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Form **990-PF**

Return of Private Foundation

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

OMB No. 1545-0052

Department পুf 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.

Open to Public Inspection

		idar year 2014 or tax year beginning		, and	A Employee		
		undation			A Employei	dentification numbe	r
		R FAMILY CHARITABLE FUND	Pear	n/suite		04.000400	•
		d street (or P O box number if mail is not delivered to street address)	Roon	vsuite	P. Tolonbon	04-6904834 number (see instruction	
	or town	RCESTER ROAD State	ZIP code		D Telebilone	: namber (see instruction	Jiis)
_						(EOO) SEO 11	E 2
	TICK	MA	01760			(508) 650-11	
For	eign cou	intry name Foreign province/state/county	Foreign post	ai code	C If exempt	ion application is pendi	ng, check here ►
_	011	- Il the teach.					
G	Check		of a former public	charity	D 1. Foreigi	n organizations, check	here ► L
		☐ Final return ☐ Amended re			_	n organizations meeting	· · · · · · · · · · · · · · · · · · ·
		☐ Address change ☐ Name change	<u> </u>			here and attach compu	
Н		type of organization: X Section 501(c)(3) exempt p				foundation status was t 97(b)(1)(A), check here	
Ш	Section	on 4947(a)(1) nonexempt charitable trust Other tax	able private found	ation	Section St	ii (b)(i)(A), check here	
l	Fair m	narket value of all assets at J Accounting method	: X Cash A	Accrual	F If the four	dation is in a 60-month	termination
	end of	f year (from Part II, col. (c), Other (specify)				tion 507(b)(1)(B), chec	
	line 1	6) ► \$ 241,979 (Part I, column (d) must be	e on cash basis)				
P	art l	Analysis of Revenue and Expenses (The total of	(a) Revenue and				(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily	expenses per	1 ' '	investment	(c) Adjusted net	for chantable
		equal the amounts in column (a) (see instructions))	books	"	come	income	purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	1,484				
	2	Check ►X If the foundation is not required to attach Sch. B			تكيير	4	
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities	4,139		4,139		
	5a	Gross rents	,				
	b	Net rental income or (loss)					
4	6a	Net gain or (loss) from sale of assets not on line 10	2,666				1
ž	b	Gross sales price for all assets on line 6a 16,108					
Revenue	7	Capital gain net income (from Part IV, line 2)			2,666		
é	8	Net short-term capital gain					
ш.	9	Income modifications		1	· · · · · · · · · · · · · · · · · · ·		
	10a	Gross sales less returns and allowances					
	b	Less: Cost of goods sold .					
	С	Gross profit or (loss) (attach schedule)					
i	11	Other income (attach schedule)	525		525		
	12	Total. Add lines 1 through 11	8,814	t	7,330		
	13	Compensation of officers, directors, trustees, etc.	0,014		7,000		
enses	14	Other employee salaries and wages VED		<u> </u>			
Su.	15	D		<u> </u>			
be		Legal fees (attach schedule) UL 0 6 2015					
Щ	b	Accounting fees (attach schedule)	1,348		1,348		
) (e	c	Other professional fees (attach schedule) STMT	2,345	+	2,345		
¥;	17	Interest OGDEN UT	2,040	İ	_,0.0		_
itr	18	Taxes (attach schedule) (see instructions) . STMT	136		35	· · · · · · · · · · · · · · · · · · ·	
E S	19	Depreciation (attach schedule) and depletion		<u> </u>			
	20	Occupancy				· · · · · · · · · · · · · · · · · · ·	
ğ	21	Travel, conferences, and meetings		l ··			
7	22	Printing and publications				• • • •	
an	23	Other expenses (attach schedule)					
ğ	24	Total operating and administrative expenses.					
tij		Add lines 13 through 23	3,829		3,728		
度	25	Contributions, gifts, grants paid STMT 2	8,700		U, 1 2 U		8,700
١٣	26	Total expenses and disbursements. Add lines 24 and 25.			2 700	······································	
5	27		12,529		3,728		8,700
କ୍ଲୁନ୍ନ <mark>Operating land &dଲ୍ଲାନ୍ଧି</mark> strative Exp	27	Subtract line 26 from line 12:	(2.745)				
100	a	Excess of revenue over expenses and disbursements .	(3,715)		3,602		
Ĭ,	b	Net investment income (if negative, enter -0-)			ა,ის2	N/A	
1	С	Adjusted net income (if negative, enter -0-) .		:		IV/A	

