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.form 9.90-PF

**Return of Private Foundation** 

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

OMB No 1545-0052

Open to Public Inspection

Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf

For calendar year 2016 or tax year beginning 2016, and ending A Employer identification number Name of foundation HELEN WADE GREENE CHAR TRUST 34-6527172 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) 888-866-3275 P O BOX 1802 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here. . . PROVIDENCE, RI 02901-1802 Initial return of a former public charity G Check all that apply: Initial return D 1 Foreign organizations, check here . Final return Amended return 2 Foreign organizations meeting the 85% test, check here and attach Address change Name change H Check type of organization. X Section 501(c)(3) exempt private foundation E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here . J Accounting method: X Cash Fair market value of all assets at if the foundation is in a 60-month termination Other (specify) end of year (from Part II, col. (c), line under section 507(b)(1)(B), check here . -(Part I, column (d) must be on cash basis ) 16) ▶ \$ 12,029,105 (d) Disbursements Part I Analysis of Revenue and Expenses (The (a) Revenue and (b) Net investment (c) Adjusted net for charitable total of amounts in columns (b), (c), and (d) expenses per ıncome income purposes may not necessarily equal the amounts in books (cash basis only) column (a) (see instructions) ) Contributions, gifts, grants, etc., received (attach schedule) . 2 Interest on savings and temporary cash investments. 245,932 246,369 STMT Dividends and interest from securities . . . . Gross rents . . . . . . . . . . . . Net rental income or (loss) POSTMARK 298,107 Net gain or (loss) from sale of assets not on line 10 RECEIVED Gross sales price for all assets on line 6a 346,812 298,107 Capital gain net income (from Part IV, line 2) . 7 MAY N 1 MAY 03'17 R Net short-term capital gain. . . . . . . . . . . . income modifications . 10a Gross sales less returns and allowances . . . . Less Cost of goods sold . SERVIUL CENTER Gross profit or (loss) (attach schedule) . . . . 11 Other income (attach schedule) . . . . . . 544,476 544,039 12 Total. Add lines 1 through 11 . . . . . 31.297 18.778 12.519 13 Compensation of officers, directors, trustees, etc . . NONE NONE Expenses 14 Other employee salaries and wages . . . . . NONE NONE 15 Pension plans, employee benefits . . . . . . Legal fees (attach schedule) . . . . . . . . 16a Accounting fees (attach schedule)  $STMT.\ 2$  . 980 NONE NONE 980 Administrative Other professional fees (attach schedule) . . . 17 16,056 3,957 Taxes (attach schedule) (see instructions). 3. 18 Depreciation (attach schedule) and depletion. 19 20 NON NONE pue 21 Travel, conferences, and meetings . . . . . . NONE NONE Operating 22 200 200 Other expenses (attach schedule) STMT. 4. Total operating and administrative expenses. 48,533 22,735 NONE 13,699. Add lines 13 through 23. . . . . . . . . . 440,000 440,000. Contributions, gifts, grants paid . . . . . . . 488,533 22.735 NONE 453,699 26 Total expenses and disbursements Add lines 24 and 25 Subtract line 26 from line 12 55,943 Excess of revenue over expenses and disbursements . 521,304 Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-). .

JSA For Paperwork Reduction Act Notice, see instructions.

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Form 990-PF (2016) 6 S

P	art II	Balance Sheets description column should be for end-of-year amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
$\neg$	1	Cash - non-interest-bearing	<del></del>	<del></del>	
- 1		Savings and temporary cash investments	1,245,357.	865,792	. 865,792
- {	3	Accounts receivable			
	•	Less: allowance for doubtful accounts			
- }		Pledges receivable ▶		· <del></del>	
- 1	•	Less allowance for doubtful accounts ▶			
- 1		Grants receivable			<del> </del>
- 1	-	Receivables due from officers, directors, trustees, and other			<del> </del>
Į		disqualified persons (attach schedule) (see instructions)			
ł		Other notes and loans receivable (attach schedule)			
į		Less: allowance for doubtful accounts  NONE			
S			<del></del>	<del></del>	<del> </del>
Assets		Inventories for sale or use		<del></del>	<del> </del>
S		Prepaid expenses and deferred charges		<del></del>	<del> </del>
		Investments - US and state government obligations (attach schedule) Investments - corporate stock (attach schedule) . STMT .5.	9 663 772	10,099,073	11 162 212
}			9,003,112.	10,099,013	11,163,313
- }	1.1	Investments - corporate bonds (attach schedule)			
}		and equipment basis Less accumulated depreciation (attach schedule)			
]		Investments - mortgage loans			
- 1	13	Investments - other (attach schedule)			
1		Land, buildings, and equipment basis			
- {		Less accumulated depreciation			
l	15	Other assets (describe			
- {	16	Total assets (to be completed by all filers - see the			
l		instructions. Also, see page 1, item I)	10,909,129.	10,964,865	12,029,105
	17	Accounts payable and accrued expenses			
1		Grants payable			
S		Deferred revenue			
Liabilities		Loans from officers, directors, trustees, and other disqualified persons.			,
٦		Mortgages and other notes payable (attach schedule)			
اڌ		Other liabilities (describe			
┤					
į	23	Total liabilities (add lines 17 through 22)		NONI	
$\neg$		Foundations that follow SFAS 117, check here . >			
S		and complete lines 24 through 26 and lines 30 and 31.	j		
일	24	Unrestricted			
Balances		Temporarily restricted			
뭐		Permanently restricted			
Net Assets or Fund		Foundations that do not follow SFAS 117,			
띤		check here and complete lines 27 through 31.	ł		
0	27	Capital stock, trust principal, or current funds	10,909,129.	10,964,865	
es	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
SS	29	Retained earnings, accumulated income, endowment, or other funds			
7	30	Total net assets or fund balances (see instructions) , , , , , ,	10,909,129.	10,964,865	
ž	31	Total liabilities and net assets/fund balances (see			
		instructions)	10,909,129.	10,964,865	
	art III			<del></del>	<del></del>
1		net assets or fund balances at beginning of year - Part I			10 000 101
		of-year figure reported on prior year's return)		10,909,129.	
		r amount from Part I, line 27a		55,943.	
		r increases not included in line 2 (itemize) TYE INCOME AL		3	114.
_		lines 1, 2, and 3			10,965,186.
5		eases not included in line 2 (itemize) SEE STAT		5	321.
_6	rota	net assets or fund balances at end of year (line 4 minus li	ne 5) - rart II, column (b	), line 30   <b>6</b>	10,964,865.

