Form 990-PF

Return of Private Foundation

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

OMB No 1545-0052

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

12/19, 2016, and ending 12/31, 2016 For calendar year 2016 or tax year beginning Name of foundation A Employer identification number BENALI FOUNDATION 81-4735972 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) 6 BLUE HERON LANE City or town, state or province, country, and ZIP or foreign postal code If exemption application is pending, check here. MANCHESTER, MA 01944 G Check all that apply X Initial return Initial return of a former public charity 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 computation H Check type of organization X Section 501(c)(3) exempt private foundation If private foundation status was terminated Other taxable private foundation Section 4947(a)(1) nonexempt charitable trust under section 507(b)(1)(A), check here . J Accounting method. X Cash I Fair market value of all assets at If the foundation is in a 60-month termination end of year (from Part II, col. (c), line Other (specify) under section 507(b)(1)(B), check here 16) **►** \$ 214,092. (Part I, column (d) must be on cash basis) (d) Disbursements Part Analysis of Revenue and Expenses (The (a) Revenue and total of amounts in columns (b), (c), and (d) (b) Net investment (c) Adjusted net for charitable expenses per may not necessarily equal the amounts in purposes income income books column (a) (see instructions)) (cash basis only) 214,092 Contributions, gifts, grants, etc., received (attach schedule) if the foundation is not required to 2 Check > 3 Interest on savings and temporary cash investments. Dividends and interest from securities Gross rents Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 0. Capital gain net income (from Part IV, line 2), 8 Net short-term capital gain. Income modifications . Gross sales less returns and allowances . . . b Less Cost of goods sold . c Gross profit or (loss) (attach schedule) Other income (attach schedule) 214,092. 0. 12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc. Expenses Other employee salaries and wages 14 15 Pension plans, employee benefits 16a Legal fees (attach schedule) b Accounting fees (attach schedule) c Other professional fees (attach schedule). . . Interest . Taxes (attach screens). .
Depreciation rettach screens value tepletion C Occupant Ċ. encestaged neetings 17. 21 Travel, ce E 22 Printing and publications **2**23 Other expenses 24 Total operating 0 Add lines 13 through 23. . . . Contributions, gifts, grants paid Ō ō 26 Total expenses and disbursements Add lines 24 and 25 27 Subtract line 26 from line 12 214,092 Excess of revenue over expenses and disbursements . . o. b Net Investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-). .

OB NE CENTROS JSA For Paperwork Reduction Act Notice, see instructions.

