

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



MODARINED BECOM I some

Form **990-PF**

Department of the Treasury Internal Revenue Service

Extended to November 15, 201 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 Open to Public Inspection

For caler	idar year 2015 or tax year beginning		, and ending		
	foundation			A Employer identification	number
	IST CHILD SOCIETY OF GR				_
	. C/O N. BARSAMIAN/KOUN			04-2103757	<u> </u>
	und street (or PO box number if mail is not delivered to street	address)	l_	B Telephone number	
<u>9 M</u>	ERIAM STREET		2	781-861-11	.70
-	own, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is p	pending, check here
<u>LEX</u>	INGTON, MA 02420				
G Check	all that apply: Initial return	initial return of a fo	rmer public charity	D 1. Foreign organization	s, check here
	Final return	Amended return		2. Foreign organizations me	seting the 85% test
	Address change	Name change		Foreign organizations me check here and attach co	omputation
	type of organization: X Section 501(c)(3) ex			E If private foundation sta	
		Other taxable private founda		under section 507(b)(1)(A), check here
	·	ng method: X Cash	Accrual	F If the foundation is in a	
		ther (specify)	*	under section 507(b)(1)(B), check here $ ightharpoonup$
\$	169908 . (Part I, colu				1 (4)
Part I	(The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net	(d) Disbursements for charitable purposes
	necessarily equal the amounts in column (a)				(cash basis only)
1	Contributions, gifts, grants, etc., received	4443.	<u></u>	N/A	
2	Check \(\) \(X \) If the foundation is not required to attach Sch. B Interest on savings and temporary	3204.	3204.	 	Ctotomont 1
3	cash investments	3204.	3204.		Statement 1
4	Dividends and interest from securities				
ì.	Gross rents	<u> </u>			
- 1	Net rental income or (loss)				
g 68	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all				
Revenue 7	assets on line 6a				
æ 7	Capital gain net income (from Part IV,-line-2)	IVED ,	0.		<u> </u>
- B	11			 	
10-	Income modifications Gross sales less returns	2040			
10a	II(O) MIV Z	2016		 	
	Gross profit or (loss)	J.C.		 	<u></u>
11	Other income OGDE	4-0			
12	Total. Add lines 1 through 11	7647.	3204.	 	
13	Compensation of officers, directors, trustees, etc	0.	0.		0.
14	Other employee salaries and wages		<u>~</u>	i	
15	Pension plans, employee benefits				
	Legal fees				
e l	Accounting fees				
$\frac{1}{2}$	Other professional fees				
9 17	Interest				
E 18	Taxes Stmt 2	66.	0.		0.
Operating and Administrative Expenses 12 12 12 12 12 12 12 12 12 12 12 12 12	Depreciation and depletion				
튙 20	Occupancy				1
P 21	Travel, conferences, and meetings				
22	Printing and publications				
g 23	Other expenses Stmt 3	5538.	0.		5458.
; 등 24	Total operating and administrative				
De	expenses Add lines 13 through 23	5604.	0.		5458.
0 25	Contributions, gifts, grants paid	1560.			1560.
26	Total expenses and disbursements.				
	Add lines 24 and 25	7164.	0.		7018.
27	Subtract line 26 from line 12:				
	Excess of revenue over expenses and disbursements	483.			
t	Net investment income (if negative, enter -0-)		3204.		
ىلىـ	Adjusted net income (if negative, enter -0-)	<u> </u>		N/A	
523501 11-24-15	LHA For Paperwork Reduction Act Notice, see	instructions.			Form 990-PF (2015

CHRIST CHILD SOCIETY OF GREATER BOSTON, INC. C/O N. BARSAMIAN/KOUNDAKJIAN & CO.

04-2103757

Page 2

Form **990-PF** (2015)

		Rolongo Shooto Attached schedules and amounts in the description	Beginning of year	tna o	t year
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	169425.	169908.	169908.
	3	Accounts receivable -			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ►		•	
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
	Ì	Less: allowance for doubtful accounts ▶			
ş	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
ğ	10a	Investments - U.S. and state government obligations			-
	Ь	Investments - corporate stock			
	С	Investments - corporate bonds		- , ,	
	11	Investments - land, buildings, and equipment, basis			
		Less accumulated depreciation	}	ı	
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment basis ▶			
	` `	Less accumulated depreciation			
	15	Other assets (describe ▶)			
	ł	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	169425.	169908.	169908.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
s	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
Ē	21	Mortgages and other notes payable			
Ë	ŀ	Other liabilities (describe)			
					
