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EXTENDED TO AUGUST 17, 2015 Return of Private Foundation

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

► Do not enter social security numbers on this form as it may be made public.

► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

OMB No 1545-0052

For eleteral year 2014 or its year beginning And ending	Depa	rtment	of the Treasury renue Service	▶ Infor	mation ab	t enter so out Form	990-PF and its separate	instructions	is at www.irs	g.gov/form990pf.	Open to Public Inspection
THE TOMMY PUSS PUND				or tax year beginn	ing			, and e	nding		
Temperature at street or P. O tex interfect man not devised to dress a streets	Nar	ne of	foundation							A Employer identificatio	n number
Add LONGFELLOW ROAD 781 - 237 - 7894									15		<u> </u>
WELLESLEY, MA 02481-5221 Interaction I			•			to street a	ddress)		Hoom/suite		394
Check all that apply:	City	or to	own, state or pr	ovince, country, ar	nd ZIP or fo		stal code			C If exemption application is	pending, check here
Final return	_					44 <u>+</u>	Initial return of a fo	ormer public (charity	D 1 Foreign organization	s, check here
H. Check type of organization: IX Section 501(n)3 elembrariable trusts Control foundation I Farm market value of all assets at end of year of Accounting method (check here by \$2.0,560,055, [Part Counting method (check here by \$3.0,560,055, [Part Counting method (check here by \$3.0,560,055, [Part Counting of must be on cash basis) Fart II Analysis of Revenue and Expenses				=						2. Foreign organizations m	eeting the 85% test,
Section 4947(a)(1) nonexempt chartable trust	H (heck	type of organiz			(c)(3) exe				1	
Control (no. 1 Cont) nonexempt char	table trust		other taxable private found			under section 507(b)(1)(A), check here
S 2 2 5 6 0 5 6 1 1 1 1 1 1 1 1 1				-	ear J A		•	L Acci	rual		
Part Analysis of Revenue and Expenses (a) Revenue and expenses (the many of many			2	0,560,05	5 . (Part	t I, colun	nn (d) must be on cash	basis)			
Check	Pa	rt I	Analysis of R	evenue and Exper	nses (c), and (d) m		(a) Revenue and	(b) Net in			for charitable purposes
Interest or savings and temporary		1	Contributions,	gifts, grants, etc.,	received		3,850,715.			N/A	
STATEMENT 2		2			ured to attach	Sch B					
Sa Gross rents Description Sa Gross rents Description Sa Gross rents Description Sa Gross rents Description Sa Gross rents		3	cash investment	gs and temporary s		-					
B Net rental income or (loss) B Net gain or gloss) from sale of assets not on line 10 B Octobrilla and income (from Part Nume 2) A Capital sea ment income (from Part Nume 2) B Net short-term (capital part Capital part Capi		1	_	interest from secu	irities	}	786,709.	78	6,709.		STATEMENT Z
Sample Company Compa						}	<u> </u>		•		
Best of the second power o				-	ot on line 10		468 682				
8 Net short-term(capital paths) 9 Income modifications 10a and allowances by the state stephing of the state	μe	h	Gross sales price	e for all		32.	100,002.		 		***
8 Net short-term(capital paths) 9 Income modifications 10a and allowances by the state stephing of the state	š	7						46	8,682.		
10a and allowances 10a and	č	8	Net short-term	capital pain C	EIVE	D					
b Less Cost operation of (loss) 11 Other income 12 Total. Add lines 1 through 11* 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 15 Pension plans, employee benefits 16a Legal fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative 25 expenses. Add lines 13 through 23 26 Contributions, gifts, grants paid 27 Total expenses and disbursements. 28 Add lines 24 and 25 28 Excess of revenue over expenses and disbursements 29 Betti of the professional fees 20 Subtract line 26 from line 12: 20 Excess of revenue over expenses and disbursements 21 N/A		9	Income modifi	cations	X-11-						
b Less Cost operation of (loss) 11 Other income 12 Total. Add lines 1 through 11* 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 15 Pension plans, employee benefits 16a Legal fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative 25 expenses. Add lines 13 through 23 26 Contributions, gifts, grants paid 27 Total expenses and disbursements. 28 Add lines 24 and 25 28 Excess of revenue over expenses and disbursements 29 Betti of the professional fees 20 Subtract line 26 from line 12: 20 Excess of revenue over expenses and disbursements 21 N/A		10a	and allowances	B Alle 1	7 201	5 0					
11 Other income 12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc 0 . 0 . 0 . 0 . 0 .		b	Less Cost of goo	dSeptd		Ø	<u>"</u>		-		
12 Total. Add lines 1 through 11		l			5/1						-
13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees b Accounting fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)		1		(<u>'</u>	5.106.732.	1.25	6.017.		
14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees b Accounting fees c Other professional fees 17 Interest 18 Taxes STMT 4 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 Contributions, gifts, grants paid 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)		 -	-		ustees, etc						0.
16a Legal fees b Accounting fees c Other professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-)		14	Other employe	e salaries and wag	jes						
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23 Other expenses STMT 5 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-)	JSe.		-				2 252				2.050
23 Other expenses STMT 5 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-)	ē	1	-		STMT	3	3,850.		0.		3,850.
23 Other expenses STMT 5 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-)	e E	i	-	onal tees			_ 				
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23 Other expenses STMT 5 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-)	istr			ind depletion		_					
23 Other expenses STMT 5 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-)	Ë	20		·							
23 Other expenses STMT 5 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-)	Ā	21			gs						
Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) N/A	a 🧺	22	_			_	<u> </u>	<u> </u>			C - A
Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) N/A	يَّ قَيْ	23				5	654.	<u>_</u>	0.		054.
Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) N/A	e `_⊜	24	-				20 885	1	6 381		4.504.
Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) N/A	,-, o	25	•	-	20			ļ -	,		584,240.
Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) N/A	={	26			ents.						
a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A	`,						605,125.	1	6,381.		588,744.
b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) N/A		27	Subtract line 2	26 from line 12:							
C Adjusted net income (if negative, enter -0-)		1		•		1	4,501,607.	1 00			
	-/	1				}		1,23	9,636.		
	4235					re eee:	netructions	1.		IN/A	Form 990-PF (2014)