	art l	Balanco Shoots	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	Ε	nd of year
	al I II	Balance Sheets	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1'	Cash - non-interest-bean	ing			
	2	Savings and temporary	cash investments			
	3	Accounts receivable ▶				
	ł	Less allowance for dou	btful accounts ►			
	4	Pledges receivable ▶				* * * * * * * * * * * * * * * * * * * *
	ł	Less allowance for doub	btful accounts ▶			
	5	Grants receivable				
	6	Receivables due from	officers, directors, trustees, and other	Ti .	_	
		disqualified persons (att	tach schedule) (see instructions)			
	7	Other notes and loans r	eceivable (attach schedule)	<u> </u>		
	}		btful accounts ▶		<u></u>	
Assets	8	Inventories for sale or us	e			
SS	9		eferred charges			
ď	iva	Investments - U.S. and state	e government obligations (attach schedule).			
	ь	Investments - corporate	stock (attach schedule) ATCH 1		214,09	214,092
	C	Investments - corporate	bonds (attach schedule)			
	11	Investments - land, buildings and equipment basis	·			
	ļ	Less accumulated deprecia (attach schedule)	ation >			
	12		loans			
	13	Investments - other (atta	ich schedule)			
		Land, buildings, and equipment basis	>			
1	1	Less accumulated deprecia- (attach schedule)	tion			
	15	Other assets (describe	·)			
	16	Total assets (to be	completed by all filers - see the			
		instructions Also, see pa	age 1, item l)	0.	214,09	214,092
	17	Accounts payable and a	ccrued expenses			
	18	Grants payable				
Liabilities						
	20	Loans from officers, director	rs, trustees, and other disqualified persons		<u> </u>	
ë	21	Mortgages and other not	tes payable (attach schedule)			
-1	22	Other liabilities (describe	▶)			
]						
\rightarrow			s 17 through 22)	0.		0.
ß			ow SFAS 117, check here ▶ X			
ces		and complete lines 2	24 through 26 and lines 30 and 31.			
핆	24	Unrestricted			214,09	
Ba						
힏	26	Permanently restricted .	· · · · · · · · · · · · · · · · · · ·			
<u>.</u> =			not follow SFAS 117, ► L			
٦		check here and comp	olete lines 27 through 31.			
S		· ·	ipal, or current funds		ļ	
Set		•	land, bldg, and equipment fund			
AS			lated income, endowment, or other funds			
a			balances (see instructions)	0.	214,09	2.
Z			net assets/fund balances (see		04.4.00	
				0.	214,09	2.
			iges in Net Assets or Fund Bala			
1			alances at beginning of year - Part			
2	ena-	or-year rigure reported	d on prior year's return)	• • • • • • • • • • • • • • • • • • • •		0
_	⊏⊓te	amount from Part I, I	line 27a	• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · <u>· · · · · · · · · · </u>	214,092
3	Orue	i increases not includ	ed in line 2 (itemize) ▶			3 214 002
			lino 2 (Hamara) N	• • • • • • • • • • • • • • • • • • • •		214,092
		eases not included in	·	lun 5) D=±U · 1 · ′		214 002
0	iotal	net assets or tund ba	alances at end of year (line 4 minus	iine 5) - Part II, column (b), line 30	214,092

C	•
L'AUG	

		BENALI FOUNDATION			81-4/359	12
_	n 990-PF (2016)					Page 3
Pá	art IV Capital Gains	and Losses for Tax on Inv	estment Income			
	(a) List and 2-story bi	(b) How acquired P - Purchase	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)		
1 8				D - Donation		
	b				 	
	<u>~</u>				 	
	<u></u> d				 	
	=				 	
	(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	
			prior or parior	 	(o) pido (i) iiiii	
	9		 			
	·		 			
	<u> </u>		 			
						
		howing gain in column (h) and owned	by the foundation on 12/31/69			
		(j) Adjusted basis	(k) Excess of col (i)		Gains (Col (h) ga (k), but not less the	
	(i) F M V as of 12/31/69	as of 12/31/69	over col (j), if any		Losses (from col	
<u>a</u>						
<u>t</u>	·		 			
						
	•		sia also satar in Dart I line 7	 		
2	Capital gain net income	or (net canital loss)	ain, also enter in Part I, line 7	2		
3	Net short-term capital as	ا) ۱۱ ain or (loss) as defined in sections	oss), enter -0- in Part I, line 7	-		
3			structions) If (loss), enter -0- in			~
	-	• • •				
D.		Indox Section 4040(a) for De	duced Tax on Net Investment I	3		
(1-0	optional use by domestic	private foundations subject to the	e section 4940(a) tax on net investr	nent inco	me.)	
16 00	notion 4040(d)(2) conting	leave this part blank NOT	AVAILABLE FOR INITIAL	VEAR F	RETURNS	
II SE	ection 4940(d)(2) applies,	leave this part blank	AVAIDABBE FOR INITIAL	IDAK I	(E10KHO	
\/\/a	s the foundation liable for t	the section 4042 tax on the distrib	outable amount of any year in the be	aco norio	43	Yes \ No
		not qualify under section 4940(e)	outable amount of any year in the ba	ase peno	۱′ <u>ـــ</u>	Yes No
<u>"-'</u>					trico	
	(a)		ar; see the instructions before makii	ng any en	tries (d)	
•	Base period years	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		Distribution ra	tio
Cai	endar year (or tax year beginning in)		THE VEIDE OF HERIDIAN ABOUT		(col (b) divided by	COI (C))
	2015 2014		 			
	2013		 			
	2012		 			
	2011		<u> </u>	 -		
			ţ			
2	Total of line 1, column (c	, , , , , , , , , , , , , , , , , , , ,		2		
3		•	de the total on line 2 by 5, or by the	[
	number of years the four	ndation has been in existence if le	ss than 5 years	3		
			•			
4	Enter the net value of no	ncharitable-use assets for 2016 f	rom Part X, line 5	4		
				İ		
5	Multiply line 4 by line 3.		• • • • • • • • • • • • • • • • • • • •	5	 	
6	Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		
7	Add lines 5 and 6			7		
•						
8	Enter qualifying distribution of the street	ons from Part XII, line 4 reater than line 7, check the box		that part	using a 1% ta	x rate. See the