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here		<u>_</u>	
	1	and complete lines 24 through 26 and lines 30 and 31.			
es	24	Unrestricted	169425.	169908.	
auc	25	Temporarily restricted	1031231		
Fund Balances	l .	Permanently restricted	 		
듛	-0	Foundations that do not follow SFAS 117, check here			
Ē	ļ	and complete lines 27 through 31.			
Net Assets or	27	Capital stock, trust principal, or current funds			
ets	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
Ass	29	Retained earnings, accumulated income, endowment, or other funds			
ë	30	Total net assets or fund balances	169425.	169908.	
Z	"	Total net assets of tana balances	107425.	103300.	
	21	Total liabilities and net assets/fund balances	169425.	169908.	
\equiv				103300.	
P	art	III Analysis of Changes in Net Assets or Fund B	alances		
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30		
•		st agree with end-of-year figure reported on prior year's return)		1.	169425.
2	•	r amount from Part I, line 27a		2	483.
-		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	169908.
		eases not included in line 2 (itemize)		5	0.
		I net assets or fund balances at end of year (line 4 minus line 5) - Part II. co	olumo (b) line 30		169908.

BARSAMIAN/KOUNDAKJIAN & CO.

C/ON.

Part IV Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase D - Donation (a) List and describe the kind(s) of property sold (e.g., real estate. (c) Date acquired (d) Date sold (mo., day, yr.) (mo., day, yr.) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) 1a NONE b C d (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) a b d Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Gains (Col. (h) gain minus col. (k), but not less than -0-) or (j) Adjusted basis (k) Excess of col. (i) (i) F.M.V. as of 12/31/69 Losses (from col. (h)) over col. (j), if any as of 12/31/69 a b C d If gain, also enter in Part I, line 7 Capital gain net income or (net capital loss) If (loss), enter -0- in Part I, line 7 2 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8 Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.) If section 4940(d)(2) applies, leave this part blank. Yes X No Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part Enter the appropriate amount in each column for each year; see the instructions before making any entries. (d)
Distribution ratio
(col. (b) divided by col. (c)) (a) Base period years Calendar year (or tax year beginning in) (b) (c) Adjusted qualifying distributions Net value of noncharitable-use assets 167412 6684 .039925 2014 11580. 168552. .068703 2013 11012. 169446. .064988 2012 7437. 169919. .043768 2011 9617 172565. .055730 2010 .273114 2 Total of line 1, column (d) 2 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years .054623 3 167122. Enter the net value of noncharitable-use assets for 2015 from Part X, line 5 9129. 5 Multiply line 4 by line 3 5 6 Enter 1% of net investment income (1% of Part I, line 27b) 32. 6 7 Add lines 5 and 6 7 9161. 8 Enter qualifying distributions from Part XII, line 4 7018. 8 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

04-2103757

Page 3

CHRIST CHILD SOCIETY OF GRE		04 040		_	
Form 990-PF (2015) INC. C/O N. BARSAMIAN/KOUND Part VI Excise Tax Based on Investment Income (Section		<u>04-210</u>			age 4
Land the second		1340 - 366	IIISU U	CLIOI	13)
1a Exempt operating foundations described in section 4940(d)(2), check here Date of ruling or determination letter:(attach copy of letter		1 1			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check her		11			64.
of Part I, line 27b	and enter 176			'	04.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations ent	rer 4% of Part I line 12 col (h)				
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations of	• •	2			0.
3 Add lines 1 and 2	ny. Others enter 0 /	3			64.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations of	only Others enter -O-\	4	-		0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5			64.
6 Credits/Payments:					<u></u>
a 2015 estimated tax payments and 2014 overpayment credited to 2015	6a				
b Exempt foreign organizations - tax withheld at source	6b	1			
c Tax paid with application for extension of time to file (Form 8868)	6c	-			
d Backup withholding erroneously withheld	6d	-			
7 Total credits and payments. Add lines 6a through 6d		7			0.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 if	s attached	8			<u> </u>
9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	5 attached	9			64.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpayment.	hie	10			<u> </u>
11 Enter the amount of line 10 to be: Credited to 2016 estimated tax	Refunded	11			
Part VII-A Statements Regarding Activities	(Melandea P				
1a During the tax year, did the foundation attempt to influence any national, state, or loca	l legislation or did it participate or interver	e in		Yes	No
any political campaign?			1a		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political p	ourposes (see instructions for the definition	n)?	1b		X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities		-			
distributed by the foundation in connection with the activities.					
c Did the foundation file Form 1120-POL for this year?			1c		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during	ng the year:				
(1) On the foundation. > \$ O . (2) On foundation mar		•			
e Enter the reimbursement (if any) paid by the foundation during the year for political ex		-	1		
managers. ►\$ 0.					
2 Has the foundation engaged in any activities that have not previously been reported to	the IRS?		2		X
If "Yes," attach a detailed description of the activities.					
3 Has the foundation made any changes, not previously reported to the IRS, in its gover	ning instrument, articles of incorporation,	or			
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the ca	hanges		3		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the	ne year?		4a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b		
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					
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satis	fied either:				
 By language in the governing instrument, or 					
 By state legislation that effectively amends the governing instrument so that no mar 	idatory directions that conflict with the sta	te law			
remain in the governing instrument?			6	X	
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 X	V	7	X	
				1	
8a Enter the states to which the foundation reports or with which it is registered (see inst	ructions) 🕨			İ	
<u>MA</u>					
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)			ļ	
of each state as required by General Instruction G? If "No," attach explanation			8b	X	
9 Is the foundation claiming status as a private operating foundation within the meaning		lendar			
year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yo			9		<u>X</u> _
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a	schedule listing their names and addresses		10		<u> X</u>
		F	orm 990	-PF	(2015)