D,	art II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	of year		
		should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1 1	Cash—non-interest-bearing		· — - · · · ·			
	2	Savings and temporary cash investments	3,116	0	0		
	3	Accounts receivable					
		Less: allowance for doubtful accounts			Comparison at a second subject of the first		
	4				经验证 证据		
		Less: allowance for doubtful accounts		·····			
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other					
		disqualified persons (attach schedule) (see instructions)		3294337747444 A	Months and August 1977 Programs		
	7	Other notes and loans receivable (attach schedule)					
		Less: allowance for doubtful accounts					
Assets	8	Inventories for sale or use					
	9	Prepaid expenses and deferred charges					
Ä	10a	Investments—U.S. and state government obligations (attach schedule)					
	b	Investments—corporate stock (attach schedule) STMT 3	165,163	166,119	241,979		
	С	Investments—corporate bonds (attach schedule)			Control Control Control of the Contr		
	11	Investments—land, buildings, and equipment, basis					
		Less: accumulated depreciation (attach schedule)					
	12	Investments—mortgage loans					
	13	Investments—other (attach schedule)			THE RESIDENCE OF THE PARTY OF T		
	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 l)	168,279		THE THE WALL BY JUST BY AND THE		
	17	Accounts payable and accrued expenses		1,555			
S	18	Grants payable					
Liabilities	19	Deferred revenue					
Ē	20	Loans from officers, directors, trustees, and other disqualified persons					
L:	21	Mortgages and other notes payable (attach schedule) .			5		
	22	Other liabilities (describe >)		1 FEE			
	23	Total liabilities (add lines 17 through 22)		1,555			
S		Foundations that follow SFAS 117, check here					
ances	24	• .					
	24	Unrestricted					
B	25 26	Permanently restricted			NATA SALA SALA		
Net Assets or Fund Ba	20	Foundations that do not follow SFAS 117, check here					
Ξ		and complete lines 27 through 31.					
ō	27	Capital stock, trust principal, or current funds	168,279	164,564			
ţŞ	28	Paid-in or capital surplus, or land, bldg , and equipment fund	100,270	101,001			
Se	29	Retained earnings, accumulated income, endowment, or other funds					
As	30	Total net assets or fund balances (see instructions)	168,279	164,564			
et	31	Total liabilities and net assets/fund balances (see	100,210				
Z	• •	instructions)	168,279	166,119			
Pa	art III	Analysis of Changes in Net Assets or Fund Balances		.00,.70	V		
1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with							
•		of-year figure reported on prior year's return)			168,279		
2		amount from Part I, line 27a			(3,715)		
3							
-		ines 1, 2, and 3			164,564		
		and the second s		_			
6	Total	eases not included in line 2 (itemize) ▶ net assets or fund balances at end of year (line 4 minus line 5)—Pa	art II, column (b), lın	e 30 . 6	164,564		

Part	(a) List and describe th	I Losses for Tax on Investm e kind(s) of property sold (e.g., real estate, use, 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 ATTACHED STATEM	MENT 4		P	VARIOUS	VARIOUS
b			/			
с		 		ļ <u> </u>		<u> </u>
<u>d</u>						
е	-			<u> </u>		
	(e) Gross sales price	(or allowable) plus expense of sale		(e) plu	ain or (loss) s (f) minus (g)	
a	17,709		15,043		2,6	56
<u> </u>						
c d						
<u>u</u>						· · · · · · · · · · · · · · · · · · ·
	Complete only for assets sh	owing gain in column (h) and owned	by the foundation	on 12/31/69	(I) Comp (\all (b) as a manua
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exces	ss of col (i) (j), if any	col (k), but	col (h) gain minus not less than -0-) or (from col (h))
a						
<u>b</u>			·			
c			_ _			·····
<u>d</u>						
<u>е</u>		. If pain	oloo ontor in Do	et Line 7		
2	Capital gain net income or	(net capital loss) If (loss),	also enter in Pa . enter -0- in Pa	rt I, line 7	2	2,666
3	· · ·	or (loss) as defined in sections		1		
	_	, line 8, column (c) (see ınstructio	ons). If (loss), e	nter -0- ın }	_	
Part		er Section 4940(e) for Redu			3	
Was		ve this part blank section 4942 tax on the distribut qualify under section 4940(e)			ase period?	☐ Yes ☒ No
1		ount in each column for each year	r; see the instru	ictions before mal	ung any entries	
Cal	(a) Base period years endar year (or tax year beginning in)	(b) Adjusted qualifying distributions	Net value o	(c) of nonchantable-use as:		(d) Distribution ratio D) divided by col (c))
	2013	10	,624	220	,798	0 048116
	2012		,124		,373	0 041370
	2011		,456		,362	0 039583
	2010		,354		858	0 044708
	2009	8	,090	159	,513	0 050717
2	Total of line 1 column (d)				2	0.224494
3		for the 5-year base period—divid			 	0.221101
·	•	lation has been in existence if les		•		0.044899
4	Enter the net value of non	charitable-use assets for 2014 fr	om Part X, line	5	. 4	235,440
5	Multiply line 4 by line 3				. 5	10,571
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b)			6	36
7	Add lines 5 and 6				7	10,607
8		ns from Part XII, line 4			8	8,700
	Part VI instructions	ter than line 7, check the box in I	ait vi, mie ID,	and complete tha	ic parcusing a 1	10 IAX IAIC. SEE INE