Part IV

	(a) List and 2-story br	(b) How acquired P - Purchase	(c) Date acquired (mo , day, yr.)	(d) Date sold (mo , day, yr )		
1 2	PUBLICLY TRADED			D - Donation		<del> </del>
<u>la</u> b						
<u>5</u>						
<del>`</del>						
e						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	· · · · · · · · · · · · · · · · · · ·	(h) Gain or (lo: (e) plus (f) minu	
a	346,812.		48,705.			298,107.
b						
C						
<u>d</u>						
e		<u> </u>				
	Complete only for assets sh	nowing gain in column (h) and owned b	y the foundation on 12/31/69	(1)	Gains (Col. (h) ga	ın minus
(	i) FM V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col. (j), if any	col	(k), but not less the Losses (from col	
_ a						298,107.
b						
С						
d		<u> </u>				
е						
2	Capital gain net income	or (net capital loss)	ain, also enter in Part I, line 7 soss), enter -0- in Part I, line 7	2		298,107.
3		ain or (loss) as defined in sections				
	=	art I, line 8, column (c) (see ins	tructions). If (loss), enter -0- in			
		<del> </del>		3	·	
		Inder Section 4940(e) for Reductions subject to the				
		the section 4942 tax on the distrib not qualify under section 4940(e). I		ase perio	d?	Yes X No
1		mount in each column for each yea		ng any en	tries.	
Cal	(a)  Base period years endar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		(d) Distribution rat (col. (b) divided by	
	2015	453,511.	12,044,776.			0.037652
	2014	452,814.	12,156,720.			0.037032
	2013	441,249.	11,277,446.			0.039127
	2012	430,595.	10,202,554.			0.042205
	2011	469,382.	10,188,191.			0.046071
_			· <del></del>			
2	Total of line 1. column	(d)		2		0.202303
3	Average distribution rat	io for the 5-year base period - divid	le the total on line 2 by 5, or by the			
•	-	indation has been in existence if le		3	<del>-</del>	0.040461
4	Enter the net value of n	oncharitable-use assets for 2016 fr	rom Part X, line 5	4	11,	722,147.
5	Multiply line 4 by line 3			5_		474,290.
6	Enter 1% of net investm	nent income (1% of Part I, line 27b)		6		5,213.
7	Add lines 5 and 6			7		479,503.
8	If line 8 is equal to or	itions from Part XII, line 4 greater than line 7, check the box	x in Part VI, line 1b, and complete	8 that par		453,699. x rate. See the
JSA	Part VI instructions				Form	990-PF (2016)

Capital Gains and Losses for Tax on Investment Income

Par		stru	tions	)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		10,4	<u> 126.</u>
	here and enter 1% of Part I, line 27b			
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of J			
	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			
3	Add lines 1 and 2		10,4	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4			NONE
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0		10,4	<u> 126.</u>
6	Credits/Payments			
8	2016 estimated tax payments and 2015 overpayment credited to 2016 6a 5,010.			
b	Exempt foreign organizations - tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868)6c NONE			
ď	Backup withholding erroneously withheld			
7	Total credits and payments. Add lines 6a through 6d		5,0	010.
8	Enter any penalty for underpayment of estimated tax. Check here 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		5,4	116.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be. Credited to 2017 estimated tax ► NONE Refunded ► 11			
	t VII-A Statements Regarding Activities	<del>                                     </del>	, , , , , , , , , , , , , , , , , , ,	T
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	10	Yes	No X
	participate or intervene in any political campaign?	1a		<b>├</b> ──^
ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see	16	}	X
	Instructions for the definition)?	-10		<del> ^</del>
		}		1
	published or distributed by the foundation in connection with the activities.  Did the foundation file Form 1120-POL for this year?	1c		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	<u> </u>		<del> </del>
a	(1) On the foundation ►\$(2) On foundation managers ►\$	ļ		1
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			ĺ
-	on foundation managers  \$	Ì		1
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		l x
-	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	}		
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3_		Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T	}		ı
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	}		ĺ
	By language in the governing instrument, or	1		l
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that	1		ļ
	conflict with the state law remain in the governing instrument?	6	X	ļ
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	7	X	ļ
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)  OH			 
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			į
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			ł
	4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes,"			į
	complete Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10		X
	F.	0.0	O-PF	20161

Par	t VII-A Sta	tements Regarding Activities (continued)			
11	At any time	during the year, did the foundation, directly or indirectly, own a controlled entity within the		Yes	No
	meaning of sect	ion 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the found	lation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advi	sory privileges? If "Yes," attach statement (see instructions)	12		X
13		ition comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address				
14		care of  US TRUST FIDUCIARY TAX SERVICES  Telephone no  (888)866-	327	5	
	_	P.O. BOX 1802, PROVIDENCE, RI ZIP+4 ▶ 02901			
15		)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		▶	
	and enter the ar	nount of tax-exempt interest received or accrued during the year			
16		during calendar year 2016, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, sec	urities, or other financial account in a foreign country?	16		<u> </u>
		ictions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of		į,	
0	the foreign coun				
rar		tements Regarding Activities for Which Form 4720 May Be Required	1	v. 1	<del></del>
_		0 if any item is checked in the "Yes" column, unless an exception applies.		Yes	NO
18		did the foundation (either directly or indirectly)		1	
		ne sale or exchange, or leasing of property with a disqualified person? Yes X No		1	
		ney from, lend money to, or otherwise extend credit to (or accept it from) a person?			
	•	·			
		sation to, or pay or reimburse the expenses of, a disqualified person?X. Yes			
		or use of a disqualified person)?	1		
		ray money or property to a government official? (Exception. Check "No" if the			
	= :	agreed to make a grant to or to employ the official for a period after	ł		
		of government service, if terminating within 90 days)	1		
b		is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	ì		
	•	(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		X
	Organizations re	elying on a current notice regarding disaster assistance check here			Manager of the second
c		ation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not correct	ed before the first day of the tax year beginning in 2016?	1c		$X_{-}$
2	Taxes on failu	re to distribute income (section 4942) (does not apply for years the foundation was a private			
		ation defined in section 4942(j)(3) or 4942(j)(5)).		Ì	
а		tax year 2016, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for	tax year(s) beginning before 20167	Ü		
	If "Yes," list the y				
b		years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
		correct valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
		inswer "No" and attach statement - see instructions)	2b		
С	if the provision	s of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.			
2-	Did the founds	tion hold more than a 2% direct or indirect interest in any business enterprise	ì		
Ja		ng the year?		(	
<b>.</b>		t have excess business holdings in 2016 as a result of (1) any purchase by the foundation or	Ì		
	•	rsons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the			
		under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of			
		or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
		excess business holdings in 2016.)	3b		
4a		ntion invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	$\neg \uparrow$	X
		ation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpo	ose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b		Χ
		· · · · · · · · · · · · · · · · · · ·	000	DE	