For	m 99	0-PF (2014) THE TOMMY FUSS FUND			/U246/4 Page 2
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
		Cash - non-interest-bearing	28,101.	7,690.	
		Savings and temporary cash investments	877,548.	926,190.	926,190.
	3	Accounts receivable ►			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ►			
		Less: allowance for doubtful accounts ▶			
		Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts			
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
⋖	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock STMT 7	1,635,049.	2,705,398.	<u>5,788,689.</u>
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 8	12,150,856.	13,324,988.	13,837,486.
	14	Land, buildings, and equipment: basis ▶			
		Less accumulated depreciation			
	15	Other assets (describe ►)			
	16	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	14,691,554.	16,964,266.	20,560,055.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
S	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ā	21	Mortgages and other notes payable			
_	22	Other liabilities (describe 🕨)			
_	23	Total liabilities (add lines 17 through 22)	0.	0.	
	ŀ	Foundations that follow SFAS 117, check here			
ıΛ		and complete lines 24 through 26 and lines 30 and 31.			
č	24	Unrestricted			
alar	25	Temporarily restricted			
Ä	26	Permanently restricted			
Net Assets or Fund Balances		Foundations that do not follow SFAS 117, check here			
Ĕ		and complete lines 27 through 31.	_	_	
tso	27	Capital stock, trust principal, or current funds	0.	0.	
sse	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Ë	29	Retained earnings, accumulated income, endowment, or other funds	14,691,554.	16,964,266.	
Ž	30	Total net assets or fund balances	14,691,554.	16,964,266.	
_	31	Total liabilities and net assets/fund balances	14,691,554.	16,964,266.	
P	art	Analysis of Changes in Net Assets or Fund Ba	alances		
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line 3	30	· "	
		st agree with end-of-year figure reported on prior year's return)		1	14,691,554.
		r amount from Part I, line 27a		2	4,501,607.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	19,193,161.
		eases not included in line 2 (itemize)	SEE STA	ATEMENT 6 5	2,228,895.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co		6	16,964,266.
					Form 990-PF (2014)