Form 99	90-PF (2014) PAISNER FAMILY CHARITABLE FUND	04-69048	334	P	age 4	
Part	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instr	ructions)				
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1. Date of ruling or determination letter. (attach copy of letter if necessary—see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			72		
	here ▶ ☐ and enter 1% of Part I, line 27b					
С	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-)					
3	Add lines 1 and 2			72		
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)					
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0			72		
6	Credits/Payments:					
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 6a					
b	Exempt foreign organizations—tax withheld at source 6b	4				
С	Tax paid with application for extension of time to file (Form 8868) 6c 100					
d	Backup withholding erroneously withheld 6d 6d					
7	Total credits and payments Add lines 6a through 6d		_	100		
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8	 				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	 				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			28		
11	Enter the amount of line 10 to be: Credited to 2015 estimated tax ▶ 28 Refunded ▶ 11					
	VII-A Statements Regarding Activities			Yes	No	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		1a	res	X	
ь	participate or intervene in any political campaign?	·	ia			
D	Instructions for the definition)?	.	1b		Х	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any material	h				
	published or distributed by the foundation in connection with the activities	1/0			!	
С	Did the foundation file Form 1120-POL for this year?		1c		Х	
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.					
-	(1) On the foundation. \blacktriangleright \$0 (2) On foundation managers. \blacktriangleright \$0					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax impos	ed	i			
	on foundation managers. ▶\$0		į.	į.		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	[2		Χ	
	If "Yes," attach a detailed description of the activities					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles					
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	<u>_</u>	3		X	
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X	
b	Il les, has it hed a tax return of it of this year.	—	\$b	\longrightarrow		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X	
	If "Yes," attach the statement required by General Instruction T		1:			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either		ij			
	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions the	ľ	_	~		
-	conflict with the state law remain in the governing instrument?		6 7	XX		
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV					
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) MASSACHUSETTS					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney Gener	ral				
	(or designate) of each state as required by General Instruction G? If "No," attach explanation		3b	Х		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3			i		
	or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)?		1			
	"Yes," complete Part XIV		9		_X_	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing the					
	names and addresses	.] 1	10		_X_	

▶ 20 , 20 , 20 , 20

at any time during the year? .

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

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 2014?

If "Yes," did it have excess business holdings in 2014 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

3b

4a

4b

Yes X No

N/A

Part	VILE Statements Regarding Activities f	<u>or Wh</u>	ich Form 4.	/20 Ma	in Re Ked	uirea (continue	<u>(a)</u>		
5a	During the year did the foundation pay or incur ar (1) Carry on propaganda, or otherwise attempt to			ı (secti	on 4945(e))	?	☐ Yes	X No		
	(2) Influence the outcome of any specific public e directly or indirectly, any voter registration driv	e? .					Yes	X No	14.4	
	(3) Provide a grant to an individual for travel, stud	y, or o	ther simılar p	urpose	s?		Yes Yes	X No		2.
	(4) Provide a grant to an organization other than a section 4945(d)(4)(A)? (see instructions)						Yes	X No		
	(5) Provide for any purpose other than religious, or purposes, or for the prevention of cruelty to ch					ional	Yes	X No	The state of	
b	If any answer is "Yes" to 5a(1)–(5), did any of the Regulations section 53.4945 or in a current notice								5b	
	Organizations relying on a current notice regarding	q disas	ster assistan	ce chec	k here .					
С	If the answer is "Yes" to question 5a(4), does the because it maintained expenditure responsibility to						☐ Yes	☐ No		
	If "Yes," attach the statement required by Regulat	tions se	ection 53.494	5-5(d).						
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?						_			
b	Did the foundation, during the year, pay premium: If "Yes" to 6b, file Form 8870.	s, direc	tly or indirec	tly, on a	personal l	penefit	contract?		6b	X
7a b	At any time during the tax year, was the foundation a pa If "Yes," did the foundation receive any proceeds						Yes Insaction			
Pari	VIII Information About Officers, Directo								ployee	s,
	and Contractors									
1	List all officers, directors, trustees, foundation									
	(a) Name and address	`´hou	e, and average irs per week led to position	(If r	mpensation not paid, nter -0-)	emple	Contribution byee benefit erred compe	plans		se account, lowances
SEE S	STATEMENT 5									
									 	
