	Person or Business <input checked="" type="checkbox"/>	10.
American Joint Dist Committee PO Box 96564 Washington DC 20090			Gift	Person or Business <input checked="" type="checkbox"/>	40.
US Holocaust Memorial Museum PO Box 1568 Merrifield VA 22116			Gift	Person or Business <input checked="" type="checkbox"/>	20.

Form 990-PF, Page 11, Part XV, line 3a
Line 3a statement

Continued

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Person or Business Checkbox	Amount
Name and address (home or business)					
a Paid during the year					
Americxan Assoc Ben Gurion University			Gift	Person or Business <input type="checkbox"/>	
PO Box 170305				<input checked="" type="checkbox"/>	
Milwaukee WI 53217					20.
US Deputy Sheriffs Assn			Gift	Person or Business <input type="checkbox"/>	
PO Box 1836				<input checked="" type="checkbox"/>	
Merrifield VA 22116					10.
Jerusalem Prayer Team Int'l			Gift	Person or Business <input type="checkbox"/>	
PO Box 30000				<input checked="" type="checkbox"/>	
Phoenix AZ 85046					25.
Zionist Org of America			Gift	Person or Business <input type="checkbox"/>	
PO Box 4518				<input checked="" type="checkbox"/>	
New York NY 10163					25.
Prostate Cancer Foundation			Gift	Person or Business <input type="checkbox"/>	
PO Box 7015				<input checked="" type="checkbox"/>	
Albert Lea MN 56007					20.
Freedomworks Foundation			Gift	Person or Business <input type="checkbox"/>	
PO Box 96128				<input checked="" type="checkbox"/>	
Washington DC 20090					20.
American Assoc Ben Gurion University			Gift	Person or Business <input type="checkbox"/>	
PO Box 170305				<input checked="" type="checkbox"/>	
Milwaukee WI 53217					25.
Chosen People Ministries			Gift	Person or Business <input type="checkbox"/>	
241 E 51st St				<input checked="" type="checkbox"/>	
New York NY 10022					20.
Citizens Against Government Waste			Gift	Person or Business <input type="checkbox"/>	
PO Box 96564				<input checked="" type="checkbox"/>	
Washington DC 20077					125.
Leadership Institute			Gift	Person or Business <input type="checkbox"/>	
1101 N Highland St				<input checked="" type="checkbox"/>	
Arlington VA 22201					25.
Pacific Legal Foundation			Gift	Person or Business <input type="checkbox"/>	
PO Box 9227				<input checked="" type="checkbox"/>	
Pueblo CO 81008					25.
US Holocaust Memorial Museum			Gift	Person or Business <input type="checkbox"/>	
PO Nox 1567				<input checked="" type="checkbox"/>	
Merrifield VA 22116					20.
American Diabetes Assn			Gift	Person or Business <input type="checkbox"/>	
PO Box 1834				<input checked="" type="checkbox"/>	
Merrifield VA 22116					25.
American Center for Law & Justice			Gift	Person or Business <input type="checkbox"/>	
PO Box 90555				<input checked="" type="checkbox"/>	
Washington DC 20090					25.
American Civil Rights Union			Gift	Person or Business <input type="checkbox"/>	
PO Box 96189				<input checked="" type="checkbox"/>	
Washington DC 20077					15.