423511

(a) List and desc 2-story brick wa	ribe the kind(s) of propert irehouse; or common sto	y sold (e.g., real estate, ck, 200 shs. MLC Co)		(b) I	low acqu - Purcha: - Donatio	ured se on	(c) Date a (mo , da	cquired iy, yr)	(d) Date sold (mo , day, yr)
1a CAPITAL GAINS	DIVIDENDS								
<u>b</u>			_						
				<u> </u>				_	·
d e				 					
	(f) Depreciation allo	wed (a) Co	st or other basis				(h) Ga	ın or (loss))
(e) Gross sales price	(or allowable)		expense of sale					(f) minus (
a 468,682.									468,682
b									
C	·								
_d									
Complete only for assets showing	g gain in column (h) and	owned by the foundation	n on 12/31/69			//\	Gaine (Co	ol. (h) gain	minue
(i) F.M.V. as of 12/31/69	(j) Adjusted basi as of 12/31/69	s (k) E:	xcess of col (i)				(k), but no	ot less than from col. (1 -0-) or
a									468,682
b									
С									
d				_					
e									
2 Capital gain net income or (net ca	•	also enter in Part I, line), enter -0- in Part I, line	7 : 7	}	2				468,682
Net short-term capital gain or (los		1222(5) and (6):							
If gain, also enter in Part I, line 8, If (loss), enter -0- in Part I, line 8	column (c)			 	2			N/A	
Part V Qualification U	nder Section 494	0(e) for Reduced	Tax on Net	Inve	estme	nt Inc	ome	11/21	
f section 4940(d)(2) applies, leave the Vas the foundation liable for the sect f "Yes," the foundation does not qual Enter the appropriate amount in e	ion 4942 tax on the distrit	Do not complete this pa	art .						Yes X No
(a) Base period years		(b) Alifying distributions	Net value of no	(c)	ıtabla-uce	n accate		Distrib	(d) ution ratio
Calendar year (or tax year beginning 2013	ig in) Adjusted que	586,531.				,651		col. (b) divi	ided by col. (c)) .043078
2012		554,767.				, 244			.04970
2011		377,152.				,586		-	.03945
2010		132,791.				,876			.01728
2009		<u>179,685.</u>		4	<u>,518</u>	<u>,751</u>	•		.03976
N = 4 1 × 4 × 4 × 4 × 4 × 4 × 4 × 4 × 4 × 4									10000
! Total of line 1, column (d)	Cycor boon pariod divide	the total on line 0 by E	as but be assessed	-6			2	·	.18929
Average distribution ratio for the 5 the foundation has been in exister		the total on line 2 by 5,	or by the number	or yea	ars		3		.03785
Enter the net value of noncharitab	le-use assets for 2014 fro	m Part X, line 5					4	1	7,530,298
Multiply line 4 by line 3							5		663,662
Enter 1% of net investment incom	e (1% of Part I, line 27b)						6		12,396
Add lines 5 and 6							7		676,058
Enter qualifying distributions from	Part XII, line 4						8		588,744
If line 8 is equal to or greater than See the Part VI instructions	line 7, check the box in P	art VI, line 1b, and comp	plete that part usin	g a 1%	6 tax rate	-			
23521 11-24-14									orm 990-PF (201