				<u> </u>						
2	Compensation of five highest-paid employees "NONE."	(other	than those	includ	ed on line	1—see	instruct	ions). I	f none,	enter
	(a) Name and address of each employee paid more than \$50,000)	(b) Title, and a hours per v devoted to po	veek	(c) Comper	sation	(d) Contrib employee plans and compens	benefit deferred		se account, lowances
NONE										
							_			
									–	
Total	number of other employees paid over \$50,000							>		

Pai	and Contractors (continued)	anagers, Highly Paid En	nployees,
3	Five highest-paid independent contractors for professional services (see ins	tructions). If none, enter "	NONE."
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NON	E		
Tota	number of others receiving over \$50,000 for professional services		
Pa	rt IX-A Summary of Direct Charitable Activities		
	the foundation's four largest direct charitable activities during the tax year. Include relevant statistical informat anizations and other beneficianes served, conferences convened, research papers produced, etc.	ion such as the number of	Expenses
1			
_			
2			
3			
4			
•			
Pa	rt IX-B Summary of Program-Related Investments (see instructions)		
_	scribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	?	Amount
1			
2			
3 3	other program-related investments. See instructions		
-			
Tota	I. Add lines 1 through 3		
			orm 990-PF (2014

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

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, Part X see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 1a 237,467 Average monthly fair market value of securities 1b 1,558 1c C 1d 239,025 Reduction claimed for blockage or other factors reported on lines 1a and 2 2 3 239,025 3 Cash deemed held for charitable activities Enter 1 ½ % of line 3 (for greater amount, see 4 3,585 instructions) 235,440 5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 6 11,772 Minimum investment return. Enter 5% of line 5 . . . Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating Part XI foundations and certain foreign organizations check here \blacktriangleright and do not complete this part.) 11,772 1 Minimum investment return from Part X, line 6 . . . 72 Tax on investment income for 2014 from Part VI, line 5 2a 2a 2b Income tax for 2014. (This does not include the tax from Part VI.) 2c 72 3 11,700 Distributable amount before adjustments. Subtract line 2c from line 1 . . . 3 Recoveries of amounts treated as qualifying distributions . . . 4 4 5 11,700 5 6 6 7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, 11,700 line 1 . Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: Expenses, contributions, gifts, etc —total from Part I, column (d), line 26 1a 8,700 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 3 Amounts set aside for specific charitable projects that satisfy the: За 3b Cash distribution test (attach the required schedule) 4 8,700 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 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 6 8,700 Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

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<u>Part</u>	XIII Undistributed Income (see instructions)			···	
1	Distributable amount for 2014 from Part XI,	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
	line 7				11,700
2	Undistributed income, if any, as of the end of 2014:				
а	Enter amount for 2013 only			0	
b	Total for prior years 20, 20, 20		0		
3	Excess distributions carryover, if any, to 2014				
а	From 2009		· ,		•
b	From 2010				
C	From 2011))			
d	From 2012				1
е	From 2013				
f	Total of lines 3a through e	1,372			5
4	Qualifying distributions for 2014 from Part XII,				
	line 4 ▶ \$8,700				
а	Applied to 2013, but not more than line 2a			0	
b	Applied to undistributed income of prior years				
	(Election required—see instructions)	<u> </u>	0		
С	Treated as distributions out of corpus (Election	:			
	required—see instructions)	0			
d	Applied to 2014 distributable amount			· · · · · · · · · · · · · · · · · · ·	8,700
е	Remaining amount distributed out of corpus .	0			8
5	Excess distributions carryover applied to 2014	1,372			1,372
	(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			Turk same 1 King	
	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e. Subtract line 5	0			
b	Prior years' undistributed income Subtract			, i	
	line 4b from line 2b		0		
С	Enter the amount of prior years' undistributed				i e
	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		
е	Undistributed income for 2013 Subtract line				
	4a from line 2a. Taxable amount—see			_	
	instructions			0	
f	Undistributed income for 2014. Subtract lines				
	4d and 5 from line 1. This amount must be				
	distributed in 2015			<u> </u>	1,628
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	_	Ī		
	required—see instructions)	0			
8	Excess distributions carryover from 2009 not		;		,
	applied on line 5 or line 7 (see instructions)	0	<u></u>		
9	Excess distributions carryover to 2015.		;		
	Subtract lines 7 and 8 from line 6a	0	<u> </u>		
10	Analysis of line 9 ⁻				
а	Excess from 2010				:
b	Excess from 2011				
С	Excess from 2012	t			
d	Excess from 2013		,		
<u>e</u>	Excess from 2014				
					Form 990-PF (2014)

