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EXTENDED TO NOVEMBER 15, 20 Return of Private Foundation 2017

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

Depart	men	t of the Treasury			social security numbers on				1 2010
Interna	l Re	venue Service		about For	m 990-PF and its separate			.gov/form990pf.	Open to Public Inspection
		idar year 2016 or tax ye	ar beginning	 -	<u> </u>	, and e	noing	A FInva-idairi-aair-	
		foundation	IMU CNITE	מט משו	ARITABLE TRU	сm		A Employer identification	numper
		MASS LUMBE			AKITABLE IKU	91		04-6126323	
		INDE			address)		Room/suite	B Telephone number	
		0 BOYLSTON					609	617-232-60	50
	_	own, state or province, c		or forman n	ostal anda		009		
-		STNUT HILL,		3467	ostal cone			C If exemption application is p	ending, check here
		all that apply	Initial return	1201	Initial return of a fo	ormer nublic o	harity	D 1. Foreign organizations	chack here
u 01	IGGR		Final return		Amended return	inioi puone (indinty	i i i i orongiri organizations	, check liefe
			Address char	nne	Name change			Foreign organizations me check here and attach co	eting the 85% test,
H Ch		type of organization:			kempt private foundation				
<u> </u>		ction 4947(a)(1) nonexe			Other taxable private founda	ation		E If private foundation state under section 507(b)(1)	
1 Fau		arket value of all assets a			ng method: X Cash	Accr	ual	F If the foundation is in a	• •
		Part II, col. (c), line 16)	-		ther (specify)			under section 507(b)(1)	
		1,07	4,808.0		mn (d) must be on cash l	basis.)			(-),
Pai	rt I	Analysis of Revenue a	and Expenses		(a) Revenue and		vestment	(c) Adjusted net	(d) Disbursements
		(The total of amounts in co necessarily equal the amou	olumns (b), (c), and (unts in column (a))	(d) may not	expenses per books		ome	income	for charitable purposes (cash basis only)
\neg	1	Contributions, gifts, gra	ints, etc., receive	ed	50,000.			N/A	
[2	Check X if the founda	tion is not required to a						
1	3	interest on savings and tem cash investments	porary		1,797.		1,797.		STATEMENT 1
]	4	Dividends and interest f			26,681.	2	6,681.		STATEMENT 2
	5a	Gross rents							(
	b	Net rental income or (loss)							
7107	6a	Net gain or (loss) from sale of	of assets not on line	e 10	4,914.			I KECFIVE	:n
, ag	b	Gross sales price for all assets on line 6a	242,	607.				8	<u></u>
A 6 CL	7	Capital gain net income (from	m Part IV, line 2)				4,914.	IRI NUV 15 20	17 8
	8	Net short-term capital g	jain						' S
⊋	9	Income modifications	1					L OGDEN U	- E
-	10a	Gross sales less returns and allowances							
ADN LINES	b	Less Cost of goods sold							· -
2	C	Gross profit or (loss)						<u> </u>	
	11	Other income			1,902.		<u>1,902.</u>		STATEMENT 3
	12	Total. Add lines 1 throu	ugh 11		85,294.	3	<u>5,294.</u>		
	13	Compensation of officers, d		etc	0.		0.		0.
	14	Other employee salaries	-			<u> </u>			<u> </u>
S	15	Pension plans, employe	ee benefits			 -	***		
USE		Legal fees	Omy	em A	1 500		1 500		
ĝ		Accounting fees		IT 4	1,520.		1,520.		0.
e)		Other professional fees					 		
Operating and Administrative Expenses	17 18	Interest Taxes	Cmv	IT 5	401.		0.		0.
Str	18 19	Depreciation and deplet		11 0	401.		<u> </u>		·
ij	19 20	Occupancy	uVII						
퉑	21	Travel, conferences, an	d maatings						
व	22	Printing and publication	-						
ga	23	Other expenses		IT 6	8,186.		0.		0.
틡		Total operating and ad	-	•	0,100.				<u>.</u>
Ser.	- 1	expenses Add lines 13			10,107.		1,520.		0.
Ö	25	Contributions, gifts, gra			49,265.				49,265.
	26	Total expenses and dis							
		Add lines 24 and 25			59,372.		1,520.		49,265.
$\neg \uparrow$	27		ne 12:						
		Excess of revenue over exp		ements	25,922.	L			
		Net investment income				3	3,774.		
_ }	C	Adjusted net income (if	negative, enter -0-	·)				N/A	