Form 990-PF, Page 11, Part XV, line 3a

Continued

Line 3a statement

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Person or Business Checkbox	Amount
Name and address (home or business)					
a Paid during the year					
Citizens United Foundation			Gift	Person or Business <input checked="" type="checkbox"/>	
PO Box 96408					
Washington DC 20090					25.
Intl Fellowship of Christians and Jews			Gift	Person or Business <input checked="" type="checkbox"/>	
30 N Laselle St					
Chicago IL 60602					17.
Rhode Island Jewish Historical Assn			Gift	Person or Business <input checked="" type="checkbox"/>	
130 Sessions Street					
Providence RI 02906					100.
Shriners Hospital for Children			Gift	Person or Business <input checked="" type="checkbox"/>	
PO Box 1510					
Ranson WV 25438					50.
FLAME			Gift	Person or Business <input checked="" type="checkbox"/>	
POBox 590359					
San Francisco CA 94159					50.
New Israel Fund			Gift	Person or Business <input checked="" type="checkbox"/>	
PO Box 96712					
Washington DC 20090					25.
Secure America Now			Gift	Person or Business <input checked="" type="checkbox"/>	
PO Box 96954					
Washington DC 20090					37.
VFW			Gift	Person or Business <input checked="" type="checkbox"/>	
PO Box 8942					
Topeka KS 66608					20.
Leadership Institute			Gift	Person or Business <input checked="" type="checkbox"/>	
1101 N Highland St					
Arlington VA 22201					25.
Jewish Voice Ministries			Gift	Person or Business <input checked="" type="checkbox"/>	
PO Box 31998					
Phoenix AZ 85046					20.
US Olympic Committee			Gift	Person or Business <input checked="" type="checkbox"/>	
PO Box 7010					
Albert Lea MN 56007					20.
Birtheright Israel Foundation			Gift	Person or Business <input checked="" type="checkbox"/>	
PO Box 5892					
Hicksville NY 11802					20.
Alzheimers ASSOC			Gift	Person or Business <input checked="" type="checkbox"/>	
po bOX 96011					
Washington DC 20090					15.
American Joint Dist Comm			Gift	Person or Business <input checked="" type="checkbox"/>	
711 Third Avenue					
New York NY 10017					30.
American diabetes Assn			Gift	Person or Business <input checked="" type="checkbox"/>	
PO Box 1834					
Merrifield VA 22116					100.

Form 990-PF, Page 11, Part XV, line 3a
Line 3a statement

Continued

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Person or Business Checkbox	Amount
Name and address (home or business)					
a Paid during the year					
Salvation Army			Gift	Person or Business <input type="checkbox"/>	
PO Box 55876				<input checked="" type="checkbox"/>	
Boston MA 02205					20.
Leadership Institute			Gift	Person or Business <input type="checkbox"/>	
1101 N Highland Street				<input checked="" type="checkbox"/>	
Arlington VA 22201					20.
Christians In Defense of Israel			Gift	Person or Business <input type="checkbox"/>	
PO Box 540774				<input checked="" type="checkbox"/>	
Orlando FL 32854					15.
Boston Healthcare for Homeless			Gift	Person or Business <input type="checkbox"/>	
780 Albany Street				<input checked="" type="checkbox"/>	
Boston MA 02118					50.
Heroboa			Gift	Person or Business <input type="checkbox"/>	
PO Box 17458				<input checked="" type="checkbox"/>	
Washington DC 20041					15.
Frontiers of Freedom			Gift	Person or Business <input type="checkbox"/>	
PO Box 96488				<input checked="" type="checkbox"/>	
Washington DC 20090					25.
Baltimore Symphony Orchestra			Gift	Person or Business <input type="checkbox"/>	
1212 Cathedral St				<input checked="" type="checkbox"/>	
Baltimore MD 21201					300.
Southeastern Legal Foundation			Gift	Person or Business <input type="checkbox"/>	
PO Box 17454				<input checked="" type="checkbox"/>	
Washington DC 20041					100.
US Olympic Committee			Gift	Person or Business <input type="checkbox"/>	
PO Box 7010				<input checked="" type="checkbox"/>	
Albert Lea MN 56007					15.
Citizens United Foundation			Gift	Person or Business <input type="checkbox"/>	
PO Box 1220				<input checked="" type="checkbox"/>	
Merrifield VA 22116					25.
US Holocaust Memorial Museum			Gift	Person or Business <input type="checkbox"/>	
PO Box 1568				<input checked="" type="checkbox"/>	
Merrifield VA 22116					25.
American Center for Law & Justice			Gift	Person or Business <input type="checkbox"/>	
PO Box 90555				<input checked="" type="checkbox"/>	
Washington DC 20090					20.
US Term Limits			Gift	Person or Business <input type="checkbox"/>	
PO Box 1333				<input checked="" type="checkbox"/>	
Merrifield VA 22116					20.
Paws for purple Hearts			Gift	Person or Business <input type="checkbox"/>	
PO Box 9288				<input checked="" type="checkbox"/>	
Pueblo CO 81008					25.
Prostate Cancer Foundation			Gift	Person or Business <input type="checkbox"/>	
PO Box 7105				<input checked="" type="checkbox"/>	
Albert Lea MN 56007					25.