Part VII Excise Tax Based on Investment Income (Section 4940(b), 4940(b), or 4948 - see instructions) I Exemply operating foundations described in section 4940(k); check here	_	n 990-PF (2014) THE TOMMY FUSS FUND Int VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	04-	7024	574 stru	ction	age 4
Date of ruling or determination letter:				1			,
b Domestic foundations that meet the section 494(e) requirements in Part V, chick here	Ia						
of Part Lines 27b c All other domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 3 Add lines 1 and 2 2 Tax under section 511 (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. It zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3. It zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3. It zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3. It zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3. It zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3. It zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3. It zero or less, enter -0- 5 Tax based with application for extension of time to line 6 from 8868) 5 Eventp foreign degraments. Add lines 5 tam 04 flow of 1 Tax directions and organizations. The subtraction of 1 Tax direction organizations are subtracted to 2014 5 Eventp foreign degraments. Add lines 5 and 6, enter the amount overpaid 10 Overpayment If there 7 is a more than the total of lines 5 and 6, enter the amount overpaid 10 Overpayment If there 7 is a more than the total of lines 5 and 6, enter the amount overpaid 11 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did in participate or intervene in any political tampagen? 10 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did in participate or 1 the 3 tax did the subtraction of 1 the 3 tax did the subtraction of 1 the 3 tax did the subtraction o	h		1		2.4	4.7	93.
A lider domestic foundations center 2% of line 27k. Exempt foreign organizations center 4% of Part I, line 12, col. (h). 2 Tax under section 511 (domestic section 4947(a)(1) inusts and taxable foundations only, Others enter -0-) 3 Add lines 1 and 2 4 Subtitle 4, (income) tax (domestic section 4947(a)(1) inusts and taxable foundations only. Others enter -0-) 5 Tax based on investment income. Subtract fine 4 from line 3, It zer or less, enter -0- 5 Tax based on investment income. Subtract fine 4 from line 3, It zer or less, enter -0- 6 Credits-Payments: 2 2 4, 793. 6 Credits-Payments: 2 2 44, 793. 6 Credits-Payments: 2 2 44, 793. 6 Credits-Payments: 8 12,000. 8 Exempt foreign organizations or district to the (Form 8668) 8 2 44, 793. 6 Exempt foreign organizations of tax the total of lines 5 and 5 source than 1 from 220 s attached 8 1	V						
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 3 3 24, 793. Add lines 1 and 2 4 Subtitle 4 (norcine) 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 5. If zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 5. If zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 5. If zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 5. If zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 5. If zero or less, enter -0- 6 Text padd with application for extension of time to his (Form 8668) 6 Backup withholding erroneously withheld 7 Total credits and gayments. Add line 58 thir rough 6d 8 Enter any penalty for underpayment of estimated tax. Check here □ If Form 220 s attached 8 Enter any penalty for underpayment of estimated tax. Check here □ If Form 220 s attached 8 Enter any penalty for underpayment of estimated tax. Per an annound very paid 10 Overpayment If here? It is more than the total or lines 5 and 8, enter the amount or line 10 lobs: Credited to 2015 estimated tax. 10 Overpayment If here? It is more than the total or lines 5 and 8, enter the amount or line 10 lobs: Credited to 2015 estimated tax. 25 _ 207 . Refunded ▶ 10 _ 25 _ 207 . Refunded ▶ 10 _ 25 _ 207 . Part VII-A Statements Regarding Activities 1 to During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interview in any political campagn? 1 but the amount of line 10 lobs: Credited to 2015 estimated tax. 2	c	·					
3 24,793. 4 Subtre 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 zer o or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3. If zer o or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3. If zer o or less, enter -0- 5 C redds/Payments: 6 241,793. 6 C redds/Payments 7 2014 estimated tax payments and 2013 overpayment credited to 2014 6 Exempt foreign organizations - tax withheld at source 6 Tax pad with application for extension of time to file (Form 8868) 6 2 38,000. 6 Exempt foreign organizations - tax withheld at source 7 Tax face. If the total of lines 5 and 16 is more than 16 form 220 is attached 9 Tax dare. If the total of lines 5 and 8 is more than 16 form 220 is attached 9 Tax dare. If the total of lines 5 and 8, enter the amount overpaid 1 Enter when mount of line 10 to be: Credited to 2015 estimated tax ▶ 25,207. Refunded ▶ 10 1 Enter the amount of line 10 to be: Credited to 2015 estimated tax ▶ 25,207. Refunded ▶ 11 2 During the tax year, did the foundation attempt to mitience any national, state, or local legislation or did it participate or intervene in any political campaign? 1 During the tax year, did the foundation attempt to mitience any national, state, or local legislation or did it participate or intervene in any political campaign? 1 During the tax year, did the foundation attempt to mitience any national, state, or local legislation or did it participate or intervene in any political campaign? 2 During the tax year, did the foundation attempt to mitience any nationals state, or local legislation or did it participate or intervene in any political campaign? 2 During the tax year, did the foundation of time of the activities of the coundation in the foundation in the activities of the coundation in the coundation			2				0.
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5 Tax based on Investment Income. Subtract line 4 from line 3. If zero or less, enter -0- 6 Credits/Payments: 2014 estimated tax payments and 2013 overpayment credited to 2014 b Exempt foreign organizations - tax withheld at source 6 Be 6 Cax pad with application for exemptions of the time to file (Form 8868) 6 Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6 a through 64 8 Tenter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached 8 Tenter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached 11 Enter the amount of line 10 to be: Credited to 2015 estimated tax because the form 220 is attached 12 Enter the amount of line 10 to be: Credited to 2015 estimated tax because the form 220 is attached 13 Enter the amount of line 10 to be: Credited to 2015 estimated tax because the form 220 is attached 14 During the tax year, did the foundation attempts to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 15 Did it spend more than 5100 during the year (either directly) for political purposes (see instructions for the definition)? 16 the activities of the foundation life from 112-POLO. Or this year? 17 Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: 16 Did the foundation life from 112-POLO. Or this year? 17 Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: 18 Enter the embrursement (if any) paid by the foundation during the year (or political expenditure tax imposed on foundation managers. ▶ \$ 0.	-						0.
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b If "Yes," has it filed a tax return on Form 990-T for this year? 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T. 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? 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) MA b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV 9 X 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses							
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To Did diffy persons decome about matter or daring the tax year. If Tes, added a seriodad matter a decoded matter as a seriodad matter							
	10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		Fore		-PF	

orm	1990-PF (2014) THE TOMMY FUSS FUND	04-702467	4	Page 5
	art 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)	11	l	X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory	privileges?	Į.	1
	If "Yes," attach statement (see instructions)	12		_X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► <u>WWW.TOMMYFUSSFUND.ORG</u>			
14	The books are in care of ► ROSEMARY B. FUSS Telephone no.	► 781-237-		
	Located at ► 44 LONGFELLOW RD, WELLESLEY, MA	ZIP+4 ▶ 0248	<u>1-52</u>	<u>21</u>
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	N/A	
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank,	1	Yes	
	securities, or other financial account in a foreign country?	16	3	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1) If "Yes," enter the name	ie of the		
	foreign country			
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required		15.6	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):			
		'es X No		1
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	. 🖼		
		es X No		
		es X No		
		′es LX No	Ì	
	(5) Transfer any income or assets to a disqualified person (or make any of either available	. [32]		
	• • •	es X No		
	(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	es X No		
	, ,	es 🔼 NO		
	olf any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	N/A 1t		
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?		'	
	Organizations relying on a current notice regarding disaster assistance check here Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			1
	before the first day of the tax year beginning in 2014?	10	,	x
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 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginni	na		
٠		es X No		
	If "Yes," list the years			
ŀ	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect	ot		
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attact			
	statement - see instructions.)	N/A 21	.	
	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
			1	
38	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
		res X No		
t	o If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons a	fter		
	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			
	Form 4720, to determine if the foundation had excess business holdings in 2014.)	N/A 3	b	<u> </u>
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4:	a	X
t	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpor	se that		
	had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4		<u>X</u>
		Form 9	90-PF	(2014)