CHRIST CHILD SOCIETY OF GREATER BOSTON, 04-2103757 INC. C/O N. BARSAMIAN/KOUNDAKJIAN & CO. Form 990-PF (2015) Page 5 Part VII-A Statements Regarding Activities (continued) No Yes 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) X 11 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? 12 If "Yes," attach statement (see instructions) 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► N/A Telephone no. ▶ 781-861-1170 14 The books are in care of ▶ NANCY BARSAMIAN ZIP+4 **▶**02420 Located at ▶ 9 MERIAM ST., SUITE 2, LEXINGTON, MA 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here N/A **▶** 15 and enter the amount of tax-exempt interest received or accrued during the year No Yes 16 At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, 16 X securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country Part VII-B | Statements Regarding Activities for Which Form 4720 May Be Required No Yes File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1a During the year did the foundation (either directly or indirectly): Yes X No (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) Yes X No a disqualified person? Yes X No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available 🗌 Yes 🗶 No for the benefit or use of a disqualified person)? (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after Yes X No termination of government service, if terminating within 90 days.) b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations N/A 1b 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 c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected X before the first day of the tax year beginning in 2015? 1c 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 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? If "Yes." list the years b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach N/A 2b statement - see instructions.) c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

b If "Yes," did it have excess business holdings in 2015 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,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form 4720, to determine if the foundation had excess business holdings in 2015.)

had not been removed from jeopardy before the first day of the tax year beginning in 2015?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Form **990-PF** (2015)

X

36

4a

Yes X No

N/A

during the year?