b	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1				
b	'Date of ruling or determination letter (attach copy of letter if necessary - see instructions)	ļ			
	Domestic foundations that meet the section 4940(e) requirements in Part V, check				0
	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				
	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 ,	1			0
ı	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4				0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0				0
6	Credits/Payments	,			
а	2016 estimated tax payments and 2015 overpayment credited to 2016 6a				
b	Exempt foreign organizations - tax withheld at source				
C	Tax paid with application for extension of time to file (Form 8868) 6c				
d	Backup withholding erroneously withheld				
•	Total credits and payments Add lines 6a through 6d				0
3	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8				
)	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	┵			0
)	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	<u> </u>			
	Enter the amount of line 10 to be Credited to 2017 estimated tax ▶ Refunded ▶ 11				
a	rt VII-A Statements Regarding Activities				
a	During the tax year, did the foundation attempt to influence any national, state, or local legislation of	or did it	<u> </u>	Yes	No
	participate or intervene in any political campaign?		1a	ļ	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purpos	ses (see	ł		l
	Instructions for the definition)?		1b		<u> </u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any	materials		}	
	published or distributed by the foundation in connection with the activities.		1	ł	}
C	Did the foundation file Form 1120-POL for this year?		1c		
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		ł	ł	1
	(1) On the foundation ► \$(2) On foundation managers ► \$		1	•	}
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax im	posed			
	on foundation managers 🕨 \$		1	}	
	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2_	 	X
	If "Yes," attach a detailed description of the activities.		[1	
			1	1	
	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, a	rticles of			
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3_		
			3 4a		
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		-		Х
a b	incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>		4a		Х
a b	Incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes Did the foundation have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T		4a 4b		Х
a b	Incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes Did the foundation have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, termination, dissolution, or substantial contraction during the year?		4a 4b		Х
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a 5	Incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes Did the foundation have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory direction conflict with the state law remain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Enter the states to which the foundation reports or with which it is registered (see instructions) MA, If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney	ons that Part XV	4a 4b 5		Х
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1	Incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes Did the foundation have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory direction conflict with the state law remain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Enter the states to which the foundation reports or with which it is registered (see instructions) MA, If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney (or designate) of each state as required by General Instruction G? If "No," attach explanation Is the foundation claiming status as a private operating foundation within the meaning of section 4942 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)?	General (j)(3) or If "Yes,"	4a 4b 5	Х	Х
1	Incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes Did the foundation have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory direction conflict with the state law remain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Enter the states to which the foundation reports or with which it is registered (see instructions) MA, If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney (or designate) of each state as required by General Instruction G? If "No," attach explanation Is the foundation claiming status as a private operating foundation within the meaning of section 4942	General ((j)(3) or If "Yes,"	4a 4b 5	Х	XXX