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Part VIII Information About Officers, Directors, Trustees, Founda Paid Employees, and Contractors (continued)	tion Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	"NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	_	
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statist number of organizations and other beneficiaries served, conferences convened, research papers produced.	tical information such as the fuced, etc.	Expenses
1 N/A		
2		
		Emp.
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on	lines 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	>	0.
		Form 990-PF (2014)

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Form **990-PF** (2014)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI,				054 500
line 7				851,722.
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only		<u> </u>	518,811.	
ь Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2014:		U.		
a From 2009				
b From 2010	•			
c From 2011				
d From 2012				
e From 2013	0			
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2014 from				
Part XII, line 4: ►\$ 588,744.	į		E10 011	
a Applied to 2013, but not more than line 2a			518,811.	
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.			60.000
d Applied to 2014 distributable amount				69,933.
e Remaining amount distributed out of corpus	0.		-	
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
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	<u></u>			
amount - see instructions		0.		
e Undistributed income for 2013. Subtract line			-	
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2014. Subtract	··- <u>·</u> ···			
lines 4d and 5 from line 1. This amount must			1	
be distributed in 2015				781,789.
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 2009				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2015.				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2010]		
b Excess from 2011				
c Excess from 2012				
d Excess from 2013				
e Excess from 2014				
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	MY FUSS FUN			04-70	24674 Page 10
Part XIV Private Operating F	oundations (see in	structions and Part V	II-A, question 9)	N/A	
1 a If the foundation has received a ruling o	r determination letter tha	t it is a private operating			
foundation, and the ruling is effective fo	r 2014, enter the date of	the ruling	•		
b Check box to indicate whether the found			in section	4942(j)(3) or 4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	T	Prior 3 years		
income from Part I or the minimum	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a				-	
c Qualifying distributions from Part XII,					
line 4 for each year listed	ĺ				
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 Info	rmation (Comple	te this part only	if the foundation	n had \$5 000 or m	ore in assets
at any time during t			in the roundation	π παα φο,σσσ στ π	oro iii dodoto
		,	·· ·	· · · · · · · · · · · · · · · · · · ·	
 Information Regarding Foundation List any managers of the foundation wh 	_	than 29/, of the total cou	atributions received by th	ne foundation before the cl	nee of any tay
year (but only if they have contributed r			ithibutions received by ti	ie loutidation before the ci	Joe of any tax
SEE STATEMENT 9	······································				
b List any managers of the foundation wh	no own 10% or more of t	he stock of a cornoration	or an equally large por	tion of the ownership of a	partnership or
other entity) of which the foundation ha			. (or an equally large per		
NONE					
2 Information Regarding Contribut	ion Grant Gift Loan	Scholarship, etc., F	Programs:		
Check here ► X if the foundation of				not accept unsolicited rec	uests for funds. If
the foundation makes gifts, grants, etc.					
a The name, address, and telephone num	<u> </u>				
a The name, address, and telephone hulf	ioor or o mail address Of	porcon to mioni app			
b The form in which applications should l	be submitted and informa	ation and materials they	should include:		
c Any submission deadlines:					
4 Any contrictions on limitations on consul	le cuch as hu assays	nal areae, sharitable field	e kinde of inetitutions of	r other factore:	
d Any restrictions or limitations on award	s, such as by geographic	ai areas, charnadie neid	s, kinus oi institutions, 0	i other factors.	
			·		
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3 Grants and Contributions Paid During th		Payment		
Recipient	If recipient is an individual.	Foundation	Purpose of grant or	
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	status of recipient	contribution	Amount
a Paid during the year				-
CHILDREN'S HOSPITAL	NONE	PUBLIC CHARITY	IDENTIFYING BIOMARKERS	
300 LONGWOOD AVE			FOR SCHIZOPHRENIA	
BOSTON, MA 02115				459,106.
MCLEAN HOSPITAL	NONE	PUBLIC CHARITY	PROJECT ADAPT 1 OF 3	
115 MILL ST				25,134,
BELMONT, MA 02478				23,134,
MCLEAN HOSPITAL	NONE	PUBLIC CHARITY	PREDICTING ADOLESCENT,	
115 MILL ST			DEPRESS THE	
BELMONT, MA 02478			IDENTIFICATION OF	
			GENETIC AND NEURAL	
			MARKERS	100,000
		1		
Total		,	▶ 3a	584 240
b Approved for future payment				
MCLEAN HOSPITAL	NONE	PUBLIC CHARITY	1	
115 MILL ST			PROJECT ADAPT YEARS 2	
BELMONT, MA 02478			AND 3	50,795
Total			▶ 3b	50,795