orm 9	90-PF (2016)		34-65	27172		Page
Part	VII-B Statements Regarding Activities f	or Which Form 4	1720 May Be Req	uired (continued)		
5a	During the year did the foundation pay or incur any amo-	unt to:				
	(1) Carry on propaganda, or otherwise attempt to influen	nce legislation (sectio	n 4945(e))?	. Yes X N	o	1
	(2) Influence the outcome of any specific public ele	ection (see section	4955); or to carry or	n,	{	1
	directly or indirectly, any voter registration drive?			Yes X N	o	
	(3) Provide a grant to an individual for travel, study, or o	ther similar purposes	7	. Yes X N	o	1
	(4) Provide a grant to an organization other than a	charitable, etc., org	janization described i	n	ļ	
	section 4945(d)(4)(A)? (see instructions)	-			0	
	(5) Provide for any purpose other than religious, ch			• — —		1
	purposes, or for the prevention of cruelty to children		•			
ь	If any answer is "Yes" to 5a(1)-(5), did any of the					[ [
-	Regulations section 53 4945 or in a current notice regar			·		X
	Organizations relying on a current notice regarding disas	_				<del>  ^   -</del>
_	If the answer is "Yes" to question 5a(4), does the				<u> </u>	
С	•		•		_	
	because it maintained expenditure responsibility for the	=		A resIVI	•	
_	If "Yes," attach the statement required by Regulations sec				ł	
6a	Did the foundation, during the year, receive any fur	•			_	
	on a personal benefit contract?			Yes X No		,,
Ь	Did the foundation, during the year, pay premiums, direc	tly or indirectly, on a	personal benefit contra	ict/	. <u>6b</u>	<u> X</u>
_	If "Yes" to 6b, file Form 8870					
	At any time during the tax year, was the foundation a pa				·	
	If "Yes," did the foundation receive any proceeds or have VIII Information About Officers, Directo					<u> </u>
	and Contractors		_	s, riigiliy i alu Elli	pioyees,	
1						
<u> </u>	List all officers, directors, trustees, foundation ma					
<u>·</u>	List all officers, directors, trustees, foundation makes (a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	(e) Expens	
<u> </u>		(b) Title, and average	(c) Compensation	(d) Contributions to		se account, owances
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans		
		(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans		
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans		
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans		
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans		
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans		
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans		
SEE	(a) Name and address  STATEMENT 9	(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	other all	owances
SEE	(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	other all	owances
SEE 2	(a) Name and address  STATEMENT 9  Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position  (other than thos	(c) Compensation (If not paid, enter -0-)  31, 297.	(d) Contributions to employee benefit plans and deferred compensation  1 - see instruction	other all	owances
SEE 2	(a) Name and address  STATEMENT 9  Compensation of five highest-paid employees	(b) Title, and average hours per week devoted to position  (other than those hours per week hour	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation  1 - see instruction  (d) Contributions to employee benefit plans and deferred	other all	owances  Done, ente
SEE 2	(a) Name and address  STATEMENT 9  Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position  (other than thos	(c) Compensation (If not paid, enter -0-)  31, 297.	(d) Contributions to employee benefit plans and deferred compensation  e 1 - see instruction  (d) Contributions to employee benefit	ons). If no	owances  Done, ente
2 (a)	(a) Name and address  STATEMENT 9  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  (other than those hours per week hour	(c) Compensation (if not paid, enter -0-)  31,297.	(d) Contributions to employee benefit plans and deferred compensation  (d) Contributions to employee benefit plans and deferred compensation	ons). If no (e) Expens other all	owances  one, ente
SEE 2	(a) Name and address  STATEMENT 9  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  (other than those hours per week hour	(c) Compensation (If not paid, enter -0-)  31, 297.	(d) Contributions to employee benefit plans and deferred compensation  1 - see instruction  (d) Contributions to employee benefit plans and deferred	ons). If no (e) Expens other all	owances  Done, ente
2 (a)	(a) Name and address  STATEMENT 9  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  (other than those hours per week hour	(c) Compensation (if not paid, enter -0-)  31,297.	(d) Contributions to employee benefit plans and deferred compensation  (d) Contributions to employee benefit plans and deferred compensation	ons). If no (e) Expens other all	owances  one, ente
2 (a)	(a) Name and address  STATEMENT 9  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  (other than those hours per week hour	(c) Compensation (if not paid, enter -0-)  31,297.	(d) Contributions to employee benefit plans and deferred compensation  (d) Contributions to employee benefit plans and deferred compensation	ons). If no (e) Expens other all	owances  one, ente
2 (a)	(a) Name and address  STATEMENT 9  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  (other than those hours per week hour	(c) Compensation (if not paid, enter -0-)  31,297.	(d) Contributions to employee benefit plans and deferred compensation  (d) Contributions to employee benefit plans and deferred compensation	ons). If no (e) Expens other all	owances  one, ente
2 (a)	(a) Name and address  STATEMENT 9  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  (other than those hours per week hour	(c) Compensation (if not paid, enter -0-)  31,297.	(d) Contributions to employee benefit plans and deferred compensation  (d) Contributions to employee benefit plans and deferred compensation	ons). If no (e) Expens other all	owances  one, ente
2 (a)	(a) Name and address  STATEMENT 9  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  (other than those hours per week hour	(c) Compensation (if not paid, enter -0-)  31,297.	(d) Contributions to employee benefit plans and deferred compensation  (d) Contributions to employee benefit plans and deferred compensation	ons). If no (e) Expens other all	owances  one, ente

NONE Form **990-PF** (2016)

	-
D	- 7

and Contractors (continued)		
3 Five highest-paid independent contractors for professional services (see	<del></del>	E."
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NOND	[	17017
NONE		NONE
		l '
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 state organizations and other beneficiaries served, conferences convened, research papers produced, etc.	atistical information such as the number of	Expenses
1 NONE		
2		
3		
4	·	
Part IX-B Summary of Program-Related Investments (see instructions	3)	
Describe the two largest program-related investments made by the foundation during the tax year on li	ines 1 and 2	Amount
1 NONE		
		<del> </del>
2	<del></del> }	
All other program-related investments. See instructions		<del></del>
3 NONE		
Total. Add lines 1 through 3	<u></u> ▶	

Part	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign found	ations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	1	
•	purposes:	}	
а	Average monthly fair market value of securities	1a	10,966,964.
þ	Average of monthly cash balances	1b	933,693.
C	Fair market value of all other assets (see instructions)	1c	NONE
d	Total (add lines 1a, b, and c)	1d	11,900,657.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	11,900,657.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	178,510.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	11,722,147.
6	Minimum investment return. Enter 5% of line 5	6	586,107.
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating found and certain foreign organizations check here ▶ and do not complete this part.)	dations	
1	Minimum investment return from Part X, line 6	1	586,107.
2 a	Tax on investment income for 2016 from Part VI, line 5 2a 10,426		
ь	Income tax for 2016 (This does not include the tax from Part VI.) 2b	1	
c	Add lines 2a and 2b	2c	10,426.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	575,681.
4	Recoveries of amounts treated as qualifying distributions	4	NONE
5	Add lines 3 and 4	5	575,681.
6	Deduction from distributable amount (see instructions)	6	NONE
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
•	line 1	7	575,681.
	Qualifying Distributions (see instructions)  Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
1	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	452 600
a			453,699.
b	Program-related investments - total from Part IX-B	ID -	<del></del>
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		17017
_	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the:		11017
	Suitability test (prior IRS approval required)		NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	453,699.
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)		N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4		453,699.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when can qualifies for the section 4940(e) reduction of tax in those years.	alculating	whether the foundation

