

Form **990-PF**
 Department of the Treasury
 Internal Revenue Service

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

OMB No 1545-0052
2017
Open to Public Inspection

▶ 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.

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

Name of foundation CAIL FAMILY FOUNDATION		A Employer identification number 20-2034269	
Number and street (or P O box number if mail is not delivered to street address) Room/suite 99 FLORENCE ST BLDG N 60 APT 3C		B Telephone number (see instructions) (781) 769-5858	
City or town, state or province, country, and ZIP or foreign postal code CHESTNUT HILL, MA 02467		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 <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 2,026,092		J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	
		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	250,235			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	159,159	159,159		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	-20,112			
	b Gross sales price for all assets on line 6a 330,415				
	7 Capital gain net income (from Part IV, line 2)		0		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)					
12 Total. Add lines 1 through 11	389,282	159,159			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	0	0		0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	6,100	6,100		0
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	4,311	15		0
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	11,754	11,754		0
	24 Total operating and administrative expenses. Add lines 13 through 23	22,165	17,869		0
	25 Contributions, gifts, grants paid	228,776			228,776
26 Total expenses and disbursements. Add lines 24 and 25	250,941	17,869		228,776	
27 Subtract line 26 from line 12					
a Excess of revenue over expenses and disbursements	138,341				
b Net investment income (if negative, enter -0-)		141,290			
c Adjusted net income (if negative, enter -0-)					

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
Assets	1 Cash—non-interest-bearing			
	2 Savings and temporary cash investments	5,738	11,443	11,443
	3 Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)			
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	1,638,417	1,569,054	2,014,649
	14 Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)				
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	1,644,155	1,580,497	2,026,092	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)	0	0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds	0	0	
	28 Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
29 Retained earnings, accumulated income, endowment, or other funds	1,644,155	1,580,497		
30 Total net assets or fund balances (see instructions)	1,644,155	1,580,497		
31 Total liabilities and net assets/fund balances (see instructions) .	1,644,155	1,580,497		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	1,644,155
2 Enter amount from Part I, line 27a	2	138,341
3 Other increases not included in line 2 (itemize) ▶ _____	3	0
4 Add lines 1, 2, and 3	4	1,782,496
5 Decreases not included in line 2 (itemize) ▶ _____	5	201,999
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	1,580,497

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
1a See Additional Data Table				
b				
c				
d				
e				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a See Additional Data Table			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a See Additional Data Table			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	-20,112
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8		3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No
 If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2016	241,276	1,811,771	0.133171
2015	202,900	1,673,582	0.121237
2014	203,049	1,608,886	0.126205
2013	190,642	1,407,772	0.135421
2012	188,449	1,293,868	0.145648
2 Total of line 1, column (d)			2 0.661682
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			3 0.132336
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5			4 2,067,715
5 Multiply line 4 by line 3			5 273,633
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 1,413
7 Add lines 5 and 6			7 275,046
8 Enter qualifying distributions from Part XII, line 4			8 228,776

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

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

Table with 11 rows for excise tax calculations. Includes sub-rows 6a-6d for 2017 estimated tax payments. Total tax due is 418, with 418 refunded.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Columns include question number, 'Yes', and 'No' responses. Questions cover political activities, tax returns, and substantial contributors.

Part VII-A Statements Regarding Activities (continued)

11 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).
12 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)
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address N/A
14 The books are in care of KELLY A BERARDI Telephone no (781) 407-0300

Located at 150 ROYALL STREET SUITE 102 CANTON MA ZIP+4 02021

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year 15

16 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

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.

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?
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?
(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)?
(6) Agree to pay money or property to a government official? (Exception. 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).
b If any answer is "Yes" to 1a(1)-(6), did any 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)?
c 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?
2 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))
a 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? If "Yes," list the years 20, 20, 20, 20
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 all years listed, answer "No" and attach statement-see instructions)
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here 20, 20, 20, 20
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?
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 if the foundation had excess business holdings in 2017).
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?