Sa During the year did the foundation pay or incur any amount to: (1) Carry on propagation, or otherwise attempt to influence legislation (section 4945(s))? (2) Influence the outcomer of any genderic public electric (see section 4955), or to carry on, decetly or indirectly, any voter registration drive? (3) Provide a great to an individual for travel, study, or other similar purposes? (4) Provide a great to an individual for travel, study, or other similar purposes? (5) Provide for any purpose other than a charitable, etc., organization described in section 4945(g)(4)? (7) see mistrotions?) (5) Provide for any purpose other than a charitable, etc., organization described in Pepulations (8) Provide for any purpose other than a charitable, etc., organization described in Regulations (8) Provide for any purpose other than a charitable, etc., organization described in Regulations (8) Provide for any purpose other than a charitable, etc., organization described in Regulations (8) Provide for any purpose other than a charitable, etc., organization described in Regulations (8) Provide for any purpose other than a charitable, etc., organization described in Regulations (8) Provide for any purpose other than a charitable, etc., organization described in Regulations (8) Provided for the exception of the Regulation of the Regulations (8) Provided for the Regulation of the	CHRIST CHILD SOCIETY OF Form 990-PF (2015) INC. C/O N. BARSAMIAN/KO Part VII-B Statements Regarding Activities for Which I	UNDAKJIAN & C	. O.	04-21037	57 Page 6
(1) Carry on prospandiacy or otherwise altempt to influence legislation (section 4945(s))? (2) influence the buctome of any specific public election (see section 4955); or to carry on, directly or indirectly, any vater registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an individual for travel, study, or other similar purposes? (3) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of crustly to children or animals? (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of crustly to children or animals? (6) I fray answers "Yes" to 5(4) (5) dut any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice reparding disaster assistance check here in the animal series of the section of the sec	<u> </u>			1	
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter reportation Area? (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an individual for travel, study, or other similar purposes? (5) Provide for any purpose other than reliable, etc., organization described in section 4945(0)(4)? Gee instruction estimates of the any establishment of the prevention of crueity to different or animals? It is any answer is "set to Sa(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section S3.495 of or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance of the here or the entire "res's to question 504, does the foundation claim exemption from the tax because it maintained expanditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d). B of the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, the Form 87.0. A lay in time dim that it is a section of the section of the section of the section of the part of the foundation reserve any proceeds or have any net income attributible to the transaction? B if "Yes," did the foundation reserve any proceeds or have any net income attributible to the transaction? It still all officers, directors, trustees, foundation managers and their compensation. (a) Name and address of each employee gad more than \$50,000. NONE D) Titls, and average devoted for paid, entire 2-1. (b) Titls, and average devoted for paid, entire 2-1. (c) Compensation of five highest-paid employees (other than those included on line 1). It none, enter "NONE." 2) Compensation of five highest-paid employees (other than those included on line 1). It none, enter "NONE." (e) Compensation of five highest-paid employees (other than		1 4945(4)\2	□ v _e	e X No	1
any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an individual for travel, study, or other similar purposes? (5) Provide to any purpose other than a charitable, etc., organization described in section (5) Provide to any purpose other than reliquious, chairable, scientific, interrary, or educational purposes, or for the prevention of crulely to children or animals? (5) If organization is "Yes" to S4(1)", did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current inotice regarding disaster assistance (see instructions)? (6) Organizations reliquing on a current inotice regarding disaster assistance face instructions? (7) If "Yes" is "Attach the statement required by Regulations section 53.4945-5(g). (8) Ut the foundation, during the year, receive any funds, directly or indirectly, to pay printiums on a personal benefit contract? (8) If "Yes" is Di, the Form 887. (9) If "Yes" is Di, the Form 887. (9) If "Yes" is Di, the Form 887. (9) If "Yes" is Di, the Form 887. (1) If Information About Officers, Directors, Trustees, Foundation Managers, Highly Pald Employees, and Contractors (9) Name and address (1) Information About Officers, Directors, Trustees, Foundation Managers, Highly Pald Employees, and Contractors (1) Information About Officers, Directors, Trustees, Foundation Managers, Highly Pald Employees, and Contractors (1) Information About Officers, Directors, Trustees, Foundation Managers, Highly Pald Employees, and Contractors (1) Information About Officers, Directors, Trustees, Foundation Managers, Highly Pald Employees, and Contractors (1) Information About Officers, Directors, Trustees, Foundation Managers, Highly Pald Employees, and Contractors (1) Information About Officers, Directors, Trustees, Foundation Managers, Highly Pald Employees, and Contractors (1	• •				
(3) Provide a grant to an induvidual for travel, study, or other similar purposes? (4) Provide a grant to an induvidual for travel, study, or other similar purposes. (5) Provide for any purpose other than rehaptous, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to indifie or animals? b I arial y answer is "Yes" to \$4(1)(5), did any of the transactions fail to qualify under the exceptions described in Regulations section \$3.4945 or in a current notice regarding dissaster assistance (see instructions)? Organizations relying on a current notice regarding dissaster assistance check here c If the answer is "Yes" to question \$6(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section \$3.4945.5(c). B Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes to 80, the Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? List all officers, directors, prustoes, foundation managers and their compensation. (a) Name and address foundation managers and their compensation. (b) Trials, and average house and address foundation managers and their compensation. (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (b) Trials, and average house are greated and streams and address of each employee paid more than \$50,000 (b) Trials, and average hours per week devoided to position. NONE	• •	i to carry on, uncomy or mail		o V No	