Pal	t XIII Undistributed Income (see instr	uctions)						
		(a)		(b)	I .	(c)		(d)
1	Distributable amount for 2016 from Part XI,	Corpus		Years prior	10 2015	2015		2016
	line 7			<u> </u>				575,681
2	Undistributed income if any, as of the end of 2016	~ <sub>u.</sub>	1		-			i
а	Enter amount for 2015 only	<u>+</u> +		<u>- 42</u> -		348,449		_ = -1
b	Total for prior years 20,20,20	<del></del>		<del></del>	<u>NONE</u>			
3	Excess distributions carryover if any to 2016			<u>a</u> .				1
a	From 2011 NONE				_		,	1
b	From 2012 NONE		-		'			
С	From 2013 NONE	•	ļ		ļ	-	] ~	
d	From 2014 NONE	,		-		-		-
e	From 2015 NONE					٠		i
f	Total of lines 3a through e		NON B					
4	Qualifying distributions for 2016 from Part XII				ł	<u>∵</u> 5°	r	
	line 4 ▶ \$ 453,699	: **			-	85 ~	1	<u> </u>
а	Applied to 2015 but not more than line 2a					348,449	<del>-</del> -	<del></del>
Ь	Applied to undistributed income of prior years (Election required see instructions)	, , <u>,    </u>			NONE		-	-1
	Treated 4s distributions out of corpus (Election		1		-		. +	구듹
٠	required see instructions)		NONE	<u>_</u>		**************************************		l
d	Applied to 2016 distributable amount					Z.		105,250
e	Remaining amount distributed out of corpus		NON B					1
5	Excess distributions carryover applied to 2016	. <u> </u>	NON B			<u> </u>	L	NONE
	(If an amount appears in column (d), the same amount must be shown in column (a) )	-			<b>!</b>		ı	~ 5
6	Enter the net total of each column as	-		- -		1		
	indicated below	سنت.				<b>.</b>	_	
а	Corpus Add lines 3f 4c, and 4e Subtract line 5		NONE				-  -  -	
b	Prior years undistributed income Subtract				NONE	i i i		15 To
_	line 4b from line 2b		- 1		IVONE	-4	<del> </del>	7
·	Enter the amount of prior years undistributed income for which a notice of deficiency has	<u> </u>						- (
	been issued, or on which the section 4942(a)	-	]		иоие	• 	-	-
_	tax has been previously assessed					•		- 1
a	Subtract line 6c from line 6b Taxable amount see instructions				NONE	-		-
e	Undistributed income for 2015. Subtract line							1
	4a from line 2a Taxable amount see instructions	_	1					
				,				
T	Undistributed income for 2016 Subtract lines 4d and 5 from line 1. This amount must be	<u> </u>		*- <sup>-</sup> -				
	distributed in 2017	<del>-</del>				<u>~~</u>		470,431
7	Amounts treated as distributions out of corpus			<u></u>			-	~- <del>4</del>
	to satisfy requirements imposed by section					, T-3-		
	170(b)(1)(F) or 4942(g)(3) (Election may be							- 1
	required see instructions)		NONB			<del></del>	<u> </u>	
8	Excess distributions carryover from 2011 not					-	İ	ر ا
	applied on line 5 or line 7 (see instructions)		NONE				<del> </del>	- <del></del>
9	Excess distributions carryover to 2017		иоив	= -	-	- <sub>er</sub> dir	r 1	
10	Subtract lines 7 and 8 from line 6a Analysis of line 9	z*	-10147				,	رَح: 
	Excess from 2012 NONE			- E E	- <u>-</u> -	\$	<u> </u> ~-	- ·
	Excess from 2013 NONE	<u> </u>	-	ī~.	-	- ~ <del>*</del>		
	Excess from 2014 NONE			.11. = Æ		۴		!
	Excess from 2015 NONE	, <del>-</del>				=		;
	Excess from 2016 NONE				<u></u> _		<u>.                                      </u>	
							Earm	990-PF (2016)

Pa	TEXIV Private Op	erating Foundations	s (see instructions a	and Part VII-A, ques	stion 9)	NOT APPLICABL
1 a	If the foundation has	<del>_</del>		· · · · · · · · · · · · · · · · · · ·	• I	
	foundation, and the ruling				<del></del>	<del></del>
b	Check box to indicate	Tax year	is a private operating	Prior 3 years	in section   494	42(j)(3) or   4942(j)(5)
2 a	Enter the lesser of the ad- justed net income from Part	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
	for the minimum investment	<del></del>	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<del> </del>		
	return from Part X for each year listed	 				
Ь	85% of line 2a		<u></u>	ļ		
C	Qualifying distributions from Part					
d	XII, line 4 for each year listed .  Amounts included in line 2c not					<del></del>
•	used directly for active conduct of exempt activities					
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line					
3	2d from line 2c			<del></del>		
	alternative test relied upon "Assets" alternative test - enter					
	(1) Value of all assets (2) Value of assets qualifying under section					-
ı.	4942(j)(3)(B)(i)	}		<del></del>		
D	"Endowment" alternative test- enter 2/3 of minimum invest-	}				
	ment 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		<del></del>	<del> </del>	<del>-  </del>	<del></del>
	public and 5 or more exempt organizations as					
	provided in section 4942 (j)(3)(B)(iii)					
	(3) Largest amount of sup- port from an exempt					
	organization					
Pa				only if the found	ation had \$5,000	or more in assets at
	<del></del>	uring the year - see			<del></del>	<del></del>
1 a	Information Regarding	•		re than 2% of the to	otal contributions rec	eived by the foundation
_	before the close of any	tax year (but only if th	ey have contributed	more than \$5,000). (	See section 507(d)(2	).)
<u>b</u>	NONE List any managers of	the foundation who	own 10% or more of	of the stock of a co	rporation (or an equ	ally large portion of the
	ownership of a partner					, . 0. p
	NONE					
2	Information Regarding	Contribution, Grant,	Gift, Loan, Scholarsh	ip, etc., Programs:	<del></del>	
	unsolicited requests for	or funds. If the founda	ation makes gıfts, gr			s and does not accept s or organizations under
	other conditions, comp					
	The name, address, an					addressed:
b	The form in which app	lications should be sub	mitted and informati	on and materials they	y should include:	
C	Any submission deadli	nes:				
ď	Any restrictions or li factors:	mitations on awards,	such as by geogr	aphical areas, chari	itable fields, kınds d	of institutions, or other
JSA						5 000 PE (*****