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated	business income		by section 512, 513, or 514	(e)	
1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income	
	Code		-			
a b	- 	· -				
	_		- -			
c	1				· · · · · · · · · · · · · · · · · · ·	
	l I					
e	- · · ·					
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash investments			14	626.		
4 Dividends and interest from securities			14	786,709.		
5 Net rental income or (loss) from real estate:				•		
a Debt-financed property						
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			14	468,682.		
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory						
11 Other revenue:						
a						
b						
c					 	
d						
e	_	· · · · · · · · · · · · · · · · · · ·				
12 Subtotal Add columns (b), (d), and (e)		(<u>). </u>	1,256,017.	0.	
13 Total. Add line 12, columns (b), (d), and (e)				13	1,256,017.	
(See worksheet in line 13 instructions to verify calculations.)					

Part XVI-B	Relationshi	ip of Activities	s to the Acc	complishment o	of Exempt Purpose	e :

Line No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).

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		Exempt Organ	izations							
1	Did the or	ganization directly or indir	rectly engage in any of th	he followin	ng with any other organization	on described in sec	tion 501(c) of		Yes	No
	the Code	(other than section 501(c))(3) organizations) or in	section 52	27, relating to political organ	nizations?				
a	Transfers	from the reporting founda	ation to a noncharitable (exempt or	ganization of					
	(1) Cash							1a(1)		X
	(2) Other	r assets						1a(2)		X
b	Other tran	sactions:								
	(1) Sales	of assets to a noncharital	ble exempt organization					1b(1)		_X_
	(2) Purch	hases of assets from a no	ncharitable exempt orga	nızatıon				16(2)		X
	(3) Renta	al of facilities, equipment,	or other assets					1b(3)		X
	(4) Reim	bursement arrangements						1b(4)		X X X X
	(5) Loan	s or loan guarantees						1b(5)		X
	(6) Perfo	ormance of services or me	mbership or fundraising	solicitatio	ons			1b(6)		X
C		f facilities, equipment, ma						10		X
	_		-		edule. Column (b) should alv	ways show the fair	market value of the goods,	other ass	ets,	
				-	ed less than fair market valu				•	
		i) the value of the goods,				-				
a)L	ine no	(b) Amount involved	(c) Name of nor	ncharitable	e exempt organization	(d) Description	on of transfers, transactions, and	sharing ari	angeme	nts
				N/A						
				•			<u></u>			
							- · · · · · · · · · · · · · · · · · · ·			
							· · · · · · · · · · · · · · · · · · ·			
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	Is the four	ndation directly or indirect	thy affiliated with, or relat	ed to one	or more tax-exempt organi	zatione described				
- 4		501(c) of the Code (other	-			zations described	Γ	Yes	X	No
h		omplete the following sch		7 01 111 3001	HOH SET			103		7 140
	11 103, 00	(a) Name of org			(b) Type of organization	1	(c) Description of relations	shin		
		N/A			(b) Typo or organization	-	(v) Becompliant of teleplant	51.11 p		
		N/A					<u>.</u> .			
						-	<u></u>			
										
							· · · · · · · · · · · · · · · · · · ·			
	Under	penalties of periury, I declare	that I have examined this reti	urn, includir	ng accompanying schedules and	statements, and to the	e best of my knowledge			=
Si	gn and be	elie, it is true, correct, and con	nplete Declaration of prepare	er (other tha	in taxpayer) is based on all inform	nation of which prepare	er has any knowledge re	ay the IRS of turn with the	e prepar	er 1
	ere	CIAOINI	1, 10 4h	אגע	' 18.10.15	TRUST		X Yes		7 I
	Sign	nature of officer or trustee	MUST		Date	Title	<u> </u>	A Tes		J No
	Oigi	Print/Type preparer's na		eparers s		Date	Check If PTIN			
		LAWRENCE A		733	101		self- employed			
Pa	nid	SCHWARTZ		TO EN	RE A. SCHWA	08/10/15		0077	201	
_	eparer			/-/		IN TO V TO	Firm's EIN ► 04 – 2			
	se Only	Firm's name ► TON	ивоом « сов	TANK	, INC.	\	FINITISEIN > U4-2	7433	20	
	Jonny	Firm's address > 4.0	1 EDORES OF	. DI 3	OF CITTURE 20	<u> </u>	 			
					CE, SUITE 30	U	701 3	4E 0	000	
		WAKEFIELD, MA 01880-6208 Phone no. 781-245-							<u> </u>	

Form **990-PF** (2014)

