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As Filed Data -

DLN: 93491299007137

2016

OMB No 1545-0052

# Form 990-PF

Department of the Treasury Internal Revenue Service

## **Return of Private Foundation**

or Section 4947(a)(1) Trust Treated as Private Foundation Do not enter social security numbers on this form as it may be made public.
 Information about Form 990-PF and its instructions is at <a href="www.irs.gov/form990pf">www.irs.gov/form990pf</a>.

Open to Public Inspection

For	caler	ndar year 2016, or tax year beginning 01-	01-20	)16 , aı	nd er	nding 12-31-	2016	
		Indation	A Employer Id	entification numbe	r			
		MARINO CHARITABLE TRUST ENT WEALTH MANAGEMENT LLC	20-7286250					
		d street (or P O box number if mail is not delivered to street a IAN STREET	<b>B</b> Telephone number (see instructions)					
Cit		770 (				(781) 894-1117	,	
		n, state or province, country, and ZIP or foreign postal code MA 02451				<b>C</b> If exemption	application is pendin	g, check here
<b>G</b> Cl	neck al	ll that apply 🔲 Initial return 🔲 Initial retui	n of a	former public charity		<b>D 1.</b> Foreign or	ganızatıons, check he	ere 🛴
		☐ Final return ☐ Amended	return				ganizations meeting	
		Address change Name cha	nge				k here and attach co	· -
H C	neck ty	arphipe of organization $lacksquare$ Section 501(c)(3) exempt p	rıvate	foundation			ındatıon status was t n 507(b)(1)(A), chec	
<u></u> :	Section	n 4947(a)(1) nonexempt charitable trust	taxable	private foundation				
of	year <i>(f</i>	xet value of all assets at end from Part II, col (c),	ıfy) _	✓ Cash ☐ Accru	al		ation is in a 60-month n 507(b)(1)(B), chec	
Pa	rt I	Analysis of Revenue and Expenses (The to	tal	(a) Revenue and				(d) Disbursements
		of amounts in columns (b), (c), and (d) may not necessaril	y	expenses per	(ь)	Net investment income	(c) Adjusted net income	for charitable purposes
		equal the amounts in column (a) (see instructions) )		books				(cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)		99,540				
	2	Check ▶ ☐ If the foundation is <b>not</b> required to att	ach					
	_	Sch B		21		21		
	3	Interest on savings and temporary cash investment Dividends and interest from securities	5	9,775		14,892		
	5a	Gross rents	• •	9,773		14,032		
	b	Net rental income or (loss)	•					
<u>e</u>	6a	Net gain or (loss) from sale of assets not on line 10		8,834				
e K	ь	Gross sales price for all assets on line 6a						
Revenue	7	Capital gain net income (from Part IV, line 2)				108,374		
ш	8	Net short-term capital gain				· · · · · · · · · · · · · · · · · · ·		
	9	Income modifications						
	10a	Gross sales less returns and allowances						
	ь	Less Cost of goods sold						
	С	Gross profit or (loss) (attach schedule)						
	11	Other income (attach schedule)		18,130		0		
	12	Total. Add lines 1 through 11		136,300		123,287		
	13	Compensation of officers, directors, trustees, etc		50,000		25,000		25,000
	14	Other employee salaries and wages						
es	15	Pension plans, employee benefits						
Sue	16a	Legal fees (attach schedule)						
×	Ь	Accounting fees (attach schedule)						
Je E	С	Other professional fees (attach schedule)		3,000		3,000		0
and Administrative Expenses	17	Interest		00.1				
I <b>S</b> tr	18	Taxes (attach schedule) (see instructions)		4,517		4,517		0
Ē	19	Depreciation (attach schedule) and depletion .						
Act	20	Occupancy						
ק ק	21	Travel, conferences, and meetings						
J	22	Printing and publications Other expenses (attach schedule)		7,222		7,222		0
Operating	23	Total operating and administrative expenses.		7,222		,,222		
era	24	Add lines 13 through 23		64,739		39,739		25,000
do	25	Contributions, gifts, grants paid		18,000		39,739		18,000
	26	Total expenses and disbursements. Add lines 24	and	15,500				20,000
		25		82,739		39,739		43,000
	27	Subtract line 26 from line 12  Excess of revenue over expenses and		E2 EC1				
	a	disbursements		53,561				
	Ь	Net investment income (If negative, enter -0-)				83,548		
	С	Adjusted net income(If negative, enter -0-)	• •					
For	Paper	work Reduction Act Notice, see instructions.			1	Cat No 11289>	( For	m <b>990-PF</b> (2016)

854,262

1,166,024

482,758

683,266

1,166,024

1,166,024

1,007,777

1,219,585

482,758

736,827

1,166,024

1,219,585

1,219,585

Form **990-PF** (2016)

53,561

1,219,585 1,219,585

2

3 4

5

6

971,135

1,182,343

Other notes and loans receivable (attach schedule)

Prepaid expenses and deferred charges . . . . . .