Form 990-PF (2016)	/continued	<del></del>		Page 1
Part XV Supplementary Information 3 Grants and Contributions Paid Duri		oved for I	Futuro Pourront	<del></del>
Recipient	If recipient is an individual, show any relationship to	Foundation		
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	recipient	<del> </del>	<del></del>
2 , a.a. a.ag, a.a.	}	Ì	1	
EDWARD LEE & SLOCUMB PERRY FDN			UNRESTRICTED GENERAL	
145 SARGENT RD BROOKLINE MA	N/A	EOF	SUPPORT	320,000.
		}	}	·
UNITED WAY OF GREATER CLEVELAND			UNRESTRICTED GENERAL	
1331 EUCLID AVE CLEVELAND OH 44115	N/A	PC	SUPPORT	5,000.
MUSICAL ARTS ASSOCIATION DBA CLEVELAND			INDECED COMPA CENTRAL	
11001 EUCLID AVE CLEVELAND OH 44129	N/A	PC	UNRESTRICTED GENERAL SUPPORT	20.000
TIVVI BUCLID AVE CLEVELAND OR 14129	N/A	FC	SUPPORT	20,000.
UNIVERSITY HOSPITALS OF CLEVELAND			UNRESTRICTED GENERAL	
2074 UNIVERSITY HOSPITAL DRIVE CLEVELAND OH	N/A	PC	SUPPORT	10,000.
				,
BEECH BROOK			UNRESTRICTED GENERAL	
3737 LANDER RD CLEVELAND OH 44124	N/A	PC	SUPPORT	8,000.
			-	
CLEVELAND MUSEUM OF ART	Ì		UNRESTRICTED GENERAL	
11150 BAST BLVD CLEVELAND OH 44106	N/A	PC	SUPPORT	26,000.
CASE WESTERN RESERVE UNIVERSITY	127/2	20	UNRESTRICTED GENERAL	10.000
10900 EUCLID AVE CLEVELAND OH 44106	N/A	PC	SUPPORT	18,000.
HOSPICE OF THE WESTERN RESERVE			UNRESTRICTED GENERAL	
300 E 180TH ST CLEVELAND OH 44119	N/A	PC	SUPPORT	5,000.
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	-		3,000.
CLEVELAND INSTITUTE OF ART			UNRESTRICTED GENERAL	
11141 EAST BLVD CLEVELAND OH 44119	N/A	PC	SUPPORT	10,000.
		1	1	
CENTRAL SCHOOL OF PRACTICAL NURSING, INC			UNRESTRICTED GENERAL	
1330 NORTH MILITARY HIGHWAY NORFOLK VA 23502	N/A	PC	SUPPORT	18,000.
			1	
Total		<del></del>	▶ 3a	440,000.
b Approved for future payment	<del>                                     </del>	1		,
			]	
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	1	!		
		1	1	
	1	<u> </u>		
Total			▶ 3b	

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Form **990-PF** (2016)

Part XVI-A Analysis of Income-Produ	ucina Acti	vities	<del> </del>		Page <b>1</b> 2
Enter gross amounts unless otherwise indicated.		ated business income	Excluded by	section 512, 513, or 514	(e)
1 Program service revenue.	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions.)
8					
b			ļ		
c	ļ		ļ		
d			<del> </del>	<del></del>	<del></del>
6f			<del> </del>	<del></del>	<del></del>
g Fees and contracts from government agencies			<del> </del>		<del></del>
2 Membership dues and assessments			1		<del></del>
3 Interest on savings and temporary cash investments.					
4 Dividends and interest from securities	ļ		14	246,369.	
5 Net rental income or (loss) from real estate.	ļ		<del> </del>		<del></del>
a Debt-financed property	<del></del>	<del></del>	<del> </del>		<del></del>
<b>b</b> Not debt-financed property · · · · · ·			<del> </del>		
6 Net rental income or (loss) from personal property.	<u> </u>		<del> </del>	<del></del>	
7 Other investment income			18	298,107.	<del></del>
<ul><li>8 Gain or (loss) from sales of assets other than inventory</li><li>9 Net income or (loss) from special events · · ·</li></ul>				= = = = = = = = = = = = = = = = = = = =	
10 Gross profit or (loss) from sales of inventory.					<del></del>
11 Other revenue. a					
b					
c		<u> </u>	ļ		<del></del>
d			ļ		
θ		<del> </del>	<del> </del>	F 4 4 4 7 C	<del></del>
12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)			<u> </u>	544,476.	544,476.
(See worksheet in line 13 instructions to verify calci					344,470.
Part XVI-B Relationship of Activities	s to the A	ccomplishment of Ex	kempt Pur	poses	
Line No. Explain below how each activit	y for which	n income is reported in	n column (e	e) of Part XVI-A contribu	ted importantly to the
▼ accomplishment of the foundation	on's exemp	t purposes (other than l	by providing	funds for such purposes	). (See instructions.)
				<del></del>	
				<del></del>	<del></del>
		<del></del>			<del></del>
		<del></del>		<del></del>	
		NOW ADDITIONS			
		NOT APPLICABLE	<u>E</u>		<del></del>
				<del></del>	
		<del></del>		<del></del>	<del></del>
					<del></del>
			·		
			<del></del>	<del></del>	<del></del>
				<del></del>	

Form 99	0-PF (20						4-6527172			Pa	ge 13
Part >	ĶVΙΙ	Information F Exempt Orga		ansfers To	and Transac	tions and	l Relationship	s With Non	chari	table	<u></u>
ir	n secti	organization direction 501(c) of the Contact on 501(c) of the Contact on 57								Yes	No
	-	ers from the reportin	g foundation to	a noncharita	able exempt orga	nization of:				 	
		h									X
		er assets	• • • • • • • •				• • • • • • • • • •	• • • • • • • • •	1a(2)		X
		ransactions:	aharitahla ayar		·!				45.743		v
		es of assets to a nor chases of assets fro									X
		ital of facilities, equi									X
		mbursement arrang									Х
		ns or loan guarante									X
		formance of service									X
4 If	naring	g of facilities, equipr answer to any of t	nent, mailing lis	sts, other assi	ets, or paid empi	oyees			1c_	لـــا	<u> X</u>
u ii	alue o	of the goods, other	assets, or serv	rices aiven b	v the reporting	oundation	olumn (b) shoul	u always snov received less	/ the '	fair m	iarket
V	alue ir	n any transaction o	r sharing arran	gement, sho	w in column (d)	the value o	of the goods, oth	ner assets, or s	ervice	s rece	ived.
(a) Line	no	(b) Amount involved	(c) Name of	noncharitable ex	empt organization	(d) Descr	ription of transfers, tra	ensactions, and sha	ring arra	пдете	nts
-							<del></del> -				
							<del></del>				
					<del></del>	-					
			<del> </del>								
-											
						-					
							<u> </u>				
d	escrib	foundation directly ed in section 501(c " complete the follo (a) Name of organization	) of the Code (owing schedule.	other than sec			527?			es X	No
		(a) Name of organization	511	(6)	Type of organization		(c) Des	scription of relation	snip		
	Under	penalties of perjury, I deci	are that I have exam	Ined this return, i	including accompanying	schedules and s	tatements, and to the	best of my knowledg	e and h	elief it	ıs true
0'	correct	t, and complete Declaration	of preparer (other than	taxpayer) is based of	on all information of white	th preparer has an	y knowledge				10 1100,
Sign Here	Sigg	are of officer or trustee		Date	nh 29, 2017	Title	u	May the IRS with the pr (see instruction	eparer s	shown_I	return below X No
	<u></u>	Print/Type preparer's na	ame	Dronavar's	donatura	<b>A</b>	- Poto		TIN		
Paid		MELISSA A. I		Preparer's	Con K	11 Ole_	3/24/17		PTIN DO 1-2:	1760	0
Prepa	rer		ANK OF AME	RICA, N.	A.	y on	Firm'		<u>P012:</u> 1687:		<u>u                                     </u>
Use C	Only		O BOX 180					<u> </u>		<u> </u>	
	•		ROVIDENCE.	RT	n	2901-180	2 Phon	ano 401-2	78 - R	930	

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

NET INVESTMENT INCOME	33,843. 33,843. 97,017. 1,461. 8,882. 104,331. 245,932.
REVENUE AND EXPENSES PER BOOKS	33,843. 437. 97,017. 1,461. 8,882. 104,331. 246,369.
DESCRIPTION	USGI REPORTED AS NONQUALIFIED DIVIDENDS FOREIGN DIVIDENDS NONDIVIDEND DISTRIBUTIONS DOMESTIC DIVIDENDS OTHER INTEREST NONQUALIFIED FOREIGN DIVIDENDS NONQUALIFIED DOMESTIC DIVIDENDS