Form 990-PF, Page 11, Part XV, line 3a

Continued

Line 3a statement

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Person or Business Checkbox	Amount
Name and address (home or business)					
a Paid during the year					
Yiddish Book Center			Gift	Person or Business <input checked="" type="checkbox"/>	
1021 West Street					
Amherst MA 01002					25.
Congregation Beth Israel			Gift	Person or Business <input type="checkbox"/>	
360 Merrimack street					
Lawrence MA 01843					25.
Masonic Education and charity Trust			Gift	Person or Business <input checked="" type="checkbox"/>	
186 Tremont Street					
Boston MA 02111					25.
Leukemia and lymphomaa Society			Gift	Person or Business <input checked="" type="checkbox"/>	
9 Erie Dr					
Natick MA 01760					10.
American Diabetes Assn			Gift	Person or Business <input checked="" type="checkbox"/>	
PO Box 1834					
Merrifield VA 22116					50.
American Kidney fund			Gift	Person or Business <input checked="" type="checkbox"/>	
PO Box 1837					
Merrifield VA 22116					40.
American Friends of Magen David Adom			Gift	Person or Business <input checked="" type="checkbox"/>	
352 SAeventh Ave Ste 400					
New York NY 10001					25.
Salvation Army			Gift	Person or Business <input checked="" type="checkbox"/>	
PO Box 55876					
Boston MA 02205					15.
Rhode Island Jewish Hist Assn			Gift	Person or Business <input checked="" type="checkbox"/>	
130 Sessions St					
Providence RI 02906					100.
Natl Museum American Jewish History			Gift	Person or Business <input checked="" type="checkbox"/>	
PO Box 34836					
Philadelphia PA 19101					72.
Center for Jewish History			Gift	Person or Business <input checked="" type="checkbox"/>	
15 W 16th Street					
New York NY 10117					36.
HIAS			Gift	Person or Business <input checked="" type="checkbox"/>	
PO Box 97077					
Washington DC 20090					18.
Friends of the Israel Defense Forces			Gift	Person or Business <input checked="" type="checkbox"/>	
60 E 42 Street					
New York NY 10164					100.
American Diabetes Assn			Gift	Person or Business <input checked="" type="checkbox"/>	
PO Box 1834					
Merrifield VA 22116					100.
Invest USA			Gift	Person or Business <input checked="" type="checkbox"/>	
Box 1221					
Merrifield VA 22116					10.

Form 990-PF, Page 11, Part XV, line 3a
Line 3a statement

Continued

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Person or Business Checkbox
Name and address (home or business)				Amount
a Paid during the year				
Salvation Army			Gift	Person or Business <input type="checkbox"/>
615 Slaters Lane				<input checked="" type="checkbox"/> 25.
Alexandria VA 22314				
Young America's Foundation			Gift	Person or Business <input type="checkbox"/>
PO Box 96285				<input checked="" type="checkbox"/> 20.
Washington DC 20090				

Total

4,999.

Form 990-PF, Page 1, Part I
Line 16b - Accounting Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Edward T Coorey	Accounting	500.	500.	500.	500.
Total		<u>500.</u>	<u>500.</u>	<u>500.</u>	<u>500.</u>

Form 990-PF, Page 2, Part II, Line 10b
L-10b Stmt

Line 10b - Investments - Corporate Stock:	End of Year	
	Book Value	Fair Market Value
100 MCDONALDS	5,905.	12,172.
160 3M CO	10,400.	28,571.
3500 PEOPLES UNITED FINANCIAL	48,550.	67,760.
258 SH EXXON MOBILE CORP	18,723.	23,287.
346 Mondelez Int'l	3,275.	15,338.
400 AON PLC CL A	21,504.	44,612.
461 MERCK & CO INC	11,001.	27,139.
500 PHILIP MORRIS INTL COM	11,199.	45,746.
500 SH ALTRIA GP INC	4,914.	33,810.
550 Suntrust Banks	10,707.	30,167.
700 Avangrid Inc	21,536.	26,516.
Total	<u>167,714.</u>	<u>355,118.</u>

Form 990-PF, Page 2, Part II, Line 10c
L- 10c Stmt

Line 10c - Investments - Corporate Bonds:	End of Year	
	Book Value	Fair Market Value
Vanguard High-Yield Corp Fund	24,937.	25,276.
Total	<u>24,937.</u>	<u>25,276.</u>