Part 2	XIV Private Operating Foundation	ons (see instruct	ions and Part VI	I-A, question 9)		N/A
1a	If the foundation has received a ruling	or determination le	etter that it is a priv	ate operating		
	foundation, and the ruling is effective for	or 2014, enter the	date of the ruling	•		
b	Check box to indicate whether the foundation	n is a private opera	ing foundation desci	ribed in section	4942(j)(3) or 4942(J)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years	<u> </u>	(e) Total
	income from Part I or the minimum investment return from Part X for	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) 10tai
	each year listed					
b	85% of line 2a					
С	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					
е	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.					
а	"Assets" alternative testenter:					
	(1) Value of all assets					
	(2) Value of assets qualifying under			İ		
	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					
С	"Support" alternative test—enter					•
	(1) Total support other than gross					
	investment income (interest, dividends, rents, payments on		ļ			
	securities loans (section					
	512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt			İ		
	organizations as provided in					
	section 4942(j)(3)(B)(III)					
	(3) Largest amount of support from					
	an exempt organization					
	(4) Gross investment income		1	6 1.41	165.000	
Part				e roundation na	a \$5,000 or moi	e in assets at
	any time during the year—		5.)	<u></u>		
1_	Information Regarding Foundation I		ad mara than 20% o	of the total contribu	tions received by	the foundation
а	List any managers of the foundation w before the close of any tax year (but or					me louridation
MARS	HALL & ELAINE PAISNER	iny ii they have co	illibuted more the	ii φυ,υυυ <i>j</i> . (υυυ si	500011 507 (d)(Z))	
		ha aven 100/ ar m	are of the stock of	a corporation (or c	n oqually large no	ortion of the
D	List any managers of the foundation w ownership of a partnership or other en					Audit of tile
NI/A	Ownership of a particiship of other on	aty) of willow the t	ouridation nas a m	o 70 or grouter inter		
<u>N/A</u>	Information Regarding Contribution	Grant Gift Loa	n Scholarshin e	fc. Programs:		
_	Check here ► X If the foundation of				nizations and does	s not accept
	unsolicited requests for funds If the fo					
	under other conditions, complete items		-			
a	The name, address, and telephone nu	mber or e-mail ad	dress of the perso	n to whom applica	tions should be ac	ldressed
_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•	••		
N/A						
b	The form in which applications should	be submitted and	information and m	aterials they shou	ld include:	
-	••			-		
N/A						
C	Any submission deadlines:				·	
N/A						
d	Any restrictions or limitations on award	is, such as by geo	graphical areas, c	harıtable fields, kir	nds of institutions,	or other
	factors					
N/A						

3b

Form **990-PF** (2014)

Form 990-PF (2014)

Total

Part XV Supplementary Information (contin	iued)		<u>-</u>		
3 Grants and Contributions Paid During t	he Year or Approve If recipient is an individual,	t	ure Payment		
Recipient	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution		Amount
Name and address (home or business)	or substantial contributor	recipient			
a Paid during the year SEE ATTACHED STATEMENT 2	NONE	PUBLIC	GENERAL SUPPORT		8,700
Total				3a	8,700
b Approved for future payment					

Form 990-PF (2014)