FORM 990PF, PART I - ACCOUNTING FEES

CHARITABLE PURPOSES	980.
ADJUSTED NET INCOME	NONE
NET INVESTMENT INCOME	NONE
REVENUE AND EXPENSES PER BOOKS	980.
	BOA TOTALS
DESCRIPTION	TAX PREPARATION FEE -

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NET INVESTMENT INCOME	2,993. 964. 3,957.
REVENUE AND EXPENSES PER BOOKS	7,299. 4,800. 2,993. 964. 16,056.
DESCRIPTION	EXCISE TAX - PRIOR YEAR EXCISE TAX ESTIMATES FOREIGN TAXES ON QUALIFIED FOR FOREIGN TAXES ON NONQUALIFIED

TRUST	
CHAR	
GREENE	
WADE	
HELEN	

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34-6527172

FORM 990PF, PART I - OTHER EXPENSES 

DESCRIPTION
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	200.
	TOTALS

200.

STATE FILING FEE

1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	200.	
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ISHARES US PFD	3,01	23,01	23,26
VANGUARI	35,64	5,64	6,88
CHEVRON CORP COM	0,20	0,20	9,43
EXXON MOBIL CORF	8,36	8,36	6,72
_	1,37	1,34	9,23
806857108 SCHLUMBERGER LTD COM	23,764.	23,764.	26,864
	1,83	1,83	8,41
	2,15	2,15	9, 19
	3,74	3,67	7,07
	7,69	7,69	8,50
	5,47	5,47	3,73
	5,89	5,89	5,57
HOME DEPOT INC	4,65	4,65	6,25
MCDONAL	0,35	0,35	3,21
	8,28	8,28	7,08
	0,53	0,53	7,05
	5,95	5,95	2,97
	8,33	8,33	4,66
GOLDMAN SACHS GROUP	5,22	5,22	2,32
J P MORGAN CHASE &	, 04	7,04	2,91
US BANCORF	, 08	, 08	6,49
APPLE INC	9,25	9,25	8,98
	, 53	1,53	8,07
	3,27	3,27	4,02
MICROSOFT CO	0,50	0,50	76'0
ORACLE CO	0,18	0,18	3,64
AT&T INC COM	37,87	7,87	1,67
COLUMBIA	00,	00,	75,15
19765N245 COLUMBIA DIVIDEND IN	00,00	00,00	3,47

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FORM 990PF, PART II - CORPORATE STOCK

DESCRIPTION	BEGINNING	ENDING	ENDING
	BOOK VALUE	BOOK VALUE	FMV
19765P547 COLUMBIA REAL ESTATE 19765P80 COLUMBIA DISCIPLINED 19765Y688 COLUMBIA SELECT LARG 19765Y688 COLUMBIA SELECT LARG 19765Y688 COLUMBIA SELECT LARG 19765Y689 COLUMBIA INCOME OPPO 19765N518 COLUMBIA CORPORATE I 22544R305 CREDIT SUISSE COMMOD 197199813 COLUMBIA ACORN INTER 2546R7106 DISNEY WALT CO COM D 0028Y1109 ABBVIE INC COM 37558103 GILEAD SCIENCES INC 92826C839 VISA INC CL A COM 74253Q747 PRINCIPAL MIDCAP BLE 315807552 FIDELITY ADVISOR FLO 464287465 ISHARES MSCI EAFE ET 13057Q107 CALIFORNIA RESOURCES 20825C104 CONOCOPHILLIPS COM 260543103 DOW CHEM CO COM 260543103 DOW CHEM CO COM 3696C4103 GENERAL ELEC CO COM 88579Y101 3M CO COM 345370860 FORD MTR CO DEL COM 654106103 NIKE INC CL B 90130A101 TWENTY-FIRST CENTY F 126650100 CVS HEALTH CORP COM 191216100 COCA COLA CO COM 931162100 AMGEN INC COM 931162100 AMGEN INC COM 110122108 BRISTOL MYERS SQUIBB	571,570. 375,000. 46,758. 2,199,847. 155,214. 300,000. 29,198. 24,374. 582,000. 745,599. 20,353. 20,688. 35,596. 19,925. 20,373. 20,4374. 20,353. 20,688. 35,596. 19,925. 33,719. 40,629. 27,244.	571,570. 375,000. 700,000. 46,758. 2,649,847. 155,214. 300,000. 29,198. 24,374. 582,000. 745,599. 20,353. 24,370. 56,978. 35,596. 18,668. 33,719. 40,629. 33,490. 27,244.	601,457. 257,524. 841,109. 48,903. 2,660,863. 86,004. 308,670. 43,251. 22,230. 22,557. 35,889. 646,379. 193,568. 68,098. 29,591. 21,857. 27,994. 27,994. 24,856.

FORM 990PF, PART II - CORPORATE STOCK

ENDING FMV	63,366. 37,971. 39,186. 63,562. 42,492. 27,878. 60,070. 43,705. 46,708. 29,268. 31,673. 46,309. 47,547. 7,123. 11,107. 277. 266. 11,163,313.
ENDING BOOK VALUE	59,782. 38,310. 32,568. 56,859. 38,022. 22,683. 58,086. 40,599. 44,561. 28,771. 28,798. 32,771. 28,784. 15,853. 15,853. 115,853. 115,853.
BEGINNING BOOK VALUE	59, 782. 38, 310. 28, 752. 32, 568. 56, 859. 38, 022. 22, 683. 44, 561. 28, 798. 33, 089. 32, 253. 32, 253. 32, 253. 9, 663, 772.
	TOTALS
DESCRIPTION	478160104 JOHNSON & JOHNSON CO 58933Y105 MERCK & CO INC NEW C 025816109 AMERICAN INTL GROUP 084670702 BERKSHIRE HATHAWAY I 172967424 CITIGROUP INC NEW CO 57636Q104 MASTERCARD INC CL A 949746101 WELLS FARGO & CO NEW 458140100 INTEL CORP COM 09714101 AKAMAI TECHNOLOGIES 02079K107 ALPHABET INC CL A CO 40434L105 HP INC COM 42824C109 HEWLETT PACKARD ENTE 13057Q206 CALIFORNIA RESOURCES 007737101 ADVANSIX INC COM 609207105 MONDELEZ INTL INC CO

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FORM 990PF, PART III - O			
		=======================================	
DESCRIPTION			AMOUNT
TYE COST ADJUSTMENT			318.
TYE ROUNDING ADJUSTMENT			3.
	TOTA	L	321.
			=======================================

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES 

OFFICER NAME:

BANK OF AMERICA, N.A.

ADDRESS:

225 FRANKLIN STREET, MA1-225-04-02

BOSTON, MA 02110

TITLE:

CO - TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

COMPENSATION ..... 31,297.