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)A)? (see instructions) (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelly to children or animals? bit any answers "Yes" to 3(1), dod any of the transactions fall to qualify under the exceptions described in Regulations section 33,4945 or in a current incince regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organization (any organization of the tax because it maintained expenditure responsibility for the grant? If "Yes," a responsibility for the grant? If "Yes a "The second the statement required by Regulations section 53 4945-5(d). So did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes a "The second during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes a "The foundation of the foundation regards any truths, directly or indirectly, to pay premiums on a personal benefit contractor? If "Yes a "The foundation of the foundation regards any truths, directly or indirectly, to pay premiums on a personal benefit contractor. If "Yes a "The foundation of the foundation regards any truths, directly or indirectly, to pay premiums on a personal benefit contractor. In Information About Officers, Directors, Trustees, Foundation Managers, Highty Paid Employees, and Contractors (a) Name and address of each employees (other than those included on line 1). If none, enter "NONE." O. O	, ,	2			
4945(d)(4)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)	· ·		TE	S LAL NO	
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of circlety to children or animals? b If any answer is Yes' to 54(1)-(3), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice reparding disaster assistance (see instructionis)? Organizations relying on a current notice reparding disaster assistance check here c if the answer is Yes' to guestion 54(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the prant? If Yes, "attach the statement required by Regulations section 53.4945-5(d). 8a Bid the foundation, during the year, receive any funds, directly or indirectly, to pay preniums on a personal benefit contract? If Yes' Cot, the Form 887.0. 7b If Yes' Cot, the Form 887.0. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Part VIII information about Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1. List ell officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Title, and average hours per week devoted for position (c) Compensation (d) Compensation (e) Expense (fill not paid, enter -0.) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (b) Title, and average (c) Compensation (c) Compensation (d) Compensation (e)	• • • • • • • • • • • • • • • • • • • •	n described in Section	□ v.	. V	
b if any answer is "Ves" to \$(1)-(5), did any of the transactions faul to qualify under the exceptions described in Regulations section \$(3,4)(4), did any of the transactions faul to qualify under the exceptions described in Regulations section \$(3,4)(4), does the condition of the prairy of the transactions of the prairy o				S LALINO	
section S3.4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here of if the answer is Yes' to question 5a(4), does the foundation disaster assistance check here of if the answer is Yes' to question 5a(4), does the foundation of mine that because it maintained expenditure responsibility for the grant? If Yes, attach the statement required by Regulations section 53.4945-5(d). 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If Yes' to 6b, his Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? If Yes' to 6b, his Form 8870. 7a At any time during the tax year, was the foundation and party to a prohibited tax shelter transaction? It list all officers, directors, trustees, foundation Managers, Highly Paid Employees, and Contractors (a) Name and address (b) Tille, and average hours per week devoted (in to paid, effect, organization) (c) Compensation (if not paid, effect, organization) (a) Name and address (b) Tille, and average hours per week devoted (c) Compensation (c) Co	• •	or educational purposes, or		s X No	
Organizations relying on a current notice regarding disaster assistance check here of If the answer is "Yes" to question 54(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53 4945-5(d). 5a Did the foundation, during the year, releve any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? b Lif Yes, "do the foundation receive any proceeds or have any net income attributable to the transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1. List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Title, and average hours per week devoted for position of five highest-paid employees (other than those included on line 1). If none, enter "NONE" (c) Compensation (d) C	b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described	ın Regulatıons		
c if the answer is Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? Yes No Yes Taxth the statement required by Flegulations section 53 4945-5(d).	section 53.4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A t	ib
expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53 4945-5(d). So Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes" to 60, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction? A If "Yes" to 60, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited fax sheller transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Title, and average hours per veek devoted in position (in no paid, enter 0.) See Statement 4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Organizations relying on a current notice regarding disaster assistance check h	ere			
8a Did the foundation, during the year, received any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction? If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Title, and average hours per week devoted by position 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (b) Title, and average hours per week devoted to position 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (c) Compensation (c) Compensation (c) Compensation (c) Compensation (d) Compensation (d) Compensation (find paid, enter -0.) A compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (c) Title, and average hours per week devoted to position Compensation (e) Compe	c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi	rom the tax because it mainta	ined		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 1b If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 1b If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 1b If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation aparty to a prohibited tax shelter transaction? 1b If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation aparty to a prohibited tax shelter transaction? 9a If yes IX No 1b If No. 1b IV Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Till, and average to the file of the transaction of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (b) Till, and average deviced to position (c) Compensation (d) Compensation (e) Expense account, other compensation and address of each employee paid more than \$50,000 (b) Till, and average deviced to position (c) Compensation (d) Compensation (e) Expense account, other compensation and address of each employee paid more than \$50,000 (b) Till, and average deviced to position (c) Compensation (d) Compensation (e) Expense account, other compensation and address of each employee paid more than \$50,000 (e) Expense account, other compensation and the paid of the	expenditure responsibility for the grant?	Ŋ	I/A 🗌 Ye	s No	