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

5a	During the year did the foundation pay or incur any amount to			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions).	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here. ▶		<input type="checkbox"/>	5b
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? <i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <i>If "Yes" to 6b, file Form 8870</i>			6b
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?			7b

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

Part VIII

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

Table with 5 columns: (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, (e) Expense account, other allowances. Rows include Milton Cail, Lois Cail, and Faith Kaplan.

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

Table with 5 columns: (a) Name and address of each employee paid more than \$50,000, (b) Title, and average hours per week devoted to position, (c) Compensation, (d) Contributions to employee benefit plans and deferred compensation, (e) Expense account, other allowances. Row 1 contains "NONE".

Total number of other employees paid over \$50,000. 0

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

Table with 3 columns: (a) Name and address of each person paid more than \$50,000, (b) Type of service, (c) Compensation. Row 1 contains "NONE".

Total number of others receiving over \$50,000 for professional services. 0

Part IX-A Summary of Direct Charitable Activities

Table with 2 columns: Description of activities (1-4) and Expenses.

Part IX-B Summary of Program-Related Investments (see instructions)

Table with 2 columns: Description of investments (1-3) and Amount.

Total. Add lines 1 through 3. 0

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	2,081,087
b	Average of monthly cash balances.	1b	18,116
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	2,099,203
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	2,099,203
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	31,488
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	2,067,715
6	Minimum investment return. Enter 5% of line 5.	6	103,386

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	103,386
2a	Tax on investment income for 2017 from Part VI, line 5.	2a	2,826
b	Income tax for 2017 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	2,826
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	100,560
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	100,560
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	100,560

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	228,776
b	Program-related investments—total from Part IX-B.	1b	0
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		
a	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	228,776
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	228,776

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				100,560
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only.			0	
b Total for prior years 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2017				
a From 2012.	124,568			
b From 2013.	121,819			
c From 2014.	127,829			
d From 2015.	121,478			
e From 2016.	157,235			
f Total of lines 3a through e.	652,929			
4 Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ <u>228,776</u>				
a Applied to 2016, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2017 distributable amount.				100,560
e Remaining amount distributed out of corpus	128,216			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))				0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	781,145			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b Taxable amount—see instructions		0		
e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).		0		
8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions).	124,568			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	656,577			
10 Analysis of line 9				
a Excess from 2013.	121,819			
b Excess from 2014.	127,829			
c Excess from 2015.	121,478			
d Excess from 2016.	157,235			
e Excess from 2017.	128,216			

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a 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. ▶

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 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					

3 Complete 3a, b, or c for the alternative test relied upon

a "Assets" alternative test—enter

(1) Value of all assets

(2) Value of assets qualifying under section 4942(j)(3)(B)(i)

b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .

c "Support" alternative test—enter

(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)

(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).

(3) Largest amount of support from an exempt organization

(4) Gross investment income

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 before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or email address of the person to whom applications should be addressed

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

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

Part XV **Supplementary Information** (continued)**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)				
a <i>Paid during the year</i> See Additional Data Table				
Total ▶ 3a				228,776
b <i>Approved for future payment</i>				
Total ▶ 3b				0

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

Part XVII

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code...
a Transfers from the reporting foundation to a noncharitable exempt organization of
(1) Cash
(2) Other assets
b Other transactions
(1) Sales of assets to a noncharitable exempt organization
(2) Purchases of assets from a noncharitable exempt organization
(3) Rental of facilities, equipment, or other assets
(4) Reimbursement arrangements
(5) Loans or loan guarantees
(6) Performance of services or membership or fundraising solicitations
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees
d If the answer to any of the above is "Yes," complete the following schedule

Table with 4 columns: (a) Line No, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code...
b If "Yes," complete the following schedule

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge
Sign Here
***** 2018-06-20 *****
Signature of officer or trustee Date Title

May the IRS discuss this return with the preparer shown below (see instr)? [X] Yes [] No

Paid Preparer Use Only
Print/Type preparer's name: KELLY A BERARDI
Preparer's Signature
Date: 2018-06-20
Check if self-employed []
PTIN: P01203181
Firm's name: GRAY GRAY & GRAY LLP
Firm's EIN: 04-2088368
Firm's address: 150 ROYALL STREET SUITE 102 CANTON, MA 02021
Phone no: (781) 407-0300

