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Form 990-PF

Department of the Treasury  
Internal Revenue Service

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

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

OMB No 1545-0052

2017

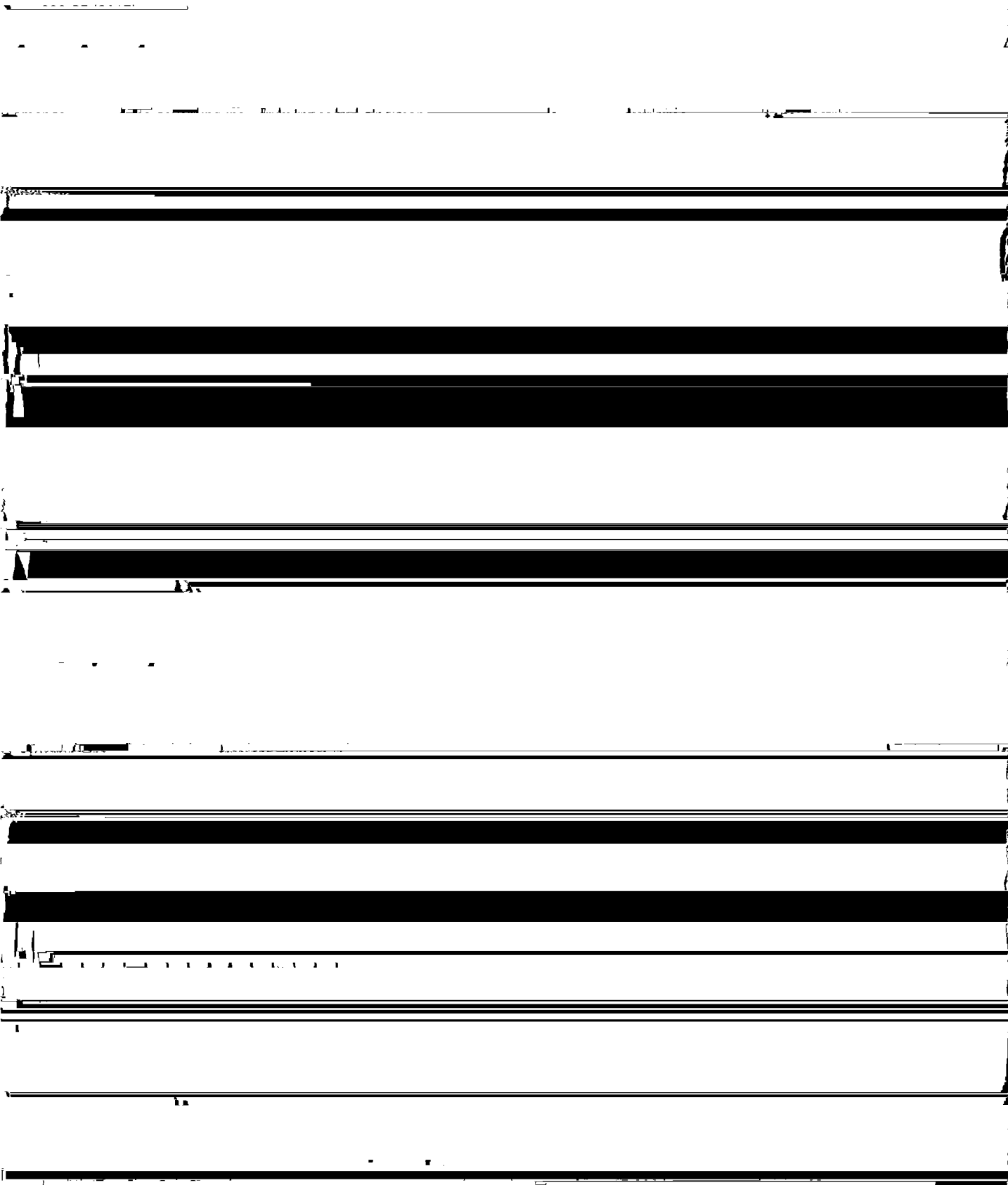
Open to Public Inspection

For calendar year 2017, or tax year beginning 01-01-2017, and ending 12-31-2017

Name of foundation THE ASBED B ZAKARIAN & MARGARET ZAKARIAN CHARITABLE FOUNDATION		A Employer identification number 04-6918749
Number and street (or P O box number if mail is not delivered to street address) 97 PLEASANT STREET	Room/suite	B Telephone number (see instructions) (508) 366-9100
City or town, state or province, country, and ZIP or foreign postal code MEREDITH, NH 03253		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test <input type="checkbox"/>