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

Name of the organization

Employer identification number 04-7024674

1	THE TOMM! FUSS FUND
Organization type (check	
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	X 501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions
General Rule	
	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or ny one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections 509(a)(any one contribu	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 utor, 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, EZ, line 1 Complete Parts I and II
year, total contri	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the butions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for for for cruelty to children or animals. Complete Parts I, II, and III.
year, contributio is checked, ente purpose Do not	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the sins exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box er here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the General Rule applies to this organization because it received nonexclusively tible, etc., contributions totaling \$5,000 or more during the year.
but it must answer "No"	n that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 990-PF, Part I, line 2, to set the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

Employer identification number

THE	TOMMY	FUSS	FUND

04-7024674

Part I	Contributors (see instructions) Use duplicate copies of Part I if a	dditional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DANIEL J. AND ROSEMARY B. FUSS 44 LONGFELLOW ROAD WELLESLEY, MA 02481	\$\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	DANIEL J. AND ROSEMARY B. FUSS 44 LONGFELLOW ROAD WELLESLEY, MA 02481	\$\$.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)

Employer identification number

THE TOMMY FUSS FUND

04-7024674

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
	200,000 SHARES BANK OF AMERICA STOCK		
_2			
		\$ 3,266,000.	08/26/14
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-		\$	
(2)			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
53 11-0	5-14		90, 990-EZ, or 990-PF) (2

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

FORM 990-PF INTERE	ST ON SAVI	NGS AND TEM	PORARY	CASH IN	VESTMENTS	STATEMENT	1
SOURCE	(A) REVEN PER B(NUE	(B) NET INVESTMENT INCOME		(C) ADJUSTED NET INCOME		
MERRILL LYNCH, ACCO 818-64533		626.		626.			
TOTAL TO PART I, LI		626. 626.					
FORM 990-PF	DIVIDEND	S AND INTER	EST FRO	OM SECUR	ITIES	STATEMENT	2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS		(A) EVENUE R BOOKS	(B) NET INVEST MENT INCOM		
AEW CORE PROPERTY TRUST (U.S.) INC LOOMIS BOND FUND I LOOMIS GROWTH FUND - Y	33,244 341,138 381	. 132,046	5. :	22,715. 209,092.	209,092	•	
LOOMIS INSTITUTIONAL HIGH INCOME FUND I	777,556		0. 6. <i>'</i>	381. 476,570.	381 4 76,570		
LOOMIS SMALL CAP VALUE FUND I LOOMIS STRATEGIC	10,224	9,439	9.	785.	785		
INCOME FUND Y MERRILL LYNCH, ACCOUNT #	44,833	. 15,200	0.	29,633.	29,633	•	
818-64533	48,015	. 482	2.	47,533.	47,533	•	
TO PART I, LINE 4	1,255,391	. 468,682	2	786,709.	786,709	•	
FORM 990-PF		ACCOUNTIN	NG FEE:	3		STATEMENT	3
DESCRIPTION		(A) EXPENSES PER BOOKS	NET II		(C) ADJUSTED NET INCOME		
TONNESON & COMPANY PREP FEES	- TAX	3,850.		0.		3,85	0.
TO FORM 990-PF, PG	 1, LN 16B	3,850.		0.		3,85	0.

FORM 990-PF	XAT	ES		STATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTEI NET INCOI		
FED TAX 2013 FED TAX 2014 EST	4,381. 12,000.				0.
TO FORM 990-PF, PG 1, LN 18	16,381.	16,381.	-		0.
FORM 990-PF	OTHER E	XPENSES		STATEMENT	<u></u> 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTEI NET INCON		
MA FORM PC FILING FEES OFFICE EXPENSES	500. 154.	0.			00. 54.
TO FORM 990-PF, PG 1, LN 23	654.	0.		6	54.
FORM 990-PF OTHER DECREASE	ES IN NET AS	SETS OR FUND	BALANCES	STATEMENT	6
DESCRIPTION DIFFERANCE IN CONTRIBUTED STORMATE OF GIFT	OCK TAX BASI			AMOUNT 2,228,8	
DESCRIPTION DIFFERANCE IN CONTRIBUTED STO	OCK TAX BASI			AMOUNT	95.
DESCRIPTION DIFFERANCE IN CONTRIBUTED STO DATE OF GIFT TOTAL TO FORM 990-PF, PART I	OCK TAX BASI	S - COST VS F		AMOUNT 2,228,8	95.
DESCRIPTION DIFFERANCE IN CONTRIBUTED STORMATE OF GIFT	OCK TAX BASI	S - COST VS F		AMOUNT 2,228,8 2,228,8	95. 95.
DESCRIPTION DIFFERANCE IN CONTRIBUTED STO DATE OF GIFT TOTAL TO FORM 990-PF, PART II	OCK TAX BASI	S - COST VS F	MV AT	AMOUNT 2,228,8 2,228,8 STATEMENT FAIR MARKE	95. 95. 70. 90. 40. 50.