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e.g., real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
2012 ANNALY CAP MGMT	P	2016-06-22	2017-05-30
20 TEKLA LIFE SCIENCES	P	2016-06-10	2017-05-30
25 TEKLA LIFE SCIENCES	P	2016-12-30	2017-05-30
20 TEKLA LIFE SCIENCES	P	2017-03-31	2017-05-30
5000 SCORPIO TANKERS INC	P	2016-07-29	2017-05-30
717 WHEATON PRECIOUS METALS	P	2016-09-09	2017-05-30
1300 FORD MOTOR CO	P	2014-11-18	2017-05-30
858 ALLIANCEBERNSTEIN GLOBAL	P	2014-12-08	2017-05-30
1800 COHEN & STEERS SELECT	P	2013-07-10	2017-05-30
750 GUGGENHEIM MULTI-ASSET INCOME	P	2013-07-10	2017-05-30

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
23,728		20,565	3,163
402		386	16
503		427	76
402		383	19
18,250		23,590	-5,340
14,973		19,892	-4,919
14,432		20,154	-5,722
10,982		11,130	-148
41,507		34,564	6,943
15,577		17,294	-1,717

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			3,163
			16
			76
			19
			-5,340
			-4,919
			-5,722
			-148
			6,943
			-1,717

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e.g., real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
780 GUGGENHEIM MULTI-ASSET INCOME	P	2014-04-28	2017-05-30
750 SCHWAB EMERGING MARKETS	P	2013-07-10	2017-05-30
850 GLOBAL X SUPERDIVID	P	2014-05-29	2017-05-30
FIRST TR NORTH AMERN ENERGY	P	2015-01-22	2017-05-30
1350 VOYA GLOBAL ADVANTAGE AND PREM	P	2015-06-23	2017-05-30
750 TEKLA LIFE SCIENCES	P	2013-07-10	2017-05-30
13 TEKLA LIFE SCIENCES	P	2013-09-30	2017-05-30
14 TEKLA LIFE SCIENCES	P	2014-03-31	2017-05-30
259 TEKLA LIFE SCIENCES	P	2014-06-27	2017-05-30
19 TEKLA LIFE SCIENCES	P	2014-12-31	2017-05-30

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
16,200		19,526	-3,326
18,722		17,292	1,430
18,122		21,495	-3,373
65,746		71,859	-6,113
14,553		16,687	-2,134
15,082		14,087	995
261		251	10
282		312	-30
5,208		5,115	93
382		483	-101

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			-3,326
			1,430
			-3,373
			-6,113
			-2,134
			995
			10
			-30
			93
			-101

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e.g., real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
2530 73 PRINCIPAL GLOBAL DIVERSIVED	P	2013-07-10	2017-05-30

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
35,101		35,035	66

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			66

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)				
a <i>Paid during the year</i>				
ALZHEIMER ASSOCIATION 480 PLEASANT ST WATERTOWN, MA 02472			PUBLIC CHARITY TO SUPPORT RESEARCH FOR A CURE	2,000
AMERICAN DIABETES ASSOCIATION 1701 N GEAREGARD STREET ALEXANDRIA, VA 22311			PUBLIC CHARITY SUPPORT FOR PROGRAM	500
AMERICAN RED CROSS PO BOX 37839 BOONE, IA 500370839			PUBLIC CHARITY SUPPORT THE ORGANIZATION TO CONTINUE ITS PROGRAMS	2,000
ANIT-DEFAMATION LEAGUE 605 THIRD AVENUE NEW YORK, NY 101583560			PUBLIC CHARITY TO END DEFAMATION OF JEWISH PEOPLE AND SECURE JUSTICE AND FAIR TREATMENT FOR ALL	15,000
ASHE COUNTY RESCUE SQUAD INC PO BOX 639 W JEFFERSON, NC 28694			PUBLIC CHARITY SUPPORT FOR THE PROGRAM	25
Total ▶				228,776
3a				