ELIOT I AND RUTH SNIDER CHARITABLE TRUST 04-6126323 Form 990-PF (2016) C/O MASS LUMBER COMPANY Page 2 Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only Beginning of year End of year Part II (a) Book Value (b) Book Value (c) Fair Market Value 25,523. 28,817 25,523. 1 Cash - non-interest-bearing 19,088. 21,345. 21,345. 2 Savings and temporary cash investments 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 7 Other notes and loans receivable 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 470,904. 471,915. 652,705. STMT 7 b Investments - corporate stock 355,754. 377,816. 375,235. STMT 8 c Investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans 13 Investments - other 14 Land, buildings, and equipment: basis Less accumulated depreciation 15 Other assets (describe ▶ 16 Total assets (to be completed by all filers - see the 874,563. 896,599. 1,074,808. instructions. Also, see page 1, item I) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 30,388 26,502. STATEMENT 9) 22 Other liabilities (describe 30,388 26,502 23 Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. Fund Balances 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted $\triangleright \mathbf{x}$ Foundations that do not follow SFAS 117, check here and complete lines 27 through 31 þ 0 27 Capital stock, trust principal, or current funds 0 0. 28 Paid-in or capital surplus, or land, bldg., and equipment fund 844,175. 870,097. 29 Retained earnings, accumulated income, endowment, or other funds 844,175. 870,097. 30 Total net assets or fund balances 874,563. 896,599 31 Total liabilities and net assets/fund balances 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	844,175.
2 Enter amount from Part I, line 27a	2	25,922.
3 Other increases not included in line 2 (itemize)	3	0.
4 Add lines 1, 2, and 3	4	870,097.
5 Decreases not included in line 2 (itemize)	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	870,097.

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6

338.

51,937.

49,265.

7 Add lines 5 and 6

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.

Enter 1% of net investment income (1% of Part I, line 27b)

Enter qualifying distributions from Part XII, line 4

ELIOT I AND RUTH SNIDER CHARITABLE TRUST

	-PF (2016) C/O MASS LUMBER COMPANY	10(-) 4040(-) 4040(-)	04-612			Page 4
Part V			, or 4948 - sec	Instru	ction	15)
	npt operating foundations described in section 4940(d)(2), check here 🕨 🔛 and e					
	of ruling or determination letter: (attach copy of letter if ne				_	
	nestic foundations that meet the section 4940(e) requirements in Part V, check here	▶ and enter 1%	' 1		6	<u>75.</u>
	art I, line 27b					
	ther domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 49					^
	under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. O	Others enter -O-)	2			<u>0.</u>
	lines 1 and 2	0.1	3			<u>75.</u>
	title A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. (Others enter -U-)	4			<u>0.</u> 75.
	based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5			<u>/5.</u>
	its/Payments:	ا ما	80.			
	6 estimated tax payments and 2015 overpayment credited to 2016		00.			
	npt foreign organizations - tax withheld at source	6b	00.			
	paid with application for extension of time to file (Form 8868)		.00.			
	kup withholding erroneously withheld	6d	 ,		6	80.
	I credits and payments. Add lines 6a through 6d r any penalty for underpayment of estimated tax. Check here if Form 2220 is atta	aabad	7		- 0	<u>ou.</u>
	due. If the total of lines 5 and 8 is more than line 7, enter amount owed	acrieu	8 9			
	rpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10			5.
	r the amount of line 10 to be: Credited to 2017 estimated tax	5 . Refunde				<u>0.</u>
	/II-A Statements Regarding Activities	J • netuliar	5U 11	-		<u> </u>
	ng the tax year, did the foundation attempt to influence any national, state, or local legis	slation or did it participate or in	tervene in		Yes	No
	political campaign?	olation of all it participate of in	101 1 0110 111	1a		
•	t spend more than \$100 during the year (either directly or indirectly) for political purpo	oses (see instructions for the de	finition)?	1b		X
	e answer is "Yes" to 1a or 1b, attach a detailed description of the activities a		-			
	nbuted by the foundation in connection with the activities	and depice or any materials				
	the foundation file Form 1120-POL for this year?			1c		X
	r the amount (if any) of tax on political expenditures (section 4955) imposed during the	e vear:		1		
	On the foundation. > \$ 0 . (2) On foundation managers		0.			
	r the reimbursement (if any) paid by the foundation during the year for political expend					
	agers. ▶ \$ 0 .	,				
	the foundation engaged in any activities that have not previously been reported to the l	IRS?		2		X
	'es," attach a detailed description of the activities					
	the foundation made any changes, not previously reported to the IRS, in its governing	instrument, articles of incorpor	ation, or			
	ws, or other similar instruments? If "Yes," attach a conformed copy of the chang			3		X
4a Did	the foundation have unrelated business gross income of \$1,000 or more during the yea	ar?		4a		X
b If "Y	es," 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		<u>X</u>
lf "Y	es," attach the statement required by General Instruction T					
6 Are	the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied e	either:				
• By	anguage in the governing instrument, or					
• By	γ state legislation that effectively amends the governing instrument so that no mandator	ry directions that conflict with the	he state law			
	ain in the governing instrument?			6		<u>X</u>
7 Did	the foundation have at least \$5,000 in assets at any time during the year? If "Yes," coi	mplete Part II, col. (c), and F	Part XV	7	Х	
8a Ente	r the states to which the foundation reports or with which it is registered (see instruction	ons) 🕨		_		
M		· 		-		
	e answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	Attorney General (or designate)		Ì		
	ach state as required by General Instruction G? If "No," attach explanation			8b	Х	
	e foundation claiming status as a private operating foundation within the meaning of se		tor calendar			••
•	2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," of	*		9	\vdash	<u>X</u>
10 Did	any persons become substantial contributors during the tax year? if "Yes," attach a sched	lule listing their names and addresses		10	\	<u>X</u>
				Form 99 (<i>)</i> -PF	ZU16)