Pa	t XVI-A Analysis of Income-Producing Ac	tivities				
Ente	r gross amounts unless otherwise indicated	Unrelated bu	siness income	Excluded by sect	ion 512, 513, or 514	(e)
1	Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
-	a					
	b					
	c					
	d			ļ - · · · · · · · · · · · · · · · · · ·		
	e					
2	g Fees and contracts from government agencies					
2 3	Membership dues and assessments					
4	Dividends and interest from securities			14	4,139	
5	Net rental income or (loss) from real estate:		[近京大震 2] 由			
	a Debt-financed property	C. Of Sandard and Principles San Principles	Gall, as J. trans. I hallow hallow districtly all round is one and a		de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de	Service 1994 Ann Appl (1797 MCC 2017 LT.)
	b Not debt-financed property					
6	Net rental income or (loss) from personal property					
7	Other investment income					
8	Gain or (loss) from sales of assets other than inventory			18	2,666	
9	Net income or (loss) from special events					
10	Gross profit or (loss) from sales of inventory .					
11	Other revenue. a MISCELLANEOUS			14	525	
	b					
	d					
	e					
	Subtotal. Add columns (b), (d), and (e)	****			7,330	· -· · · · · · · · · · · · · · · · · ·
12						
					13	7,330
13 (See	Total. Add line 12, columns (b), (d), and (e)	s)			13	7,330
13 (See Pa	Total. Add line 12, columns (b), (d), and (e) . e worksheet in line 13 instructions to verify calculation TXVI-B Relationship of Activities to the A	s)		Purposes	13	7,330
13 (See Pa Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the Are No. Explain below how each activity for which incom	s) ccomplishme e is reported in c	ent of Exempt	XVI-A contributed	d importantly to the	;
13 (See Pa Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the Activities	s) ccomplishme e is reported in c	ent of Exempt	XVI-A contributed	d importantly to the	;
13 (See Pa Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the Are No. Explain below how each activity for which incom	s) ccomplishme e is reported in c	ent of Exempt	XVI-A contributed	d importantly to the	;
13 (See Pa Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the Are No. Explain below how each activity for which incom	s) ccomplishme e is reported in c	ent of Exempt	XVI-A contributed	d importantly to the	;
13 (See Pa Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the Are No. Explain below how each activity for which incom	s) ccomplishme e is reported in c	ent of Exempt	XVI-A contributed	d importantly to the	;
13 (See Pa Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the Are No. Explain below how each activity for which incom	s) ccomplishme e is reported in c	ent of Exempt	XVI-A contributed	d importantly to the	;
13 (See Pa Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the Are No. Explain below how each activity for which incom	s) ccomplishme e is reported in c	ent of Exempt	XVI-A contributed	d importantly to the	;
13 (See Pa Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the Are No. Explain below how each activity for which incom	s) ccomplishme e is reported in c	ent of Exempt	XVI-A contributed	d importantly to the	;
13 (See Pa Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the Are No. Explain below how each activity for which incom	s) ccomplishme e is reported in c	ent of Exempt	XVI-A contributed	d importantly to the	;
13 (See Pa Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the Are No. Explain below how each activity for which incom	s) ccomplishme e is reported in c	ent of Exempt	XVI-A contributed	d importantly to the	;
13 (See Pa Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the Are No. Explain below how each activity for which incom	s) ccomplishme e is reported in c	ent of Exempt	XVI-A contributed	d importantly to the	;
13 (See Pa Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the Are No. Explain below how each activity for which incom	s) ccomplishme e is reported in c	ent of Exempt	XVI-A contributed	d importantly to the	;
13 (See Pa Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the Are No. Explain below how each activity for which incom	s) ccomplishme e is reported in c	ent of Exempt	XVI-A contributed	d importantly to the	;
13 (See Pa Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the Are No. Explain below how each activity for which incom	s) ccomplishme e is reported in c	ent of Exempt	XVI-A contributed	d importantly to the	;
13 (See Pa Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the Are No. Explain below how each activity for which incom	s) ccomplishme e is reported in c	ent of Exempt	XVI-A contributed	d importantly to the	;
13 (See Pa Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the Are No. Explain below how each activity for which incom	s) ccomplishme e is reported in c	ent of Exempt	XVI-A contributed	d importantly to the	;
13 (See Pa Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the Are No. Explain below how each activity for which incom	s) ccomplishme e is reported in c	ent of Exempt	XVI-A contributed	d importantly to the	;
13 (See Pa Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the Are No. Explain below how each activity for which incom	s) ccomplishme e is reported in c	ent of Exempt	XVI-A contributed	d importantly to the	;
13 (See Pa Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the Are No. Explain below how each activity for which incom	s) ccomplishme e is reported in c	ent of Exempt	XVI-A contributed	d importantly to the	;
13 (See Pa Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the Are No. Explain below how each activity for which incom	s) ccomplishme e is reported in c	ent of Exempt	XVI-A contributed	d importantly to the	;
13 (See Pa Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the Are No. Explain below how each activity for which incom	s) ccomplishme e is reported in c	ent of Exempt	XVI-A contributed	d importantly to the	;
13 (See Pa Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the Are No. Explain below how each activity for which incom	s) ccomplishme e is reported in c	ent of Exempt	XVI-A contributed	d importantly to the	;