COMPENSATION EXPLANATION:

SEE ATTACHED FOOTNOTE

OFFICER NAME:

E. LEE PERRY

ADDRESS:

214-A ALLANDALE RD

BOSTON, MA 02467

TITLE:

CO-TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

SLOCUMB HOLLIS PERRY

ADDRESS:

214-A ALLANDALE RD

BOSTON, MA 02467

TITLE:

CO-TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

ANNE HOLLIS PERKINS

ADDRESS:

5097 W LAKE RD

MONTICELLO, FL 32344

TITLE:

CO-TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

TOTAL COMPENSATION:

31,297.

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#### FEDERAL FOOTNOTES

THE COMPENSATION SHOWN ON THE RETURN THAT IS PAID TO BANK OF AMERICA, N.A. AS CORPORATE TRUSTEE IS NOT CALCULATED BASED UPON AN HOURLY RATE FOR TIME SPENT BY THE TRUSTEE; RATHER, BANK OF AMERICA'S COMPENSATION AS CORPORATE TRUSTEE IS CALCULATED USING A MARKET VALUE FEE SCHEDULE. THE TRUST OFFICER'S TIME SPENT PERFORMING ADMINISTRATIVE RESPONSIBILITIES FOR THIS FOUNDATION AVERAGES ONE HOUR PER WEEK. IN ADDITION, TIME IS SPENT BY OTHER STAFF MEMBERS FOR RECORDKEEPING, INVESTMENT MANAGEMENT, INCOME COLLECTION, RENDERING STATEMENTS AND ACCOUNTINGS, REGULATORY REPORTING, REGULATORY COMPLIANCE, AND TAX SERVICES.

#### **EXPENDITURE REPORT**

## Edward Lee and Slocumb Hollis Perry Foundation 214-A Allandale Road Chestnut Hill, MA 02467

| NAME OF TRUST: Helen Wade Greene Trust                                                                                                                                                                                                                                                                                                                                                                        |                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| ACCOUNT#:                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |
| To Bank of America. N.A., in its capacity as Trustee:                                                                                                                                                                                                                                                                                                                                                         |                                     |
| The following constitutes the expenditure report for the Edward Lee and Slocum Foundation for the period January 1, 2016 through December, 31, 2016 for a grass 320,000 ("grant funds") received by the Edward Lee and Slocumb Hollis Period Centrify that the grant funds and the income earned on the grant funds (if any) exclusively for the charitable purposes set forth in the grant agreement letter. | nt award totaling<br>ry Foundation. |
| Attached is a report showing income earned on the grant funds, if any, and expergrant funds and income earned on the grant funds during the fiscal year by amou                                                                                                                                                                                                                                               |                                     |
| No part of the grant funds or interest earned on the grant funds were used for any following purposes:                                                                                                                                                                                                                                                                                                        | of the                              |
| (i) carrying on propaganda or attempting to influence legislati                                                                                                                                                                                                                                                                                                                                               |                                     |
| (ii) influencing the outcome of any election for public office of directly or indirectly any voter registration drive,                                                                                                                                                                                                                                                                                        | r carrying on                       |
| (iii) making grants to individuals or organizations that do not e sections 4945(d)(3) or (d)(4) of the Internal Revenue Code                                                                                                                                                                                                                                                                                  | omply with                          |
| (iv) for any non-charitable purpose, that is, any purpose not desection 170(c)(2)(B) of the Internal Revenue Code.                                                                                                                                                                                                                                                                                            |                                     |
| further certify that the Edward Lee and Slocumb Hollis Perry Foundation has no                                                                                                                                                                                                                                                                                                                                | ot diverted any                     |
| portion of the grant funds (or the income on the grant funds) from the specified p                                                                                                                                                                                                                                                                                                                            | urpose of the                       |
| pant and that this organization has complied with the terms of the grant. I am au                                                                                                                                                                                                                                                                                                                             | thorized to sign                    |
| his report on behalf of the Grantee. I have examined the foregoing statements, in                                                                                                                                                                                                                                                                                                                             |                                     |
| attached Expenditure Responsibility Report, and they are true, correct and completely my knowledge.                                                                                                                                                                                                                                                                                                           | ete, to the best                    |
|                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |
| Ву:                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |
| 11s Greatures and Trustee                                                                                                                                                                                                                                                                                                                                                                                     |                                     |
| Telephone Number. 617:739 1298                                                                                                                                                                                                                                                                                                                                                                                |                                     |
| Date General 20 2016                                                                                                                                                                                                                                                                                                                                                                                          |                                     |
| tur ·                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |

## **EXPENDITURE RESPONSIBILITY REPORT** (Note that the final report must cover expenditures over the life of the grant.)

| Date of report: Dec                         | ember 20, 2016                                      |                        |                            |                                                          |
|---------------------------------------------|-----------------------------------------------------|------------------------|----------------------------|----------------------------------------------------------|
| Report Period: Jan                          | wary 1, 2016 -                                      | December 3             | 1,2016                     |                                                          |
| Name and address o<br>The<br>214            | forganization:<br>Edward Lee ad<br>· A Allandale (R | ) Alocumb<br>Road Ohea | Hillis Perry ?             | Foundation acousets 02467                                |
| Amounts and dates of                        | of grants received di                               | uring the period       | d from Yay 2016            | through December: 2016                                   |
| <u>Date</u>                                 | <u>Amount</u>                                       | Date                   | Amount                     | Date Amount                                              |
| 5/11/2016                                   | \$ 160,000.00                                       | 8/15/2016              | \$ 50,500.00               | Date Amount<br>12/13/2016 #110,000.00<br>(Wire transfer) |
| Describe the uses of additional pages, if r | grant funds and the                                 | progress made          | e towards the goal         | of the grant(attach                                      |
| Itemize all income e                        | arned on the grant f                                | unds: \$               |                            |                                                          |
| Itemize all amounts salaries, travel and s  |                                                     |                        |                            | grant funds, including                                   |
| <u>Date</u>                                 | <u>Amount</u>                                       |                        | irpose                     | hist attached of<br>all grants made<br>in 2016           |
|                                             |                                                     | No gra<br>travel       | of funds were, or supplies | sport on Kalaries.                                       |
| 12 3 CC 201 (10) (16 2012                   |                                                     |                        | 1 4                        |                                                          |

#### The Edward Lee and Slocumb Hollis Foundation

214-A Allandale Road Chestnut Hill, Massachusetts 02467

#### Expenditure Report for Tax Year Ending December 31, 2016

The following List of Grants is presented and confirms The Edward Lee and Slocumb Hollis Perry Foundation did indeed meet its minimum distribution requirement for the Tax Year ending December 31, 2016.

This Expenditure Report is being made by Slocumb Hollis Perry, Treasurer and Trustee.

The following checks were issued from the Boston Private Bank Account (Account # 2015893) of The Edward Lee and Slocumb Hollis Perry Foundation.

Boston Private Bank & Trust Company, Ten Post Office Square, Boston, MA 02109

The List of Beneficiaries, with Check Numbers, Date issued, and Amount, is attached; as are photocopies of each check written.

The first check is #1159, issued on February 11, 2016 The final check is #1204, issued on December 16, 2016.