Investments—land, buildings, and equipment basis ▶

Less accumulated depreciation (attach schedule)

Less accumulated depreciation (attach schedule)

Total assets (to be completed by all filers—see the

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

Other assets (describe > \_

Other liabilities (describe -\_

Unrestricted . . . . .

Permanently restricted . . . .

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Enter amount from Part I, line 27a . . . . . . .

Other increases not included in line 2 (itemize) -

Temporarily restricted

Investments—U S and state government obligations (attach schedule)

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule). . . . . .

Total liabilities(add lines 17 through 22) . . . . . . . . . . . .

Foundations that do not follow SFAS 117, check here 🕨 🗹

Paid-in or capital surplus, or land, bldg, and equipment fund

Capital stock, trust principal, or current funds . . . . . . . . . .

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions) . . . . .

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year-Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Analysis of Changes in Net Assets or Fund Balances

Less allowance for doubtful accounts -

	5
	6
	7
2	8
Assets	9
As	10a
	b
	С

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

28

29

31 Part III

Liabilities

Balances

Fund 26

ŏ

Assets 27

Net 30

2

					I				
	(a) the kind(s) of property s rehouse, or common stoo	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )					
1 a NUVEEN PREFERRED IN	ICOME OPPORTUNITIES	D—Donation	2013-07-10	2016-04-12					
b DELL TECHNOLOGIES	COME OF OKTOWITES			D	2008-02-01	2016-09-07			
c EMC CORP EXCHANGE				D	2008-02-01	2016-09-07			
d CAPITAL GAINS DIVIDE	:NDS			P					
e									
	1.	F)		(g)	,	h)			
(e) Gross sales price	Depreciati			other basis	,	r (loss)			
Gross sales price	(or allo	wable)	plus expe	ense of sale	(e) plus (f	) minus (g)			
a	22,084			21,531		553			
b	22					22			
С	92,664					92,664			
d	15,135					15,135			
e	,					<u> </u>			
	ts showing gain in column	(h) and owne	d by the foundation o	on 12/31/69	,	1)			
Complete only for asse	(			(k)		<b>l)</b> h) gain minus			
(i) F M V as of 12/31/6	Δduiste	d basis	Excess	of col(ı) (յ), ıf any	col (k), but not less than -0-) or Losses (from col (h))				
a						553			
b						22			
c						92,664			
d						15,135			
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  2 108,374  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									
In Part I, line 8  Part V Qualification	Under Section 4940	(e) for Red	uced Tax on Net	Investment In	come				
(For optional use by domestic	private foundations subje	ct to the section	on 4940(a) tax on ne	t investment incom	ie )				
(	p		on 10 10 (u) tun on 110		,				
If section 4940(d)(2) applies,	leave this part blank								
Was the foundation liable for t If "Yes," the foundation does i				in the base period	·	es 🔽 No			
1 Enter the appropriate a	mount in each column for	each year, se	e instructions before	making any entrie	S				
(a) Base period years Calendar year (or tax year beginning in)	<b>(b)</b> Adjusted qualifying dist	ributions N	<b>(c)</b> Net value of noncharıtabl	e-use assets	<b>(d)</b> Distribution rati (col (b) divided by c				
2015		58,962		1,166,321		0 050554			
2014		72,000		1,246,649		0 057755			
2013		66,750		936,976		0 071240			
2012		247,500			0 292911				
2011		51,000	844,966 0 292911 257,300 0 198212						
2 Total of line 1, column (d)									
<b>3</b> Average distribution rat	• •								
number of years the fou	3		0 134134						
<b>4</b> Enter the net value of n	4		1,122,233						
<b>5</b> Multiply line 4 by line 3				5		150,530			
6 Enter 1% of net investr	nent income (1% of Part I	, line 27b) <b>.</b>		6		835			
<b>7</b> Add lines 5 and 6 .	<b>7</b> Add lines 5 and 6								
						43,000			
8 Enter qualifying distributions from Part XII, line 4 ,									