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)				
a <i>Paid during the year</i>				
ASPCAPO BOX 96929 WASHINGTON, DC 200906929		PUBLIC CHARITY	SUPPORT FOR PROGRAM	1,000
BETH ISRAEL DEACONESS 330 BROOKLINE AVE BOSTON, MA 02215		PUBLIC CHARITY	PROVIDE ADVANCED HEALTH CARE	10,000
BINA FARM CENTER207 UNION ST NATICK, MA 01760		PUBLIC CHARITY	SUPPORT FOR PROGRAM	500
BOCA RATON POLICE FOUNDATION 6800 BROKEN SOUND PKWY BOCA RATON, FL 33487		PUBLIC CHARITY	TO ASSIST THE CAUSE	25
BOSTON CHILDRENS HOSPITAL 401 ZSTL FTOBR BOSTON, MA 02215		PUBLIC CHARITY	SUPPORT FOR PROGRAM	1,000
Total ▶ 3a				228,776

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)				
a <i>Paid during the year</i>				
BOSTON CURSILO C/O ARCHDIOCESE OF BOSTON 66 BROOKS DR BRAintree, MA 02184		PUBLIC CHARITY	SUPPORT FOR THE PROGRAM	25
BOSTON JEWISH FILM FESTIVAL 1001 WATERTOWN STREET WEST NEWTON, MA 02465		PUBLIC CHARITY	TO INSPIRE COMMUNITY TO EXPLORE FULL SPECTRUM OF JEWISH LIFE, VALUES & CULTURE	1,000
BOYS TOWNPO BOX 6000 BOYS TOWN, NE 68010		PUBLIC CHARITY	SUPPORT FOR THE PROGRAM	1,000
BRANDEIS UNIVERSITY 415 SOUTH STREET WALTHAM, MA 024532728		PUBLIC CHARITY	TO HELP PROMOTE CAUSE	1,000
BRIGHAM AND WOMEN'S HOSPITAL 116 HUNTINGTON AVE BOSTON, MA 02116		PUBLIC CHARITY	SUPPORT FOR THE PROGRAM	10,000
Total ▶ 3a				228,776

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)				
a <i>Paid during the year</i>				
CARE151 ELLIS STREET ATLANTA, GA 303032440				
CATHOLIC RELIEF SERVICES 228 W LEXINGTON STREET BALTIMORE, MD 212013443				
COMBINED JEWISH PHILANTHROPIES 126 HIGH STREET BOSTON, MA 021102700				
CROHN'S & COLITIS72 RIVER PARK NEEDHAM, MA 02494				
CYSTIC FIBROSIS FOUNDATION 6931 ARLINGTON ROAD BETHESDA, MD 20814				
Total 				228,776
3a				

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)				
a <i>Paid during the year</i>				
DANA FARBER CANCER INSTITUTE 10 BROOKLINE PLACE WEST BROOKLINE, MA 024457226		PUBLIC CHARITY	SUPPORT FOR THE PROGRAMS	5,000
DOCTORS WITHOUT BORDERS 333 SEVENTH AVE NEW YORK, NY 10001		PUBLIC CHARITY	SUPPORT FOR THE PROGRAMS	10,000
EASTER SEALS 141 W JACKSON BLVD CHICAGO, IL 60604		PUBLIC CHARITY	SUPPORT FOR THE PROGRAMS	1,000
FACING HISTORY AND OURSELVES 16 HURD ROAD BROOKLINE, MA 02445		PUBLIC CHARITY	SUPPORT FOR PROGRAMS	1,000
FEEDING AMERICA 35 E WACKER DRIVE CHICAGO, IL 606012200		PUBLIC CHARITY	SUPPORT FOR PROGRAMS	1,000
Total 3a				228,776