a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes ' 50, the Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Title, and average hours per week devoted to position (b) Title, and average hours per week devoted to position 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (c) Compensation (d) Compensation (d) Compensation (d) Compensation (enter 0-1). (d) Compensation (enter 0-1). (d) Compensation (enter 0-1). (enter 0-1). (enter 0-1). (enter 0-1). (d) Compensation (enter 0-1). (enter 0-1). (enter 0-1). (enter 0-1). (enter 0-1). (enter 0-1). (e) Exponse the provided tax shelter transaction? (e) Compensation (f) Compensation	If "Yes," attach the statement required by Regulations section 53 494	5-5 <i>(d).</i>			
a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes ' 50, the Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Title, and average hours per week devoted to position (b) Title, and average hours per week devoted to position 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (c) Compensation (d) Compensation (d) Compensation (d) Compensation (enter 0-1). (d) Compensation (enter 0-1). (d) Compensation (enter 0-1). (enter 0-1). (enter 0-1). (enter 0-1). (d) Compensation (enter 0-1). (enter 0-1). (enter 0-1). (enter 0-1). (enter 0-1). (enter 0-1). (e) Exponse the provided tax shelter transaction? (e) Compensation (f) Compensation	6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			
If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? bit "Yes" did the foundation reserve any proceeds or have any net income attributable to the transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Title, and average hours prevented by the enter "O-) See Statement 4 0.0.0.0.0. 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours prevented by the paid, enter "O-) 1 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (d) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (d) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (d) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (d) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (d) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (d) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (d) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."			☐ Ye	s X No	
If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? bit "Yes" did the foundation reserve any proceeds or have any net income attributable to the transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (b) Title, and average hours per week devoted to position (c) Doublewages to each employee paid more than \$50,000 (d) Compensation (d) Compensation (d) Compensation (fill not paid, enter "0-) 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Compensation (enter "NONE." (d) Compensation (e) Expense account, other allowances (e) (e) Expense account (e) E	b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			ib X
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes No					
Description Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Title, and average (b) Provided (to position (to position) (to positio	•	helter transaction?	Ye	s X No	
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their compensation. (b) Title, and average hours per week devoted in 10 position (finot paid, enter -0)				<u> </u>	/b
(a) Name and address (b) Title, and average hours per week devoted to position (c) Compensation (H not paid, enter 4)- (d) Contributions add determined address and determined address and determined address and determined allowances See Statement 4 0. 0. 0. 0. 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (II not paid, enter 4)- (d) Contributions to the highest-paid employees (other than those included on line 1). If none, enter "NONE." (b) Title, and average hours per week devoted to position (c) Compensation (II not paid to p	Part VIII Information About Officers, Directors, Trust		nagers, Highly		
See Statement 4	1 List all officers, directors, trustees, foundation managers and their	compensation.			
See Statement 4	(a) Name and address	(b) Title, and average hours per week devoted		(d) Contributions to employee benefit plans	(e) Expense account, other
2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to enhybre benefit plais account, other allowances (e) Expense account, other allowances		to position	enter -0-)	compensation	allowances
2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee the fit plans account, other allowances (e) Expense account, other allowances					
2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee the fit plans account, other allowances (e) Expense account, other allowances					
(a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benit plans and deterred compensation (e) Expense account, other allowances	See Statement 4		0.	0.	0.
(a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benit plans and deterred compensation (e) Expense account, other allowances					
(a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benit plans and deterred compensation (e) Expense account, other allowances					
(a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benit plans and deterred compensation (e) Expense account, other allowances					
(a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benit plans and deterred compensation (e) Expense account, other allowances					
(a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benit plans and deterred compensation (e) Expense account, other allowances					
(a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benit plans and deterred compensation (e) Expense account, other allowances					
(a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benit plans and deterred compensation (e) Expense account, other allowances					
(a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benit plans and deterred compensation (e) Expense account, other allowances					
(a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benit plans and deterred compensation (e) Expense account, other allowances					
(a) Name and address of each employee paid more than \$50,000 NONE (c) Compensation thinging be neith plans ad deterred compensation NONE (c) Compensation thinging be neith plans ad count, other allowances account, other allowances	2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."		
NONE Continents and address of each employee paid intole trian \$50,000	() No	(b) Title, and average	1	(d) Contributions to	(e) Expense
NONE	(a) Name and address of each employee paid more than \$50,000	nours per week devoted to position	(c) Compensation	and deferred	
	NONE	CONTROL TO POSITION	<u> </u>	33,7023	
Total number of other employees paid over \$50,000	***************************************				
Total number of other employees paid over \$50,000			-		
Total number of other employees paid over \$50,000					
Total number of other employees paid over \$50,000					
Total number of other employees paid over \$50,000		1			
Total number of other employees paid over \$50,000					
Total number of other employees paid over \$50,000		1			
Total number of other employees paid over \$50,000		 			
Total number of other employees paid over \$50,000		1			
	Total number of other employees paid over \$50,000	1		·	n