FORM 990-PF	OTHER INVESTMENTS		STATEMENT 8
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
LOOMIS BOND FUND	COST	4,226,250.	5,058,735.
LOOMIS GROWTH FUND	COST	41,265.	56,624.
LOOMIS INSTITUTIONAL HIGH INCOM	E COST	0 000 105	E 000 41E
FUND	G0 Gm	8,293,195.	7,900,415.
LOOMIS SMALL CAP VALUE FUND	COST	69,027.	81,164.
LOOMIS STRATEGIC INCOME FUND	COST	695,251.	740,548.
TOTAL TO FORM 990-PF, PART II,	LINE 13	13,324,988.	13,837,486.
FORM 990-PF PA	ART XV - LINE 1A FOUNDATION MANAGE	RS	STATEMENT 9

NAME OF MANAGER

ROSEMARY B. FUSS DANIEL J. FUSS

Form **8868**

(Rev January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.lrs.gov/form8868 .

OMB No 1545-1709

● If you a	re filing for an Automatic 3-Month Extension, comple	te only Pa	rt I and check this box			ightharpoons	
• If you a	re filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of t	his form)			
Do not co	mplete Part II unless you have already been granted a	an automa	itic 3-month extension on a previous	y filed For	rm 8868		
Electroni	c filing (e-file) . You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tim	e to file (6	months for a co	rporation	
required t	o file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically fil	e Form 88	368 to request an	extension	
	file any of the forms listed in Part I or Part II with the ex-						
	Benefit Contracts, which must be sent to the IRS in pap	-					
	irs gov/efile and click on e-file for Charities & Nonprofits		·				
Part I	Automatic 3-Month Extension of Time		submit original (no copies nee	eded).			
A corpora	ition required to file Form 990-T and requesting an autor	natic 6-mc	onth extension - check this box and o	omplete			
Part I only							
•	corporations (including 1120-C filers), partnerships, REM	IICs, and ti	rusts must use Form 7004 to reques	an exten	sion of time		
	ome tax returns.				er's identifying n	umber	
Type or	Name of exempt organization or other filer, see instru	ctions		Employer	mployer identification number (EIN) or		
print							
,	THE TOMMY FUSS FUND				04-70246	-7024674	
File by the due date for	Number, street, and room or suite no. If a P O box, s	ee instruc	tions	Social se	curity number (SS	SN)	
filing your	44 LONGFELLOW ROAD						
return See instructions	City, town or post office, state, and ZIP code. For a fo	oreign add	ress, see instructions			_	
	WELLESLEY, MA 02481-5221						
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 4	
Applicati	on	Return	Application			Return	
is For		Code	Is For			Code	
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990	·BL	02	Form 1041-A			08	
Form 472	0 (Individual)	03	Form 4720 (other than individual)			09	
Form 990		04	Form 5227			10	
Form 990	-T (sec 401(a) or 408(a) trust)	05	Form 6069			11	
	-T (trust other than above)	06	Form 8870			12	
	ROSEMARY B. FU	SS					
• The bo	ooks are in the care of 44 LONGFELLOW	RD - 1	WELLESLEY, MA 0248	1-522	1		
	none No ▶ 781-237-7894		Fax No ▶				
-	organization does not have an office or place of busines	s in the Ur	nited States, check this box			▶ □	
	is for a Group Return, enter the organization's four digit			this is fo	r the whole group	, check this	
box ▶ (If it is for part of the group, check this box	7		all memb	ers the extension	is for	
	quest an automatic 3-month (6 months for a corporation						
•	· · · · · · · · · · · · · · · · · · ·		tion return for the organization name		The extension		
ıs fe	or the organization's return for						
	X calendar year 2014 or						
	tax year beginning	. an	d ending				
•		·			_		
2 If th	ne tax year entered in line 1 is for less than 12 months, o	heck reas	on Initial return	Final retur	n		
	Change in accounting period						
3a If th	nis application is for Forms 990-BL, 990-PF, 990-T, 4720	. or 6069.	enter the tentative tax, less any				
	nrefundable credits See instructions.	,,	,	За	s !	50,000.	
	nis application is for Forms 990-PF, 990-T, 4720, or 6069	enter an	v refundable credits and				
	imated tax payments made. Include any prior year over			3ь	s :	12,000.	
	lance due. Subtract line 3b from line 3a. Include your pa	-		====			
	using EFTPS (Electronic Federal Tax Payment System)			3c	s	38,000.	
Caution.	If you are going to make an electronic funds withdrawal	I (direct de	bit) with this Form 8868, see Form 8				
	or Privacy Act and Paperwork Reduction Act Notice,	see instr	uctions.		Form 8868	(Rev. 1-2014)	