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4a

X

Form 4720, to determine if the foundation had excess business holdings in 2016)

had not been removed from jeopardy before the first day of the tax year beginning in 2016?

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

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

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

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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	on Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "l	NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
A ST. WAS A STREET, A		
	<u> </u>	
		
Total number of others receiving over \$50,000 for professional services	•	0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical number of organizations and other beneficiaries served, conferences convened, research papers productions.	al information such as the	Expenses
37.73	00, 000.	
1 <u>N/A</u>		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lin	es 1 and 2.	Amount
1 <u>N/A</u>		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	•	0.
Total, 700 intes 1 tillough o		orm 990-PF (2016)

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

C/O MASS LUMBER COMPANY 04-6126323 Page 8 Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) 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 1,000,261. 1a 47,386. b Average of monthly cash balances 1b c Fair market value of all other assets 1c 047,647. d Total (add lines 1a, b, and c) 10 e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) 1e Acquisition indebtedness applicable to line 1 assets Subtract line 2 from line 1d 3 15,715. 4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 031,932. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 Minimum investment return Enter 5% of line 5 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.) 51,597. Minimum investment return from Part X, line 6 675 2a Tax on investment income for 2016 from Part VI, line 5 Income tax for 2016. (This does not include the tax from Part VI.) Ь 675. Add lines 2a and 2b C 50,922. 3 3 Distributable amount before adjustments. Subtract line 2c from line 1 Recoveries of amounts treated as qualifying distributions 4 5 5 Add lines 3 and 4 Deduction from distributable amount (see instructions) 6 50 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 49,265. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a b Program-related investments - total from Part IX-B 1b 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes Amounts set aside for specific charitable projects that satisfy the: 3 a Suitability test (prior IRS approval required) 3a Cash distribution test (attach the required schedule) 3h

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

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49,265.

4

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

Adjusted qualifying distributions Subtract line 5 from line 4

4940(e) reduction of tax in those years.

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				50,922.
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only			0.	
ь Total for prior years:				
,		0.		
3 Excess distributions carryover, if any, to 2016:		' I		•
a From 2011				
b From 2012				
c From 2013 7,715.				
d From 2014 10,130.				
e From 2015 4,673.				
f Total of lines 3a through e	22,518.			
4 Qualifying distributions for 2016 from	ĺ			
Part XII, line 4: ► \$ 49,265.			•	
a Applied to 2015, but not more than line 2a			0.	
b Applied to undistributed income of prior		0		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	•			
(Election required - see instructions)	0.		· · · · · · · · · · · · · · · · · · ·	40 265
d Applied to 2016 distributable amount				49,265.
e Remaining amount distributed out of corpus	0. 1,657.			1,657.
5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a))	1,057.			1,057.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	20,861.			<u> </u>
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		0.		
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 instr.			0.	
f Undistributed income for 2016. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2017				0.
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)	0.			
8 Excess distributions carryover from 2011				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2017.	00 000			
Subtract lines 7 and 8 from line 6a	20,861.			
10 Analysis of line 9:				
a Excess from 2012				
b Excess from 2013 6, 058.				
c Excess from 2014 10,130. d Excess from 2015 4,673.				
e Excess from 2016				
פ באטפסס וועווו בע וע				5 000 DE (0040)