Form	990-PF (2016) BENALI FOUNDATION 81-473	5972	F	Page 5
Pa	rt VII-A Statements Regarding Activities (continued)			
	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the		Yes	No
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		Х
12				
	person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13		13	X	
	Website address N/A			
14	The books are in care of ▶ KARIM BENALI, M.D. Telephone no ▶			
	The books are in care of ► KARIM BENALI, M.D. Located at ► 6 BLUE HERON LANE MANCHESTER, MA ZIP+4 ► 01944			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		▶	\cdot
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority		Yes	l .
	over a bank, securities, or other financial account in a foreign country?	16	<u> </u>	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of	,		
	the foreign country ▶	3		200
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required	- 3		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	12	Yes	No
1a	During the year did the foundation (either directly or indirectly)		\ \ .	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	- 1		
	disqualified person? Yes X No	14.	3	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?	* 1	ĽW	
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			M.
	foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)	*	1	115.
		4 1)	1
L	olf any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	1b	la. i	3
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	13	. ; 1,	: ()
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		. 1	
·	were not corrected before the first day of the tax year beginning in 2016?	1c	k	
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private		T)	1 1 1
_	operating foundation defined in section 4942(j)(3) or 4942(j)(5))	(s, ', b)	Ĭ	
а	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and			
_	6e, Part XIII) for tax year(s) beginning before 2016?) · · ·	
	If "Yes," list the years	1 '		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to		13	
	all years listed, answer "No" and attach statement - see instructions)	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		\$.11
	>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	1 3		
	at any time during the year?	,	{	,
b	If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or		>	
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the	1	8	1
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			` .
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2016.)	3b	<u></u>	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b	l	X

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

Page 8

Par	Minimum Investment Return (All domestic foundations must complete this part. Foreit see instructions.)	gn foundations,	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	1,173.
b	•	1b	
С		1c	
d		1d	1,173.
e	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	
3	Subtract line 2 from line 1d	3	1,173.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	18.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,155.
6	Minimum investment return. Enter 5% of line 5	6	2.
Par	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four	dations	
	and certain foreign organizations check here ▶ and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	2.
2a	Tax on investment income for 2016 from Part VI, line 5 2a		
b	Income tax for 2016 (This does not include the tax from Part VI) 2b		
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	2.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	2.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	2.
Part	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	<u> </u>	
· a	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
-	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
-	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	-	
-	Enter 1% of Part I, line 27b (see instructions)	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
•	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca		
	qualifies for the section 4940(e) reduction of tax in those years.		. 5 27. 3 40.0011

Page 9

P	art XIII Undistributed Income (see instr	uctions)			
1	Distributable amount for 2016 from Part XI,	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
	line 7				2.
2					
_	a Enter amount for 2015 only				
	o Total for pnor years 20 14 ,20 13 ,20 12				
3	Excess distributions carryover, if any, to 2016				***
_	a From 2011			,	
	5				
	- F 0040				
	1.5 0044				
	From 2015				
	Total of lines 3a through e				
	Qualifying distributions for 2016 from Part XII,		- I IIII		
	line 4 ▶ \$				
ā	Applied to 2015, but not more than line 2a				
ŀ	Applied to undistributed income of prior years (Election required - see instructions)				
•	Treated as distributions out of corpus (Election				
	required - see instructions)				
(Applied to 2016 distributable amount				
•	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2016. (If an amount appears in column (d), the same				
	amount must be shown in column (a))				
6	Enter the net total of each column as				
	indicated below:				
E	Corpus Add lines 3f, 4c, and 4e Subtract line 5				
t	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				
C	Subtract line 6c from line 6b Taxable				
	amount - see instructions				
٠	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				2.
	distributed in 2017				2.
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.	0.			
4.0	Subtract lines 7 and 8 from line 6a				
	Analysis of line 9				
	Excess from 2012				
	Excess from 2013				
	Excess from 2014				
	Excess from 2015				
<u>e</u>	Excess from 2016				5 000 PE (0040)

factors

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

c Any submission deadlines:

Supplementary Information (continued) 3 Grants and Contributions Paid During the Vear or Approved for Future Payment Recipient Name and address (home or business) a Paid during the year Total b Approved for future payment	Form 990-PF (2016)				Page 11
a Paid during the year Total	Part XV Supplementary Information (continued)	and for E	Tutura Daymant	
a Paid during the year Total	Recipient	If recipient is an individual,	Foundation	-uture Payment	Ţ
a Paid during the year Total	Name and address (home or husiness)	show any relationship to any foundation manager	status of	Purpose of grant or contribution	Amount
Total	a Paid during the year	or substantial contributor	recipient		
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	i				
	j				}
Total	Total	<u> </u>	<u> </u>	▶ 3b	

t XVI-A Analysis of Income-Prod		ited business income	Excluded by	(e)		
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exem	
rogram service revenue	}		+		(See instructions	
						