		Exempt Org	janiza <u>ti</u> ons					
1	in se					other organization described section 527, relating to political	Yes	No
а	Tran	sfers from the rep	porting foundation to	a noncharitable exem	pt organization	of	'	
	(1) C	Cash					1a(1)	Х
		Other assets .					1a(2)	X
b		r transactions						
-			a noncharitable ever	mnt organization			1b(1)	Х
							1b(2)	 x
				assets			1b(2)	† ↑
							1b(3)	
								X
		oans or loan gua					1b(5)	X
							1b(6)	X
C .							1c	<u> </u>
d	value	of the goods, other in any transaction	er assets, or services go or sharing arrangemen	iven by the reporting fount, show in column (d) the	indation If the founce value of the go	should always show the fair marker indation received less than fair mar ods, other assets, or services recei	ket ved	
(a) Lin	9 no	(b) Amount involved	(c) Name of noncr	naritable exempt organization	1 (a) Des	scription of transfers, transactions, and sha	aring arrangem	ents
	\dashv							
			<u> </u>			***************************************		
	+				·			
	-+							
	- +		 -					
		 -		·				
			 _					
		<u> </u>						
			 -					
	\longrightarrow							
								
	desc	ribed in section 5	501(c) of the Code (o	ther than section 501		ax-exempt organizations ion 527?	Yes 🗓 1	۷٥
b	II T		following schedule		nuration.	(a) Description of relation	nahin	
		(a) Name of organ	iiZauOH	(b) Type of orga	inzation	(c) Description of relation	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
					····			
								
		· · · · · · · · ·						
		<u> </u>			 			
	Unde	r penalties of penury. I deci	lare that I have examined this reti	um. Including accompanying scheo	fules and statements, and	I i to the best of my knowledge and belief, it is true,		
Sign Here	corre	ct, and complete Declarati	on of preparer (other than taxpay)	er) is based on all information of w		May the IR with the pro	S discuss this reti eparer shown belo ctions)? XYes	w
Paid	<u>`</u>	Print/Type preparer'		Preparers signature	Happa	Check L If	PTIN P0121628	
Prep	arer	L	·	1 care / 9	Jueca	6/34//3 self-employed		
-		Firm's name	FORMAN, ITZKOWITZ,	BERENSON & LAGRE	CA, PC		71354	
USE	Only Firm's address • 404 WYMAN ST, STE 275, WALTHAM, MA 02451 Phone no 781-487-9200							

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable

PAISNER FAMILY CHARITABLE FOUNDATION EIN #: 04-6904834

FORM 990 PF TAX YEAR: 2014

Statement 1 Other Professional Fees Investment Management Fees \$ 2,345 Taxes Federal tax \$ 101

35

136

Massachusetts filing fee

Paisner Family Charitable Foundation 04-6904834

Form: 990PF

Tax Year: 2014

Statement 2

American Jewish Service 45 West 36 th Street New York, NY	None	Public	General Support	\$ 500.00
American Technion Society 55 East 59 th Street New York, NY	None	Public	General Support	1,000.00
Bloomfield Rotary Foundation 467 Bloomfield Ave Bloomfield, CT	None	Public	General Support	500.00
Center for the Arts - Bonita Springs 26100 Old 41 Road Bonita Springs, FL	None	Public	General Support	1,000.00
Jewish Federation of Collier County 2500 Vanderbilt Beach Rd #2201 Naples, FL	None	Public	General Support	2,000.00
Northeastern University Fund 360 Huntington Ave Boston, MA	None	Public	General Support	700.00
Temple Beth Avaadah 360 Pleasant Street Framingham, MA	None	Public	General Support	2,100.00
Miscellaneous small donations to numerous organized public charities	None	Public	General Support	 900.00
				\$ 8,700.00

PAISNER FAMILY CHARITABLE FOUNDATION #04-6904834 FORM 990 PF TAX YEAR: 2014 STATEMENT 3

		BOOK		
		<u>VALUE</u>	TAX BASIS	<u>FMV</u>
248.865 sh The Fairholme Fund	\$	8,333	\$ 8,333	\$ 8,730
400 sh Citrix Sys Inc		9,625	1,451	25,520
755.786 sh The Oakmark Int'l Fund		16,836	16,836	17,640
455 sh Ishares Tr Russell 1000		31,827	31,827	52,157
525 sh Vanguard Specialized Portfolio		28,271	28,271	42,609
222 sh Ishares Tr Russell 3000		19,452	19,452	27,148
261 sh Ishares Tr Dow Jones Intl		8,208	8,208	8,793
216 sh Vanguard Intl Index Fds		9,437	9,437	10,122
441 sh Vanguard Index Fds		26,314	26,314	41,626
420.150 sh Thornberg Developing World		7,773	7,773	7,634
Timing adjustment		43	43	 0
	<u>\$</u>	166,119	\$ 157,945	\$ 241,979

PAISNER FAMILY CHARITABLE FOUNDATION #04-6904834

FORM 990 PF TAX YEAR: 2014 STATEMENT 4

(a)	<u>(b)</u>	(c)	(d)	(e)	(f)	(a)
449.743 sh Oppenheimer Developing Market Pershing, LLC -	P	various	04/11/13		\$ 15,042.90	\$ 1,065.57
capital gain distributions	P	various	various	1,600.41		1,600.41
Total				<u>\$ 17,708.88</u>	\$ 15,042.90	\$ 2,665.98