ELIOT I AND RUTH SNIDER CHARITABLE TRUST

	S LUMBER CO				<u>126323 Page</u>
Part XIV Private Operating Fo	·			N/A_	
1 a If the foundation has received a ruling or					
foundation, and the ruling is effective for		-	▶ ∟	,	· · · · · · · · · · · · · · · · · · ·
b Check box to indicate whether the founda		ng foundation described		4942(j)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the	 	-			
alternative test relied upon:					
a "Assets" alternative test - enter. (1) Value of all assets					
` '				-	
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return					
shown in Part X, line 6 for each year					
listed			 	 	
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest,					
dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties)			<u> </u>		
(2) Support from general public					
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(III)			<u> </u>	<u> </u>	
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income				<u> </u>	<u> </u>
Part XV Supplementary Infor			if the foundation	n had \$5,000 or n	nore in assets
at any time during th	ie year-see insti	ructions.)			
1 Information Regarding Foundation	ո Managers։				
a List any managers of the foundation who			itributions received by the	e foundation before the c	lose of any tax
year (but only if they have contributed me	ore than \$5,000). (See s	section 507(d)(2).)			
ELIOT I. SNIDER					
 b List any managers of the foundation who other entity) of which the foundation has 			ı (or an equally large port	ion of the ownership of a	partnership or
NONE		<u> </u>			
2 Information Regarding Contribution	on, Grant, Gift, Loan	, Scholarship, etc., F	Programs:		
Check here ▶ ☐ If the foundation or	ily makes contributions	to preselected charitable	e organizations and does	not accept unsolicited re	quests for funds. If
the foundation makes gifts, grants, etc. (see instructions) to indiv	viduals or organizations	under other conditions, o	complete items 2a, b, c, a	ınd d.
a The name, address, and telephone numb	er or e-mail address of	the person to whom app	lications should be addre	essed:	
ELIOT I. SNIDER, TRUS	STEE, 617-2	32-6050			
1330 BOYLSTON STREET			MA 02467		
b The form in which applications should be					
BY LETTER		,			
c Any submission deadlines:					
NONE					
d Any restrictions or limitations on awards,	, such as by geographic	al areas, charitable field:	s, kinds of institutions, or	other factors	
MEDICAL AND EDUCATION					
			· 		
823601 11-23-16					Form 990-PF (201

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C/O MASS LUMBER COMPANY 04-6126323 Page 11

Part XV Supplementary Information	(continued)			
3 Grants and Contributions Paid During the Y	ear or Approved for Future	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	CONTRIBUTION	
a Paid during the year				
SEE ATTACHED SCHEDULE	NONE	501(C)3	EDUCATIONAL & MEDICAL	40.065
			PURPOSES	49,265,
•				
				
Total	<u> </u>	1	▶ 3a	49,265.
Approved for future payment				
NONE				
NONE		1		
				
		 	 	
•				
Total	<u> </u>	<u> </u>	▶ 3b	0

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The gross amounts unless otherwise indicated. 1 Program service revenue: a b c d e f	Related or exempt function income
a b c d d d d d d d d d d d d d d d d d d	
b	
d	
d	
•	
·	
g Fees and contracts from government agencies	
Membership dues and assessments	
Interest on savings and temporary cash	
investments 141,	797.
Dividends and interest from securities	681.
Net rental income or (loss) from real estate:	
a Debt-financed property	
b Not debt-financed property	
Net rental income or (loss) from personal	
property	
Other investment income 14 1,	902.
Gain or (loss) from sales of assets other	
than inventory 14 4,	914.
Net income or (loss) from special events	
Gross profit or (loss) from sales of inventory	
Other revenue:	
a	
b	
C	
d	
e	004
	294.
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.)	13 35,29
Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes ine No Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to	he accomplishment of
the foundation's exempt purposes (other than by providing funds for such purposes).	