**Part II** **Balance Sheets** Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>1</b>	Cash—non-interest-bearing . . . . .	248,863	135,947	135,947
<b>2</b>	Savings and temporary cash investments . . . . .			
<b>3</b>	Accounts receivable ▶			



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

<b>1a</b> Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
<b>b</b> Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b . . . . .	<b>1</b>	1,192
<b>c</b> All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
<b>2</b> Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	0
<b>3</b> Add lines 1 and 2. . . . .	<b>3</b>	1,192
<b>4</b> Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	0
<b>5 Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>	1,192
<b>6</b> Credits/Payments 2017 estimated tax payments and 2016 overpayment credited to 2017 . . . . .		310

**Part VII-A Statements Regarding Activities** (continued)

<b>11</b>	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	<b>11</b>		<b>No</b>
<b>12</b>	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <b>►</b> N/A	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of <b>►</b> ALEXANDER ARONSON FINNING & CO PC Telephone no <b>►</b> (508) 366-9100			

Located at **►** 50 WASHINGTON STREET WESTBOROUGH MA ZIP+4 **►** 01581

<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . . <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . <b>►</b> 15			
<b>16</b>	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country <b>►</b>	<b>16</b>	<b>Yes</b>	<b>No</b>

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

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

<b>1a</b>	During the year did the foundation (either directly or indirectly)		<b>Yes</b>	<b>No</b>
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here. <b>►</b> <input type="checkbox"/>	<b>1b</b>		
<b>c</b>	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2017? <input type="checkbox"/>	<b>1c</b>		<b>No</b>
<b>2</b>	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
<b>a</b>	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years <b>►</b> 20____, 20____, 20____, 20____			
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement—see instructions). <input type="checkbox"/>	<b>2b</b>		
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here <b>►</b> 20____, 20____, 20____, 20____			
<b>3a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b>	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine			

**Part VII-B** Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

<b>1</b> List all officers, directors, trustees, foundation managers and their compensation (see instructions).				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
HERBERT S ALEXANDER 97 PLEASANT STREET MEREDITH, NH 03253	TRUSTEE 1 00	0	0	0
EDWARD ATAMIAN 16 KALAMAT FARMS CIRCLE 03253	TRUSTEE 1 00	0	0	0

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes
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h. Average of monthly cash balances	1h	189,267.
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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ARMENIAN CHURCH OF OUR SAVIOR 91 SALISBURY STREET WORCESTER, MA 01609		PUBLICLY SUPPORTED	TO SUPPORT THE CHURCH'S NONPROFIT RELIGIOUS MISSION	32,000
ARMENIAN HERITAGE FOUNDATION 25 FLANDERS ROAD BELMONT, MA 02478		PUBLICLY SUPPORTED	TO ESTABLISH THE ASBED B AND MARGARET M ZAKARIAN ENDOWMENT TO BE USED FOR THE MAINTENANCE AND PRESERVATION OF THE PARK	12,500
ARMENIAN MUSEUM OF AMERICA 65 MAIN STREET WATERTOWN, MA 02472		PUBLICLY SUPPORTED	TO SUPPORT THE NON-PROFIT MISSION OF THE MUSEUM	7,500
<b>Total . . . . . ►</b> <b>3a</b>				119,812



**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
<b>1</b> Distributable amount for 2017 from Part XI, line 7				116,332
<b>2</b> Undistributed income, if any, as of the end of 2017				
<b>a</b> Enter amount for 2016 only. . . . .			70,302	
<b>b</b> Total for prior years 20____, 20____, 20____		0		
<b>3</b> Excess distributions carryover, if any, to 2017				
<b>a</b> From 2012. . . . .				
<b>b</b> From 2013. . . . .				
<b>c</b> From 2014. . . . .				
<b>d</b> From 2015. . . . .				
<b>e</b> From 2016. . . . .				
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	0			
<b>4</b> <del>Qualifying distributions for 2017 from Part</del>				