PAISNER FAMILY CHARITABLE FONDATION FORM 990 PF 2014 % MARSHALL B. PAISNER, TRUSTEE 210 ALLANDALE ROAD CHESTNUT HILL, MA 02467 EIN #: 04-6904834 STATEMENT 5

TRUSTEES:	AVG HRS PER WK	COMPENSATION	EMPLOYEE BENEFIT PLANS	EXP A/C
Marshall B. Paisner, Trustee 20 Seagate Drive Naples, FL 34103	as req.	0	0	0
Elaine D. Paisner, Trustee 20 Seagate Drive Naples, FL 34103	as req.	0	0	0
Carol J. Bello, Trustee 36 Babe Ruth Dr. Sudbury, MA 01776	as req.	0	0	0
Robert H. Paisner, Trustee 70 Main Street Dover, MA 02030	as req.	0	0	0
Daniel E. Paisner, Trustee 1757 Beacon St, #3 Brookline, MA 02445	as req.	0	0	0

Form **8868**

(Rev January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ File a separate application for each return.
 ▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

• If you a	ure filing for an Automatic 3-Month Extension, our filing for an Additional (Not Automatic) 3-Month to the complete Part II unless you have already been g	onth Exten	sion, complete onl	y Part II (on page 2 of	this	form).	•	
a corpora 8868 to Return for instruction	ic filing (e-file). You can electronically file Form ation required to file Form 990-T), or an additionarequest an extension of time to file any of the for Transfers Associated With Certain Personal ons). For more details on the electronic filing of the	al (not auto forms listed Benefit C lis form, vis	omatic) 3-month ext d in Part I or Part II Contracts, which ma sit www.irs.gov/efile	ension of time. You ca with the exception of ust be sent to the IF and click on e-file for	an ele f For RS ir	ectroni m 887 n pape	cally file Form 0, Information or format (see	
Part I	Automatic 3-Month Extension of Time	. Only sub	omit original (no co	opies needed).				
A corpo	ration required to file Form 990-T and reques	sting an a	utomatic 6-month	extension—check this	s bo	x and	complete	
	ly <i>.</i>							
All other	corporations (including 1120-C filers), partnership	ips, REMIC	Cs, and trusts must t	use Form 7004 to req	uest	an exte	ension of time	
to file inc	come tax returns.							
				Enter filer's identifyin	g nur	nber, s	ee instructions	
Type or	Name of exempt organization or other filer, see in			Employer identification	n number (EIN) or			
print	Paisner Family Charitable	turci		04-698	483	34		
-	Number, street, and room or suite no. If a P.O. bo	x, see instr	uctions	Social security number	(SSN)		
File by the due date for	172 worlester Road							
filing your	City, town or post office, state, and ZIP code, For	a foreign a	ddress, see instruction	S.				
return. See instructions	A							
	Return code for the return that this application is	s for (file a	separate application	n for each return) .			. 04	
Applica	tion	Return	Application	···			Return	
Is For		Code	is For				Code	
	90 or Form 990-EZ	01	Form 990-T (corpo	pration)			07	
Form 99		02	Form 1041-A				08	
		03		han individual)			09	
	720 (individual)		Form 4720 (other than individual)				10	
Form 99	The state of the s	04	Form 5227				11	
	90-T (sec. 401(a) or 408(a) trust)	-05	Form 6069				12	
Form 99	90-T (trust other than above)	U6	06 Form 8870 1					
Teleph If the o If this is for the w a list with	one No. ► (508) (650 - (155)) rganization does not have an office or place of be for a Group Return, enter the organization's four the names and EINs of all members the extension request an automatic 3-month (6 months for a contraction).	Fusiness in the digit Ground is for particular to the particular t	ax No. ▶ the United States, c up Exemption Numb t of the group, checi	per (GEN) k this box	· ·	- If	this is	
1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until								
▶ ☐ tax year beginning, 20, and ending, 20,								
_	the tax year entered in line 1 is for less than 12 n	nonths, ch	eck reason: 🗍 Initia	al return 🗍 Final retur	n			
		0-T. 4720	or 6069, enter the te	entative tax, less any		Г		
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.				3a	\$	100		
				Ja	Ť			
es	estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$				<u> </u>			
	c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.				100			
Caution.	If you are going to make an electronic funds withdrawans.	l (dırect deb	it) with this Form 8868	, see Form 8453-EO and	Form	8879-	EO for payment	