<b>6a</b> Did the foundation, during the year,	6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on							
a personal benefit contract?								No
If "Yes" to 6b, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?								
and Contractors				nagers, Highly Paid En	nploy	ees,		
1 List all officers, directors, truste	es, fo	oundation managers ar	d their compensation					
(a) Name and address	(	Title, and average hours per week <b>b)</b> devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		Expens other		
LINDA K MARINO	TRUS	STEE	50,000	0				0
1 SNOWS HILL LANE DOVER, MA 02030								
ROGER M MARINO	TRUS	STEE	0	0				0
254 WESTFIELD STREET DEDHAM, MA 02026	0 00							
2 Compensation of five highest-pa	id en	nployees (other than t	hose included on line 1	.—see instructions). If noi	ne, en	iter "N	IONE.	<u> </u>
(a) Name and address of each employee pa more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred (d) compensation		Expens other a			
NONE								
Total number of other employees paid ov	er \$5	0,000		<del>.</del> ▶				0
	-				Forr	n <b>990</b>	-PF (	2016)

Form 990-PF (2016)		Page <b>7</b>
Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly Pa	aid Employees,
3 Five highest-paid independent contractors for professional service	ces (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		
<b>Total</b> 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 rel		r of Expenses
organizations and other beneficiaries served, conferences convened, research papers produ	ucea, etc	
1		
2		
2		
3		
4		
4		
Part IX-B Summary of Program-Related Investments (see	· · · · · · · · · · · · · · · · · · ·	
Describe the two largest program-related investments made by the foundation during t	ne tax year on lines 1 and 2	Amount
1		
2		
2		
All other program-related investments. See instructions		
3		
Total. Add lines 1 through 3		▶ 0
<u> </u>		Form <b>990-PF</b> (2016)

1a

1b

2

За 3b

4

5

43,000

43.000

43.000

Form 990-PF (2016)

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

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

Adjusted qualifying distributions. Subtract line 5 from line 4. . . . . . . . . .

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . . . . . . . . .

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

income Enter 1% of Part I, line 27b (see instructions).

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

1

2

3

4

5

b

Page 9

54.441

54,441

Form **990-PF** (2016)

_	_	•	'	١,	_	_	_
•	Y		7	ī		Г	
	Α	ч	4	ц		ı	

Form 990-PF (20	016)
Part XIII	Undistributed Income (see instructions)

- 1 Distributable amount for 2016 from Part XI, line 7
- 2 Undistributed income, if any, as of the end of 2016
- a Enter amount for 2015 only. . . . . .
- **b** Total for prior years From 2011. . . . .
- **b** From 2012. . . . .
- Excess distributions carryover, if any, to 2016 c From 2013. . .

- **d** From 2014. . . . . e From 2015. . . . .
- 66.750 4 Qualifying distributions for 2016 from Part
- 72,000 f Total of lines 3a through e. . . . . . . .

d Applied to 2016 distributable amount. . . . . e Remaining amount distributed out of corpus

**5** Excess distributions carryover applied to 2016 (If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

6 Enter the net total of each column as

**b** Prior years' undistributed income Subtract line 4b from line 2b . . . . . . . . c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . . d Subtract line 6c from line 6b Taxable amount —see instructions . . . . . . . . . . . . e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions . . . . . . . f Undistributed income for 2016 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2017 . . . . . . 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) . . .

9 Excess distributions carryover to 2017.

10 Analysis of line 9 a Excess from 2012. .

**b** Excess from 2013. .

d Excess from 2015. .

e Excess from 2016. . .

c Excess from 2014. . . .

Subtract lines 7 and 8 from line 6a . . . .

indicated below:

- 58.962
- XII, line 4 > \$
- (Election required—see instructions). . . . .

same amount must be shown in column (a) )

- a Applied to 2015, but not more than line 2a **b** Applied to undistributed income of prior years c Treated as distributions out of corpus (Election required—see instructions). . . . . . . . . .