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	<u>▶</u> 0
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 PURCHASE AND DISTRIBUTION OF LAYETTES, SCHOOL SUPPLIES AND	
WINTER COATS FOR NEEDY CHILDREN.	
DUIG TO MATONIA OPCINION	5458.
2 DUES TO NATIONAL ORGANIZATION	4
•	1560.
3	1300.
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	_

 \triangleright

04-2103757

Page 7

Total. Add lines 1 through 3

INC. C/O N. BARSAMIAN/KOUNDAKJIAN & CO.

04-2103757

Page 8

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: a Average monthly fair market value of securities 1a 169667 1b b Average of monthly cash balances 1c c Fair market value of all other assets 169667. 1d d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1e 1c (attach detailed explanation) Acquisition indebtedness applicable to line 1 assets 169667. Subtract line 2 from line 1d 3 4 <u> 2545.</u> Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 167122. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 Minimum investment return Enter 5% of line 5 8356. Part XI Distributable Amount (see instructions) (Section 4942(1)(3) and (1)(5) private operating foundations and certain foreign organizations check here
and do not complete this part.) Minimum investment return from Part X, line 6 8356. 64 Tax on investment income for 2015 from Part VI, line 5 Income tax for 2015. (This does not include the tax from Part VI.) Add lines 2a and 2b 2c 8292. 3 Distributable amount before adjustments. Subtract line 2c from line 1 3 Recoveries of amounts treated as qualifying distributions 4 8292. Add lines 3 and 4 5 Deduction from distributable amount (see instructions) 6 0. Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 7 8292 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 7018. Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a 1b b Program-related investments - total from Part IX-B 2 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required) 3a Cash distribution test (attach the required schedule) 3b 7018. Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 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 5 7018. Adjusted qualifying distributions. Subtract line 5 from line 4 6 Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Form **990-PF** (2015)

Form 990-PF (2015)

INC. C/O N. BARSAMIAN/KOUNDAKJIAN & CO.

Part XIII Undistributed Income (see instructions) (b) (d) (a) (c) Corpus Years prior to 2014 2014 2015 1 Distributable amount for 2015 from Part XI. 8292. line 7 2 Undistributed income, if any, as of the end of 2015 0 a Enter amount for 2014 only h Total for prior years: 0 3 Excess distributions carryover, if any, to 2015: a From 2010 **b** From 2011 **c** From 2012 2509 d From 2013 e From 2014 2509 f Total of lines 3a through e 4 Qualifying distributions for 2015 from 7018. Part XII, line 4: ► \$_ 0 a Applied to 2014, but not more than line 2a b Applied to undistributed income of prior 0 years (Election required - see instructions) c Treated as distributions out of corpus 0 (Election required - see instructions) 7018. d Applied to 2015 distributable amount 0 e Remaining amount distributed out of corpus 1274. 1274. Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a)) 6 Enter the net total of each column as indicated below: 1235 a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income. Subtract 0 line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously 0 assessed d Subtract line 6c from line 6b. Taxable 0 amount - see instructions e Undistributed income for 2014. Subtract line 0 4a from line 2a. Taxable amount - see instr. f Undistributed income for 2015. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2016 0. 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election 0 may be required - see instructions) 8 Excess distributions carryover from 2010 0 not applied on line 5 or line 7 9 Excess distributions carryover to 2016. 1235 Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2011 b Excess from 2012 1235. c Excess from 2013

d Excess from 2014 e Excess from 2015

CHRIST CHILD SOCIETY OF GREATER BOSTON, INC. C/O N. BARSAMIAN/KOUNDAKJIAN & CO. Form 990-PF (2015) 04-2103757 Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling 4942(1)(5) b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or Prior 3 years Tax year 2 a Enter the lesser of the adjusted net (a) 2015 (b) 2014 (c) 2013 (d) 2012(e) Total income from Part I or the minimum 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 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 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 Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets Part XV at any time during the year-see instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. None Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here 🕨 🗶 if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d. a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed: b The form in which applications should be submitted and information and materials they should include: c Any submission deadlines: d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

CHRIST CHILD SOCIETY OF GREATER BOSTON, INC. C/O N. BARSAMIAN/KOUNDAKJIAN & CO.

04-2103757

Page 11

Form **990-PF** (2015)

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation status of Purpose of grant or contribution Amount Name and address (home or business) recipient a Paid during the year NONE NATIONAL CHRIST CHILD SOCIETY PUBLIC CHARITY UNRESTRICTED 4340 EAST WEST HIGHWAY, SUITE 202 BETHESDA MD 20814 1560, Total ▶ 3a 1560. **b** Approved for future payment None Total **▶** 3b

INC. C/O N. BARSAMIAN/KOUNDAKJIAN & CO.