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)				
a <i>Paid during the year</i>				
FOREVER HOME RESCUE NEW ENGLAND 106 ADAMS STREET MEDFIELD, MA 02052		PUBLIC CHARITY	SUPPORT FOR THE PROGRAMS	1,500
FOUNDATION FOR AIDS 120 WALL STREET NEW YORK, NY 100053908		PUBLIC CHARITY	FIND A CURE FOR AIDS	2,000
GANN ACADEMY333 FOREST STREET WALTHAM, MA 02452		PUBLIC CHARITY	TO EDUCATE AND INSPIRE	1,000
GREATER BOSTON FOOD BANK 70 SOUTH BAY AVE BOSTON, MA 02118		PUBLIC CHARITY	SUPPORT FOR THE PROGRAMS	1,000
HABITAT FOR HUMANITY 121 HABITAT ST AMERICUS, GA 317093498		PUBLIC CHARITY	SUPPORT FOR PROGRAM	1,000
Total ▶ 3a				228,776

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)				
a <i>Paid during the year</i>				
HEBREW COLLEGE 160 HERRICK ROAD NEWTON CENTRE, MA 02459		PUBLIC CHARITY	SUPPORT FOR THE PROGRAM	250
HEIFER INTERNATIONAL 1 WORLD AVENUE LITTLE ROCK, AR 72202		PUBLIC CHARITY	SUPPORT FOR PROGRAM	1,500
HILLEL INTERNATIONAL 800 EIGHTH STREET NW WASHINGTON, DC 200013724		PUBLIC CHARITY	SUPPORT FOR THE PROGRAMS	500
HOME FOR LITTLE WANDERERS 10 GUEST STREET BOSTON, MA 02135		PUBLIC CHARITY	SUPPORT FOR THE PROGRAMS	1,000
HOSPICE BY THE SEA FOUNDATION 1531 W PALMETTO PARK ROAD BOCA RATON, FL 33486		PUBLIC CHARITY	SUPPORT FOR THE HOSPICE PROGRAMS	100
Total ▶ 3a				228,776

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)				
a <i>Paid during the year</i>				
JEWISH COMMUNITY CENTERS OF GREATER BOSTON 333 NAHANTON ST NEWTON, MA 024593213		PUBLIC CHARITY	SUPPORT FOR PROGRAM	10,000
JEWISH COMMUNITY HOUSING FOR ELDERLY 30 WALLINGFORD ROAD BRIGHTON, MA 021354753		PUBLIC CHARITY	SUPPORT FOR THE PROGRAMS	10,000
JEWISH FAMILY & CHILD SERVICES 1430 MAIN ST WALTHAM, MA 02451		PUBLIC CHARITY	SUPPORT FOR PROGRAM	1,000
JEWISH NATIONAL FUND 42 EAST 69TH STREET NEW YORK, NY 10021		PUBLIC CHARITY	HELPING BUILD ISRAEL	2,000
JIMMY FUND WALKBOSTON MARATHONPMC 10 BROOKLINE PLACE WEST BROOKLINE, MA 024457226		PUBLIC CHARITY	TO ENSURE CONTINUATION OF RESEARCH	500
Total 3a				228,776

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)				
a <i>Paid during the year</i>				
JDRF28 BROADWAY NEW YORK, NY 10004		PUBLIC CHARITY	TO ENSURE CONTINUATION OF RESEARCH	1,200
LEUKEMIA & LYMPHOMA SOCIETY 3 INTERNATIONAL DRIVE RYE BROOK, NY 10573		PUBLIC CHARITY	SUPPORT FOR THE PROGRAMS	1,000
MACULAR DEGENERATION RESEARCH 22512 GATEWAY CENTER DRIVE CLARKSBURG, MD 20871		PUBLIC CHARITY	SUPPORT FOR PROGRAM	1,000
MERCY SHIPPO BOX 1930 GARDEN VALLEY, TX 757711930		PUBLIC CHARITY	TO SERVE PEOPLE OF AFRICA	1,000
MORGAN MEMORIALPO BOX 55009 BOSTON, MA 02205		PUBLIC CHARITY	SUPPORT FOR PROGRAM	2,000
Total 3a			▶	228,776