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MA TAX	35	0		0
FIDELITY FOREIGN TAX	67	67		0
UBS FOREIGN TAX	152	152		0

## Part XIV

<b>1a</b> If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling. . . . .	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>
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**b** Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed.	Tax year	Prior 3 years			(e) Total
		(a) 2017	(b) 2016	(c) 2015	(d) 2014	

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

[illegible]

(1) Value of all assets . . . . .					
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(2) Value of assets qualifying under section 4942(j)(3)(B)(i)				
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<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
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c "Support" alternative test—enter					
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(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . .					
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(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . .					
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(3) Largest amount of support from an exempt organization					
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(4) Gross investment income					
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**Part XV** **Supplementary Information** (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation

### **3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Enter gross amounts unless otherwise indicated

Line No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to
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## Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

	Yes	No
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<b>1a(1)</b>	<b>No</b>
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1a(2)	No
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<b>1b(1)</b>	<b>No</b>
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<b>1b(2)</b>	<b>No</b>
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<b>1b(3)</b>	<b>No</b>
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<b>1b(4)</b>		<b>No</b>
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<b>1b(5)</b>		<b>No</b>
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<b>1b(6)</b>		<b>No</b>
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1c		No
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value  
ue

$\gamma_m$   $T_F$   $k_B$   $E_{\text{exc}}$   $E_{\text{exc}}/k_B T_F$   $\mu_0 \chi_0$   $\mu_0 \chi_0 / k_B T_F$

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(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services. . . . .		0

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
DIOCESE OF THE ARMENIAN CHURCH OF AMERICA (EASTERN) 630 SECOND AVENUE NEW YORK, NY 10016		PUBLICLY SUPPORTED	CONTINUED SUPPORT OF ARMENIAN CAUSES	40,312
ST NERSESS AREMENIAN SEMINARY 486 BEDFORD ROAD ARMONK, NY 10504		PUBLICLY SUPPORTED	CONTINUED SUPPORT OF ARMENIAN CAUSES	12,500
ARMENIAN PATRIARCHATE OF ST JAMES		PUBLICLY	FOR CONTINUED SUPPORT OF	10,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
LEUKEMIA SOCIETY9 ERIE DRIVE NATICK, MA 01760		PUBLICLY SUPPORTED	TO SUPPORT THE SOCIETY'S MISSION	5,000
<b>Total . . . . .</b> <div> <div></div> <div>▶</div> </div> <b>3a</b>				119,812



**TY 2017 Accounting Fees Schedule**

**Name:** THE ASBED B ZAKARIAN & MARGARET  
ZAKARIAN CHARITABLE FOUNDATION

**EIN:** 04-6918749

**Accounting Fees Schedule**

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
AAF	4,000	0		4,000

**TY 2017 Investments - Other Schedule**

**Name:** THE ASBED B ZAKARIAN & MARGARET  
ZAKARIAN CHARITABLE FOUNDATION

**EIN:** 04-6918749

**Investments Other Schedule 2**

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
EQUITY INVESTMENTS	AT COST	1,363,156	1,927,385
FIXED INCOME	AT COST	411,961	412,912

**TY 2017 Other Decreases Schedule**

**Name:** THE ASBED B ZAKARIAN & MARGARET  
ZAKARIAN CHARITABLE FOUNDATION

**EIN:** 04-6918749

Description	Amount
BASIS ADJUSTMENT	3,218

**TY 2017 Other Expenses Schedule**

**Name:** THE ASBED B ZAKARIAN & MARGARET  
ZAKARIAN CHARITABLE FOUNDATION

**EIN:** 04-6918749

**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANK CHARGES	15	15		0
SUPPLIES	56	0		56

**TY 2017 Other Professional Fees Schedule**

**Name:** THE ASBED B ZAKARIAN & MARGARET  
ZAKARIAN CHARITABLE FOUNDATION

**EIN:** 04-6918749

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
AAF WEALTH MANAGEMENT	8,338	8,338		0
UBS	5,538	5,538		0

**TY 2017 Taxes Schedule**

**Name:** THE ASBED B ZAKARIAN & MARGARET  
ZAKARIAN CHARITABLE FOUNDATION

**FTN:** 04-6918749