	<u> </u>					
						
Fees and contracts from government agencies						
embership dues and assessments						
erest on savings and temporary cash investments.						
vidends and interest from securities						
t rental income or (loss) from real estate						
Debt-financed property			1			
Not debt-financed property						
rental income or (loss) from personal property.						
ner investment income			1			
n or (loss) from sales of assets other than inventory			7			
tincome or (loss) from special events						
oss profit or (loss) from sales of inventory.						
ner revenue a						
						
btotal Add columns (b), (d), and (e)				12		
btotal Add columns (b), (d), and (e) tal. Add line 12, columns (b), (d), and (e)				13		
btotal Add columns (b), (d), and (e) tal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calci	ulations)					
bototal Add columns (b), (d), and (e)	ulations) s to the Ad	ccomplishment of I	Exempt Purp	oses		
pototal Add columns (b), (d), and (e) al. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculated the color of the color	ulations) s to the Ac	ccomplishment of l	Exempt Purp	oses) of Part XVI-A contribu	ited importantly t	
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ototal Add columns (b), (d), and (e) al. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcomposity. XVI-B Relationship of Activities to. Explain below how each activities	ulations) s to the Ac	ccomplishment of l	Exempt Purp	oses) of Part XVI-A contribu	ited importantly	
ototal Add columns (b), (d), and (e) al. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculated a Relationship of Activities (b). Explain below how each activities	ulations) s to the Ac	ccomplishment of l	Exempt Purp	oses) of Part XVI-A contribu	ited importantly	
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ototal Add columns (b), (d), and (e) al. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculated a Relationship of Activities XVI-B Relationship of Activities Io. Explain below how each activities	ulations) s to the Ac	ccomplishment of l	Exempt Purp	oses) of Part XVI-A contribu	ited importantly	
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btotal Add columns (b), (d), and (e)	ulations) s to the Ac	ccomplishment of l	Exempt Purp	oses) of Part XVI-A contribu	ited importantly	

Par	t XVII	Information R Exempt Orga		ansfer	s To and	Transact	ions	and Re	lation	ships \	With None	chari	table	?
1	ın sec	e organization direction 501(c) of the Conzations?	tly or indirectly		-								Yes	No
а	Transfers from the reporting foundation to a noncharitable exempt organization of. (1) Cash								1a(1)		x			
b	(2) Ot	her assets transactions										1a(2)		Х
	(2) Pu	lles of assets to a no irchases of assets fro	om a noncharit	able exe	mpt organiz	ation		<i>.</i> .				1b(1) 1b(2)		X
	(4) Re	ental of facilities, eque eimbursement arrang ans or loan guarantei	ements									1b(3) 1b(4) 1b(5)		X
	Sharin	erformance of service ig of facilities, equiprically answer to any of the	nent, mailing li	sts, othe	er assets, or	paid emplo	yees .	<i>.</i>				1c	fair m	X X arket
	value value	of the goods, other in any transaction of	assets, or serv	vices giv ngement,	en by the i	reporting fo	undati he val	on. If the	found goods	ation re	ceived less assets, or s	than ervice:	fair m s rec	narket eived
(a) Li	ne no	(b) Amount involved N/A	(c) Name of	noncharit	able exempt on	ganization	(d) N/		of transf	ers, transa	ctions, and shai	ng arra	ngeme	nts
							ļ							
		foundation directly oped in section 501(c)								organiz	zations	Y6	es X] No
		," complete the followard (a) Name of organization	wing schedule			organization		7		c) Descrip	tion of relations			
														
		penalties of perjury, I decla								o the best	of my knowledg	e and b	elief, it	is true.
Sign Here	K	ARIM BENAZI,		taxpayer) is	11/15/2		TRI	USTEE	1edge 		May the IRS with the pre	par <u>er</u> s	hown —	below
	Sigi	Print/Type preparer's nai		Pros	Date // parer's signatur		Title	Date			(see instructions		Yes	No
Paid Prep	arer	JACK D ADELSO		Na	P.C.	oleba	/ C/	A4 11			If-employed]	TIN 2001 5190 (9
Use	Only	Firm's address ▶ 20	WALNUT ST LLESLEY HI	TREET,	SUITE MA	210		02481-	2104	Phone no	781-23			