	P-PF (2016) C/O M	ASS LUMBER C	OMPANY			04-6	<u> 126323</u>	Pa	ge 13
Part >	(VII Information Re Exempt Organ		To and Transaction	ns and I	Relationsh	nips With None	charitable	9	
1 Did	the organization directly or indi		following with any other orga	nızatıon des	cribed in section	on 501(c) of		Yes	No
	Code (other than section 501(c	·				(-,			
	nsfers from the reporting found			· ·					
(1)	Cash						1 <u>a(1)</u>		X
(2)	Other assets						1a(2)		X
	er transactions:								
(1)	Sales of assets to a noncharita	ble exempt organization					1b(1)		X
(2)	Purchases of assets from a no	ncharitable exempt organiz	ation				1b(2)		X
(3)	Rental of facilities, equipment,	or other assets					1b(3)		X
(4)	Reimbursement arrangements						1b(4)		X
(5)	Loans or loan guarantees						1b(5)		X
(6)	Performance of services or me	embership or fundraising so	olicitations				1b(6)		X
c Sha	ring of facilities, equipment, ma	uling lists, other assets, or p	oaid employees				10		X
d If th	e answer to any of the above is	"Yes," complete the following	ng schedule. Column (b) sho	uld always s	how the fair m	arket value of the go	ods, other ass	ets,	
or s	ervices given by the reporting fo	oundation. If the foundation	n received less than fair mark	et value in a	ny transaction	or sharing arrangem	ent, show in		
colu	ımn (d) the value of the goods,	other assets, or services re	ceived.				<u> </u>		
(a) Line no	(b) Amount involved	(c) Name of nonch	naritable exempt organization		(d) Description	of transfers, transactions	, and sharing ar	rangeme	nts
		N	I/A						
									
	ļ								
	 								
		<u></u>						_	
			<u> </u>			· · · · · · · · · · · · · · · · · · ·			
									
		<u> </u>							
	ne foundation directly or indirect	-		organization	s described			130	٦
	ection 501(c) of the Code (other		r in section 527?				Yes	LX	No
<u>Б 11 "Ү</u>	es," complete the following sch		(h) Type of organiz	ation		a) Description of rain	tionahin		
	(a) Name of org	Janization	(b) Type of organiz			c) Description of rela	uonsiip		—
	N/A_	· · · · · · · · · · · · · · · · · · ·							
								_	
									
									
	Under penalties of perjury, I declare	that I have examined this return	including accompanying schedu	les and statem	nents, and to the t	est of my knowledge			
Sign	and belief, us true, correct, and cor						May the IRS return with th	e prepar	er
Here	17 ()F	Thoras	la ISC-C	- 1 77	TRUSTE	To .	shown below		h)?
	Signature of officer or trustee	9 - 200	Date		IKODIE Litle	<u> </u>	LAJ TES	·	7 140
	Print/Type preparer's na			Date		Check of P	TIN		
	, into typo property of the	777	/ % .	5010	1	self- employed	•		
Paid	LOUIS J. K	ATES ()	nis Katos	110	/24/17		PO 0295	442	
Prepa			TARR LLP		<u> </u>	Firm's EIN ▶ 04			
Use C	1					THINGEN P US	21000	40	
	· · · · · · · · · · · · · · · · · · ·	80 SOLDIERS	FIELD ROAD						
		STON, MA 021				Phone no. 617	-783-2	500	

Form **990-PF** (2016)

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

 Information about Schedule B (Form 990, 990-EZ, or 990-PF its instructions is at www.lrs.gov/form990. OMB No 1545-0047

2016

Name of the organization

ELIOT I AND RUTH SNIDER CHARITABLE TRUST

C/O MASS LUMBER COMPANY

Employer identification number

04-6126323

Organization type (check	Section: 990-EZ
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
Note: Only a section 501(General Rule For an organizati property) from all	c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or
Special Rules	
sections 509(a)(any one contribu	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 utor, 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,
year, total contri	
year, contributio is checked, ente purpose Don't c	non described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ins exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is there the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the General Rule applies to this organization because it received nonexclusively ble, 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),

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)

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).

Name of organization

ELIOT I AND RUTH SNIDER CHARITABLE TRUST C/O MASS LUMBER COMPANY

04-6126323

Employer identification number

<u>C/O 14</u>	ADD DOMBER COMPANI	<u>_</u>	4 0120323
Part I	Contributors (See instructions) Use duplicate copies of Part I if ac	dditional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ELIOT SNIDER 1330 BOYLSTON STREET, SUITE 609 CHESTNUT HILL, MA 02467	\$	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 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

623452 10-18-16

Name of organization

Employer identification number

ELIOT I AND RUTH SNIDER CHARITABLE TRUST C/O MASS_LUMBER_COMPANY

04-6126323

Part II	Noncash Property (See instructions) Use duplicate copies of F	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	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
ļ		\ \$	990, 990-EZ, or 990-P