04-2103757

Form 990-PF (2015) **Analysis of Income-Producing Activities** Part XVI-A Unrelated business income Excluded by section 512, 513, or 514 Enter gross amounts unless otherwise indicated. (e) (C) Exclu-(a) Business code (b) (d) Related or exempt Amount sion code Amount function income 1 Program service revenue: g Fees and contracts from government agencies 2 Membership dues and assessments 3 Interest on savings and temporary cash 14 3204. investments 4 Dividends and interest from securities 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 9 Net income or (loss) from special events 10 Gross profit or (loss) from sales of inventory 11 Other revenue: 3204. 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes 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).

Form 990-PF (2015) INC. C/O N. BARSAMIAN/KOUNDAKJIAN & CO. 04-2103757 Page **13** Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? Transfers from the reporting foundation to a noncharitable exempt organization of: X (1) Cash 1a(1) (2) Other assets 1a(2) X **b** Other transactions: (1) Sales of assets to a noncharitable exempt organization 1b(1) 1b(2) (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets 1b(3) (4) Reimbursement arrangements 1b(4) 1b(5) (5) Loans or loan guarantees 1b(6) (6) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees 10 d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes X No If "Yes," complete the following schedule. (c) Description of relationship (a) Name of organization (b) Type of organization N/AUnder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge May the IRS discuss this and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge return with the prepare Sign Here MLUI TREASURER X Yes Signature of officer or trustee Date Title Print/Type preparer's name Check Preparer's signature Date self- employed Donald K. Paid 10/14/16 P00742653 Koundakjian Preparer Firm's name ► Koundakjian Firm's EIN $\triangleright 04 - 2807416$

Suite 2

Lexington, MA 02420-5312

Phone no. 781-861-1170

Use Only

Firm's address ▶ 9 Meriam St.,

orm 990-PF Interest on Savi	ings and Tem	porary (Cash Ir	nvestments	Statement	1
ource	(a Reve Per B	nue		(b) nvestment ncome	(c) Adjusted Net Income	è
EADER BANK ATERTOWN SAVINGS		3184.		3184.		
otal to Part I, line 3		3204.		3204.		
orm 990-PF	Tax	es			Statement	2
escription	(a) Expenses Per Books	(b Net In ment I	vest-	(c) Adjusted Net Incom		
XCISE TAX	66.	-	0.			0.
o Form 990-PF, Pg 1, ln 18 =	66.		0.	0.		0.
orm 990-PF	Other E	xpenses			Statement	3
Description	(a) Expenses Per Books	(b Net In ment I	vest-	(c) Adjusted Net Incom		
FILING FEES DISTRIBUTIONS OF CLOTHING & SUPPLIES	50. 5458.		0.		545	0.
OFFICE EXPENSE	30.		<u> </u>			0.

To Form 990-PF, Pg 1, ln 23 5538. 0.

5458.

				
		ist of Officers, Directors nd Foundation Managers		
Iame and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib	
TANE MCGUIRE .8 FISHER AVE JEWTON, MA 02461	PRESIDENT 5.00	0.	0.	0.
NANCY BARSAMIAN 38 OLD COLONY ROAD ARLINGTON, MA 02474	TREASURER 0.50	0.	0.	0.
MARY KENNEDY 1988 COMMONWEALTH AVE 3RIGHTON, MA 02135	SECRETARY 0.50	0.	0.	0.
MARY KEEFE 78 CLUBHOUSE DR POCASSET, MA 02559	DIRECTOR 0.50	0.	0.	0.
JOAN DUNTON 39 MT AUBURN ST CAMBRIDGE, MA 02138	DIRECTOR 0.50	0.	0.	0.
MARY LOU COLLINS 79 DARTMOUTH ST LYNN, MA 01904	DIRECTOR 0.50	0.	0.	0.
MARY HARRIS 10 JAMES STREET SOMERVILLE, MA 02145	DIRECTOR 0.50	0.	0.	0.
BARBARA COTTON B NOBSKA ROAD MASHPEEE, MA 02649	DIRECTOR 0.50	0.	0.	0.
LAURA BRAINARD L6 AARON ROAD SUDBURY, MA 01776	DIRECTOR 0.50	0.	0.	0.
PATRICIA WILLIS 110 SYDNEY ST MEDFORD, MA 02155	DIRECTOR 0.50	0.	0.	0.
MARY RISIO 45 RICHDALE ROAD NEEDHAM, MA 02494	DIRECTOR 0.50	0.	0.	0.

CHRIST CHILD SOCIETY OF C	GREATER BOSTON,		04-2	103757
ISA DINAPOLI 75 WEST ROXBURY PKWY HESTNUT HILL, MA 02467	DIRECTOR 0.50	0.	0.	0.
otals included on 990-PF,	Page 6, Part VIII	0.	0.	0.