Schedule B

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

Schedule of Contributors

OMB No 1545-0047

2016

Department of the Treasury Internal Revenue Service ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

990.

Name of the organization		Employer identification number
BENALI FOUNDATION		81-4735972
Organization type (check or	e) [.]	01.4733972
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a pr	rivate foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a privat	te foundation
	501(c)(3) taxable private foundation	
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, or property) from any one contributor. Complete Parts I and II. See contributions.	
regulations under s 13, 16a, or 16b, ar	n described in section 501(c)(3) filing Form 990 or 990-EZ that met ections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Fold that received from any one contributor, during the year, total contributor amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ,	orm 990 or 990-EZ), Part II, line tributions of the greater of (1)
contributor, during	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-the year, total contributions of more than \$1,000 exclusively for religional purposes, or for the prevention of cruelty to children or animals.	gious, charitable, scientific,
contributor, during contributions totale during the year for General Rule appli	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-the year, contributions exclusively for religious, charitable, etc., purped more than \$1,000. If this box is checked, enter here the total confan exclusively religious, charitable, etc., purpose. Don't complete are to this organization because it received nonexclusively religious, comore during the year	poses, but no such tributions that were received ny of the parts unless the tharitable, etc., contributions
990-EZ, or 990-PF), but it m u	isn't covered by the General Rule and/or the Special Rules doesn't st answer "No" on Part IV, line 2, of its Form 990, or check the box o certify that it doesn't meet the filing requirements of Schedule B (Fi	on line H of its Form 990-EZ or on its

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

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

Employer	id	entr	fica	tion	number
81-	47	35	97	2	

Part I	ontributors (See instructions). Use duplicate copies of Part I if additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	KARIM BENALI 6 BLUE HERON AVENUE MANCHESTER, MA 01944	\$\$	Person X Payroll X Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroil Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part it for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)

Employer identification number

		81-473	5972
Part II	Noncash Property (See instructions). Use duplicate copies of	Part II if additional space is nee	eded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	1900 SHARES ABIOMED INC. COMMON	\$ 214,092.	12/31/2016
		\$\$	12/31/2010
(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
		\$	

Employer identification number 81–4735972

Part III	(10) that total more than \$1,000 for the	he year from any one con ons completing Part III, ente year. (Enter this informatio	tions described in section 501(c)(7), (8), or ntributor. Complete columns (a) through (e) er the total of exclusively religious, charitable, on once. See instructions.) ▶ \$		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 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		
	(e) Transfer of gift Transferee's name, address, and ZIP + 4		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		
	(e) Transfer of gift				
	Transferee's name, address, and	1 ZIP + 4	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		
		(e) Transfer of gift			
	Transferee's name, address, and		Relationship of transferor to transferee		

ATTACHMENT 1

FORM 990PF, PART II - CORPORATE STOCK

DESCRIPTION

ABIOMED INC.

ENDING BOOK VALUE

ENDING FMV

214,092.

214,092.

TOTALS

214,092.

214,092.

ATTACHMENT 2

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

EXPENSE ACCT ALLOWANCES AND OTHER CONTRIBUTIONS BENEFIT PLANS 0 ö TO EMPLOYEE 0 · COMPENSATION TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION TRUSTEE TRUSTEE MANCHESTER, MA 01944 MANCHESTER, MA 01944 6 BLUE HERON LANE 6 BLUE HERON LANE NAME AND ADDRESS KARIM BENALI AMEL BENALI

GRAND TOTALS