Schedule E	3 (Form 990, 990-EZ, or 990-PF) (2016)		Page 4					
Name of org	anization		Employer identification number					
ELIOT	I AND RUTH SNIDER CHAR	ITABLE TRUST						
C/O M2	ASS LUMBER COMPANY		04-6126323					
Part III	Exclusively religious, charitable, etc., cont	ributions to organizations described	in section 501(c)(7), (8), or (10) that total more than \$1,000 for					
	the year from any one contributor. Complete completing Part III, enter the total of exclusively religious	columns (a) through (e) and the follow	VING line entry. For organizations					
	Use duplicate copies of Part III if addition	is, chartable, etc., contributions of \$1,000 or italians and the second of the second	less for the year (cittel bills line office)					
(a) No.								
from Part I	(b) Purpose of gift (c) Use o		(d) Description of how gift is held					
1								
۲		(e) Transfer of gift	<u>.</u>					
	्राचा वाचा वाचा वाचा वाचा वाचा वाचा वाचा							
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							
-	Transferee's flame, address, a	nu ziP + 4	Relationship of transferor to transferee					
1								
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Ì								
	(e) Transfer of gift							
ļ	(e) transier or grit							
	Transferee's name, address, a	Relationship of transferor to transferee						
ļ		-						
1								
_								
(a) No.	4.5							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
ļ	(e) Transfer of gift							
	Transferee's name, address, a	Relationship of transferor to transferee						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I	(b) Ful pose of gift	(c) ose or girt	(a) Description of now gift is need					
_								
	(e) Transfer of gift							

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Transferee's name, address, and ZIP + 4

						
FORM 990-PF INTERE	ST ON SAVIN	IGS AND TEN	IPORARY	CASH 1	INVESTMENTS	STATEMENT 1
SOURCE		(<i>I</i> REVI PER I	ENUE		(B) INVESTMENT INCOME	(C) ADJUSTED NET INCOME
NORTHERN TRUST			2,412.		2,412.	
NORTHERN TRUST			<615.>	·	<615.>	
TOTAL TO PART I, LI	NE 3		1,797.		1,797.	
FORM 990-PF	DIVIDENDS	S AND INTER	REST FRO	M SECU	JRITIES	STATEMENT 2
SOURCE	GROSS AMOUNT	CAPITAI GAINS DIVIDENI	RE	(A) EVENUE BOOKS	(B) NET INVES MENT INCO	
NORTHERN TRUST	26,683.		2.	26,681	26,68	1.
TO PART I, LINE 4	26,683.		2.	26,681	26,68	1.
FORM 990-PF		OTHER 1	NCOME			STATEMENT 3
DESCRIPTION			(A) REVENU PER BOO		(B) NET INVEST- MENT INCOME	
MISCELLANEOUS INCOM	E		1	,902.	1,902	
TOTAL TO FORM 990-P	F, PART I,	LINE 11	1	,902.	1,902	•
FORM 990-PF		ACCOUNT	NG FEES	 S		STATEMENT 4
DESCRIPTION		(A) EXPENSES PER BOOKS	(E NET IN MENT I	WEST-		
TAX PREPARATION		1,520.	 -	1,520	<u> </u>	0.
TO FORM 990-PF, PG	 1, LN 16B	1,520.	- 	1,520	•	0.
	_		=		= 	

FORM 990-PF	TAXES			STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		
TAXES	401.		0.			0.
TO FORM 990-PF, PG 1, LN 18	401.		0.			0.
FORM 990-PF	OTHER E	XPENSES			STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		
INVESTMENT EXPENSES OTHER EXPENSES	8,162.		0.			0.
TO FORM 990-PF, PG 1, LN 23	8,186.		0.			0.
FORM 990-PF	CORPORAT	E STOCK			STATEMENT	7
DESCRIPTION			вос	OK VALUE	FAIR MARKE VALUE	т
CORPORATE STOCK				471,915.	652,7	05.
TOTAL TO FORM 990-PF, PART II, LINE 10B				471,915.	652,7	05.
FORM 990-PF	CORPORAT	E BONDS			STATEMENT	8
DESCRIPTION			вос	OK VALUE	FAIR MARKE VALUE	т
CORPORATE BONDS				377,816.	375,2	35.
TOTAL TO FORM 990-PF, PART I	I, LINE 10C			377,816.	375,2	35.

FORM 990-PF	OTHER LIABILITIES		STATEMENT 9
DESCRIPTION		BOY AMOUNT	EOY AMOUNT
CONVERSION TO COST BASIS	_	30,388.	26,502.
TOTAL TO FORM 990-PF, PART II,	LINE 22	30,388.	26,502.