82.501 66,750

72.000

58.962

43.000

136,942

(a)

Corpus

**30** 

334,654

43,000

54,441

323.213

323,213

(b)

Years prior to 2015

(c)

2015

•	,
	Information Regarding Transfers To and Transactions and Relationships With Noncharitable
Ш	Exempt Organizations

Part 2	XVII	Information Re Exempt Organi		ransf	ers To a	and Transac	tio	ns and Rela	itio	nships With No	onchari	table		
1 Did the organization directly or indirectly engage in any of the following with any other organization described in s (c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?									tion 501		Yes	No		
<b>a</b> Tran	sfers	rom the reporting foun	dation to a n	onchai	rıtable ex	empt organiza	ion	of						
(1)	Cash.											1a(1)		No
		assets										1a(2)		No
		sactions			ı							41.44		
		of assets to a nonchar ases of assets from a r		-					•			1b(1) 1b(2)		No
		lases of assets from a r il of facilities, equipmer							•			1b(2)		No No
		oursement arrangemen							•			1b(4)		No
		or loan guarantees.							٠.			1b(5)		No
		mance of services or m										1b(6)		No
<b>c</b> Shar	ng of	facilities, equipment, r	nailing lists, d	other a	assets, or	paid employee	s.					1c		No
of th	e goo	ver to any of the above ds, other assets, or ser esaction or sharing arra	vices given b	y the r	reporting	foundation If	the f	oundation rec	eive	ed less than fair ma	arket valu			
(a) Line	No	(b) Amount involved	(c) Name of	noncha	rıtable exe	mpt organization	$\bot$	(d) Description	on of	transfers, transaction	s, and sha	rıng arra	ngemen	its
	_						+							
	-						+							
							+							
	_						+							
	_						+							
-	-						+							
							+							
							1							
	_						+							
	-						+							
<b>2a</b> Is th	e four	idation directly or indire	ıectly affılıated	d with.	or relate	d to, one or m	ore t	ax-exempt or	aan	ızatıons				
		in section 501(c) of the	•			•			_		[	∃Yes	<b>✓</b> N	0
<b>b</b> If "Y	es," c	omplete the following s	chedule											
		(a) Name of organization	on		(1	<b>b)</b> Type of organ	zatio	n		(c) Description	on of relation	onship		
Sign	of m	er penalties of perjury, y knowledge and belief h preparer has any kno	, it is true, co								based on	all infor	mation	n of
Here	1	*****				2017-10-26		*****	*		May the I with the p			
	7 -	Signature of officer or t	rustee			Date		Title			(see instr	· —		
		Print/Type preparer's	s name	Prepa	arer's Sigi	nature		Date		Check if self- employed ▶ □	PTIN	P00955	846	
Paid Prepa	arer	DAVID M DUCHES	ESNEAU					2017-10-1						
Use C		Firm's name ► ARG	ENT WEALTH	MANA	GEMENT	LLC					Firm's E	IN ▶20	-59722	245
		Firm's address ▶ 40	94 WYMAN ST	REET	SUITE 37	5								
		W	WALTHAM, MA 02451							Phone no (781) 290-4900		4900		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93491299007137 TY 2016 Distribution from Corpus Election Name: LINDA K MARINO CHARITABLE TRUST C/O ARGENT WEALTH MANAGEMENT LLC **EIN:** 20-7286250 **Election:** ELECTION2016 FORM 990PFELECTION TO TREAT QUALIFYING DISTRIBUTIONS AS A DISTRIBUTION OUT OF CORPUSTHE LINDA K MARINO CHARITABLE TRUST HEREBY ELECTS, PURSUANT TO REGULATION SECTION 53.4942(A)-3(D)2, TO TREAT \$ 43,000 OF QUALIFYING DISTRIBUTIONS MADE DURING 2016 AS BEING MADE OUT OF CORPUS.

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491299007137					
TY 2016 Investments Corporate Stock Schedule								
14 2016 The Stillents Corporate Stock Schedule								
Name:	LINDA K MARINO	CHARITABLE TRUST						
		LTH MANAGEMENT LL						

**End of Year Fair** 

Market Value

971,135

1,007,777

Name of Stoc	k		End of Year Book Value
EIN:	20-7286250		
	C/O ANGLINI	VVLALIIIIIA	NAGENERI LLC

FIDELITY PORTFOLIO

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<b>TY 2016 Other Expenses Sche</b>	TY 2016 Other Expenses Schedule					
Name: LINDA K MARINO CHARITABLE TRUST						
	C/O ARGENT WEALTH MANAGEMENT LLC					
EIN:	<b>EIN:</b> 20-7286250					
Other Expenses Schedule						
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
ANNUAL REPORT	35	35		0		
INVESTMENT EXPENSES	5,103	5,103		0		

2,084

2,084

PAYROLL SERVICES

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TY 2016 Other Income Schedule					
Name: l	_INDA K MARINO	CHARITABLE TRUST			