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)				
a <i>Paid during the year</i>				
MUSEUM OF FINE ARTS 465 HUNTINGTON AVE BOSTON, MA 02115		PUBLIC CHARITY	SUPPORT FOR THE PROGRAMS	500
NATIONAL FOUNDATION FOR CANCER RESEARCH 4600 EAST WEST HIGHWAY BETHESDA, MD 20814		PUBLIC CHARITY	SUPPORT FOR THE PROGRAMS	2,000
NATIONAL MULTIPLE SCLEROSIS SOCIETY PO BOX 4527 NEW YORK, NY 10163		PUBLIC CHARITY	SUPPORT FOR THE CAUSE	300
NEW ENGLAND BAPTIST HOSPITAL 125 PARKER HILL AVE BOSTON, MA 02120		PUBLIC CHARITY	TO SUPPORT RESEARCH AND DEVELOPMENT	500
NEWTON COMMUNITY DEVELOPMENT FOUNDATION 425 WATERTOWN STREET NEWTON, MA 02458		PUBLIC CHARITY	SUPPORT FOR THE PROGRAM	500
Total 3a				228,776

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)				
a <i>Paid during the year</i>				
NEWTON FIREFIGHTERS ASSOC PO BOX 600384 NEWTON, MA 02460		PUBLIC CHARITY	TO SERVE ITS MEMBERSHIP	25
NEWTON WELLESLEY HOSPITAL CHARITABLE FOUNDATION 2014 WASHINGTON ST NEWTON, MA 02462		PUBLIC CHARITY	TO HELP HOSPITAL PROVIDE CONTINUED EXCELLANCE	2,500
NORTHEASTERN UNIVERSITY 1135 TREMONT STREET BOSTON, MA 02115		PUBLIC CHARITY	TO SUPPORT AND STRENGTHEN PROGRAMS	1,000
PARKINSONS DISEASE FOUNDATION 1359 BROADWAY NEW YORK, NY 10018		PUBLIC CHARITY	SUPPORT FOR THE CAUSE	1,000
PERKINS SCHOOL FOR THE BLIND 175 NORTH BEACON STREET WATERTOWN, MA 02472		PUBLIC CHARITY	SUPPORT FOR THE PROGRAMS	5,000
Total 3a				228,776

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)				
a <i>Paid during the year</i>				
PINE STREET INN444 HARRISON AVE BOSTON, MA 02118				
PLANNED PARENTHOOD 123 WILLIAM STREET NEW YORK, NY 10038				
PROJECT HOPE255 CARTER HALL LANE MILLWOOD, VA 22646				
ROSIE'S PLACE889 HARRISON AVE BOSTON, MA 02118				
SMILE TRAINPO BOX 96246 WASHINGTON, DC 200906246				
Total 3a				228,776

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)				
a <i>Paid during the year</i>				
SOUTHERN POVERTY LAW CENTER 400 WASHINGTON AVE MONTGOMERY, AL 36104		PUBLIC CHARITY	TO FIGHT HATE, AND TEACH TOLERANCE	3,000
ST FRANCIS HOUSE 39 BOYLSTON ST BOSTON, MA 02116		PUBLIC CHARITY	TO SUPPORT PROGRAMS	750
ST JUDE CHILDREN'S HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105		PUBLIC CHARITY	TO SUPPORT PROGRAMS	1,000
TEMPLE BETH AVODAH 45 PUDDINGSTON LANE NEWTON, MA 02459		PUBLIC CHARITY	TO SUPPORT PROGRAMS	100
UNICEF 125 MAIDEN LANE NEW YORK, NY 10038		PUBLIC CHARITY	SUPPORT THE ORGANIZATION TO CONTINUE ITS PROGRAMS	2,000
Total 3a				228,776