Respectfully submitted,

Slocumb Hollis Perry

Treasurer and Trustee

# The Edward Lee and Slocumb Hollis Perry Foundation 214-A Allandale Road, Chestnut Hill, MA 02467

## Expenditure Report: 2016

| Check No. | Date     | Grantee                                                                                 | Amount       |
|-----------|----------|-----------------------------------------------------------------------------------------|--------------|
| 1159      | 02/11/16 | Daughters of the Cincinnati<br>20 W 44 <sup>th</sup> Street, #508<br>New York, NY 10036 | \$ 200.00    |
| 1160      | 03/03/16 | American Repertory Theater<br>64 Brattle Street<br>Cambridge, MA 02138                  | \$ 1,000.00  |
| 1161      | 03/09/16 | Huntington Theatre Company<br>264 Huntington Avenue<br>Boston, MA 02115                 | \$ 3,000.00  |
| 1162      | 05/13/16 | Boston Lyric Opera<br>11 Avenue de Lafayette<br>Boston, MA 02110                        | \$ 50,000.00 |
| 1163      | 05/14/16 | Laurel School 1 Lyman Circle Shaker Heights, OH 44122                                   | \$ 1,000.00  |
| 1164      | 05/14/16 | School of The Museum of Fine Arts,<br>Boston<br>230 The Fenway<br>Boston, MA 02115      | \$ 1,500.00  |
| 1165      | 06/02/16 | Wildlife Conservation Society<br>2300 Southern Boulevard<br>Bronx, NY 10460             | \$ 1,500.00  |
| 1166      | 06/02/16 | Max Warburg Courage Curriculum<br>265 Huntington Avenue, Box 366<br>Boston, MA 02115    | \$ 1,000.00  |
| 1167      | 06/08/16 | Huntington Theatre Company<br>264 Huntington Avenue<br>Boston, MA 02115                 | \$ 10,000.00 |

| Check No. | Date      | Grantee                                                                            | Amount       |
|-----------|-----------|------------------------------------------------------------------------------------|--------------|
| 1168      | 06/22/16  | Museum of Fine Arts, Boston<br>465 Huntington Avenue<br>Boston, MA 02115           | \$ 45,000.00 |
| 1169      | 06/22/16  | WGBH Masterpiece Trust I Guest Street Boston, MA 02135                             | \$ 15,000.00 |
| 1170      | 06/29/16  | Walden Woods Project<br>44 Baker Farm Road<br>Lincoln, MA 01773                    | \$ 1,000.00  |
| 1171      | 06/29/16  | Discalced, Inc. (Mark Morris Dance Group) 3 Lafayette Avenue Brooklyn, NY 11217    | \$ 1,000.00  |
| 1172      | VOIDED CH | IECK                                                                               |              |
| 1173      | 06/29/16  | ASPCA<br>424 E. 92 <sup>nd</sup> Street<br>New York, NY 10128                      | \$ 500.00    |
| 1174      | 06/29/16  | New England Conservatory of Music<br>290 Huntington Avenue<br>Boston, MA 02115     | \$ 10,000.00 |
| 1175      | 06/29/16  | Huntington Theatre Company<br>264 Huntington Avenue<br>Boston, MA 02115            | \$ 2,500.00  |
| 1176      | 07/21/16  | PMC- Jimmy Fund<br>77 4 <sup>th</sup> Avenue<br>Needham, MA 02494                  | \$ 200.00    |
| 1177      | 07/23/16  | The Metropolitan Opera Guild<br>70 Lincoln Square<br>New York, NY 10023            | \$ 1,250.00  |
| 1178      | 08/08/16  | Francis Ouimet Scholarship Fund<br>300 Arnold Palmer Boulevard<br>Norton, MA 02766 | \$ 200.00    |

| Check No. | Date     | Grantee                                                                                  | A  | mount     |
|-----------|----------|------------------------------------------------------------------------------------------|----|-----------|
| 1179      | 09/20/16 | Boston Lyric Opera<br>11 Avenue de Lafayette<br>Boston, MA 02110                         | \$ | 50,000.00 |
| 1180      | 09/20/16 | Boston Lyric Opera<br>11 Avenue de Lafayette<br>Boston, MA 02110                         | \$ | 1,500.00  |
| 1181      | 12/01/16 | The Fund for Sarah Lawrence College<br>1 Meadway<br>Bronxville, NY 10708                 | \$ | 1,400.00  |
| 1182      | 12/01/16 | Pine Manor College<br>400 Heath Street<br>Chestnut Hill, MA 02467                        | \$ | 750.00    |
| 1183      | 12/09/16 | Daughters of the Cincinnati<br>20 W. 44 <sup>th</sup> Street, #508<br>New York, NY 10036 | \$ | 500.00    |
| 1184      | 12/13/16 | Manchester Rescue Squad<br>6041 Main Street<br>Manchester Center, VT 05255               | \$ | 100.00    |
| 1185      | 12/13/16 | Kids Wish Network<br>Wish Fulfillment Center<br>P.O. Box 9569<br>Wilton, NH 03086-9569   | \$ | 100.00    |
| 1186      | 12/13/16 | MSPCA<br>350 S. Huntington Avenue<br>Boston, MA 02130                                    | \$ | 250.00    |
| 1187      | 12/13/16 | Animal Rescue League of Boston<br>10 Chandler Street<br>Boston, MA 02116                 | \$ | 50.00     |
| 1188      | 12/13/16 | CARE Gift Center P.O. Box 1870 Merrifield, VA 22116-8070                                 | \$ | 250.00    |

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| Check No. | Date     | Grantee                                                                            | Amount       |
|-----------|----------|------------------------------------------------------------------------------------|--------------|
| 1189      | 12/13/16 | Toys for Tots Foundation<br>18251 Quantico Gateway Drive<br>Triangle, VA 22172     | \$ 250.00    |
| 1190      | 12/14/16 | Museum of Fine Arts, Boston<br>465 Huntington Avenue<br>Boston, MA 02115           | \$ 30,000.00 |
| 1191      | 12/14/16 | Museum of Fine Arts, Boston<br>465 Huntington Avenue<br>Boston, MA 02115           | \$ 20,000.00 |
| 1192      | 12/14/16 | WGBH – Ralph Lowell Society<br>I Guest Street<br>Boston, MA 02135                  | \$ 10,000.00 |
| 1193      | 12/14/16 | WGBH –Masterpiece Trust<br>1 Guest Street<br>Boston, MA 02135                      | \$ 10,000.00 |
| 1194      | 12/14/16 | American Reportory Theater<br>64 Brattle Street<br>Cambridge, MA 02138             | \$ 10,000.00 |
| 1195      | 12/14/16 | Huntington Theatre 264 Huntington Avenue Boston, MA 02115                          | \$ 10,000.00 |
| 1196      | 12/14/16 | New England Conservatory of Music<br>290 Huntington Avenue<br>Boston, MA 02115     | \$ 15,000.00 |
| 1197      | 12/14/16 | Opera America<br>330 Seventh Avenue<br>New York, NY 10001                          | \$ 2,500.00  |
| 1198      | 12/14/16 | Boston Symphony Orchestra<br>301 Massachusetts Avenue<br>Boston, MA 02115          | \$ 5,000.00  |
| 1199      | 12/16/16 | Francis Ouimet Scholarship Fund<br>300 Arnold Palmer Boulevard<br>Norton, MA 02766 | \$ 250.00    |

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