### C/O ARGENT WEALTH MANAGEMENT LLC

**EIN:** 20-7286250

NON DIVIDEND DISTRIBUTIONS

Other Income Schedule			
Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income

18,130

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TY 2016 Other Professiona	I Fees Schedu	le			
Nar	Name: LINDA K MARINO CHARITABLE TRUST				
	C/O ARGENT WEALTH MANAGEMENT LLC				
<b>EIN:</b> 20-7286250					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	

3,000

3,000

TAX PREPARATION FEES

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TY 2016 Taxes Schedule	TY 2016 Taxes Schedule					
	Name:	LINDA K MA	RINO CHARITABLE	TRUST		
			Г WEALTH MANAG			
		•		LIMEINI LLC		
	EIN:	20-7286250				
					Disbursements for Charitable Purposes	
FOREIGN TAX		367	367		0	
PAYROLL TAXES		4,150	4,150	_	0	

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491299007137					
Schedule B (Form 990, 990-EZ,	Schedule of Contributors			OMB No 1545-0047	
or 990-PF) Department of the Treasury Internal Revenue Service	► Attach to Form 990, ► Information about Schedule B (Form 990, <u>www.irs.go</u>		ns is at	2016	
Name of the organizat LINDA K MARINO CHARI			Employer ide	entification number	
C/O ARGENT WEALTH MA	NAGEMENT LLC		20-7286250		
Organization type (che	eck one)				
Filers of:	Section:				
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organizat	on			
	4947(a)(1) nonexempt charitable tru	st <b>not</b> treated as a private foundati	ion		
	☐ 527 political organization				
Form 990-PF					
	4947(a)(1) nonexempt charitable tru	st treated as a private foundation			
	501(c)(3) taxable private foundation				
141	ation filing Form 990, 990-EZ, or 990-PF that re r property) from any one contributor Complete		•	•	
Special Rules					
under sections to received from a	tion described in section 501(c)(3) filing Form 9 509(a)(1) and 170(b)(1)(A)(vi), that checked Sc ny one contributor, during the year, total contrib ne 1h, or (ii) Form 990-EZ, line 1 Complete Pa	nedule A (Form 990 or 990-EZ), Pa utions of the greater of <b>(1)</b> \$5,000 o	art II, line 13, 1	6a, or 16b, and that	
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 lf this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)					
For Paperwork Reduction for Form 990, 990-EZ, or 99		at No 30613X Schedul	le B (Form 990, 9	990-EZ, or 990-PF) (2016)	

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	I <b>tion</b> HARITABLE TRUST TH MANAGEMENT LLC	Employer identification 20-7286250	number
Part I	Contributors (see instructions) Use duplicate copies of Part I if add	ditional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LINDA K MARINO 1 SNOWS HILL LANE	\$ 99,540	Person  Payroll  Noncash
	DOVER, MA 02030		(Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		s	Person Payroll Noncash (Complete Part II for noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	contributions ) (d) Type of contribution
	Name, address, and ZIF + 4	§ §	Person Payroll Noncash (Complete Part II for noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	contributions ) (d) Type of contribution
		<u> </u>	Person  Payroll  Noncash  (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<u>\$</u>	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<u>s</u>	Person
		Cabadala P (F	(Complete Part II for noncash contributions )

Schedule B (Forn	n 990, 990-EZ, or 990-PF) (2016)		Page <b>3</b>		
	CHARITABLE TRUST		Employer identification number		
	TH MANAGEMENT LLC	20-72	86250		
Part II	Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed				
(a) No.from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
1	3600 SHARES EMC STOCK	\$ 99 540	2016-06-22		
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$			
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$			
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$			
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$			
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$			
		Schedule B (Form 9	90, 990-EZ, or 990-PF) (2016)		

Schedule B (Form	990, 990-EZ, or 990-PF) (2016)		Page 4
			Employer identification number 20-7286250
than \$1, organiz the year	,000 for the year from any one contributo	r. Complete columns (a) thro of exclusively religious, chari actions.) ► \$	d in section 501(c)(7), (8), or (10) that total more ugh <b>(e) and</b> the following line entry. For itable, etc., contributions of <b>\$1,000 or less</b> for
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	t Relationship of transferor to transferee
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift ZIP 4	t Relationship of transferor to transferee
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	t Relationship of transferor to transferee
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	t Relationship of transferor to transferee
		<del></del>	Schedule B (Form 990, 990-EZ, or 990-PF) (2016)