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)				
a <i>Paid during the year</i>				
UNITED STATES HOLOCAUST MEMORIAL MUSEUM 100 RAOUL WALLENBERG PL SW WASHINGTON, DC 20024		PUBLIC CHARITY	HELP PROVIDE DOCUMENTATION AND INTERPRETATION OF HOLOCAUST HISTORY	500
UNIVERSITY OF MIAMI 1320 S DIXIE HWY CORAL GABLES, FL 331241530		PUBLIC CHARITY	SUPPORT FOR PROGRAMS	47,876
WGBH LEADERSHIP CIRCLE 1 GUEST STREET BOSTON, MA 02135		PUBLIC CHARITY	SUPPORT FOR THE PROGRAMS	5,000
WPBT2700 SOUTH DIXIE HIGHWAY 204 WEST PALM BEACH, FL 33401		PUBLIC CHARITY	SUPPORT FOR THE PROGRAMS	100
ZAMIR CHORALE OF BOSTON POBOX 590126 NEWTON, MA 02459		PUBLIC CHARITY	SUPPORT FOR PROGRAMS	2,500
Total ▶				228,776
3a				

TY 2017 Accounting Fees Schedule**Name:** CAIL FAMILY FOUNDATION**EIN:** 20-2034269**Accounting Fees Schedule**

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	6,100	6,100		0

TY 2017 Investments - Other Schedule**Name:** CAIL FAMILY FOUNDATION**EIN:** 20-2034269**Investments Other Schedule 2**

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
STOCKS & SECURITIES	AT COST	1,569,054	2,014,649

TY 2017 Other Decreases Schedule**Name:** CAIL FAMILY FOUNDATION**EIN:** 20-2034269

Description	Amount
UNREALIZED GAIN/LOSS FOR CONTRIBUTIONS OF STOCK	201,999

TY 2017 Other Expenses Schedule**Name:** CAIL FAMILY FOUNDATION**EIN:** 20-2034269**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT FEES	11,629	11,629		0
ANNUAL REPORT	125	125		0

**TY 2017 Substantial Contributors
Schedule****Name:** CAIL FAMILY FOUNDATION**EIN:** 20-2034269**Name****Address**

MILTON CAIL

99 FLORENCE ST BUILDING N 3C
CHESTNUT HILL, MA 02467

TY 2017 Taxes Schedule**Name:** CAIL FAMILY FOUNDATION**EIN:** 20-2034269

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES PAID	15	15		0
FEDERAL TAXES	4,296	0		0

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2017

Name of the organization
CAIL FAMILY FOUNDATION

Employer identification number
20-2034269

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)() (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹ 3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization CAIL FAMILY FOUNDATION	Employer identification number 20-2034269
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Part I Contributors (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	MILTON L CAIL 99 FLORENCE ST BLDG N 60 APT 3C CHESTNUT HILL, MA02467	\$ 43,910	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
2	MILTON L CAIL 99 FLORENCE ST BLDG N 60 APT 3C CHESTNUT HILL, MA02467	\$ 24,455	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
3	MILTON L CAIL 99 FLORENCE ST BLDG N 60 APT 3C CHESTNUT HILL, MA02467	\$ 69,950	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
4	MILTON L CAIL 99 FLORENCE ST BLDG N 60 APT 3C CHESTNUT HILL, MA02467	\$ 60,780	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
5	MILTON L CAIL 99 FLORENCE ST BLDG N 60 APT 3C CHESTNUT HILL, MA02467	\$ 51,140	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
.	 	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>

Name of organization CAIL FAMILY FOUNDATION	Employer identification number 20-2034269
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Part II Noncash Property (See instructions) Use duplicate copies of Part II if additional space is needed			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	1000 SHARES MORGAN STANLEY GROWTH PORTFOLIO CL A	\$ 43,910	2017-08-09
2	61 SHARES CHARTER COMMUNICATIONS INC CL A	\$ 24,455	2017-08-09
3	1000 SHARES INDEPENDENT BK CORP MASS	\$ 69,950	2017-08-09
4	1000 SHARES LAS VEGAS SANDS CORP	\$ 60,780	2017-08-09
5	500 SHARES TIME WARNER INC	\$ 51,140	2017-08-09
		\$	

Name of organization CAIL FAMILY FOUNDATION	Employer identification number 20-2034269
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Part III *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed

(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 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
_____	_____
_____	_____