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Return of Private Foundation

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Department of the Treasury

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf For calendar year 2015 or tax year beginning and ending Name of foundation A Employer identification number THE BARRON FAMILY CHARITABLE FOUNDATION C/O EATON VANCE TRUST COMPANY 04-2981078 Number and street (or P O box number if mail is not delivered to street address) B Telephone number TWO INTERNATIONAL PLACE - 14TH FLR 617-672-8320 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here 02110 BOSTON, MA G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J | Accounting method: Accrual If the foundation is in a 60-month termination Other (specify) (from Part II, col (c), line 16) under section 507(b)(1)(B), check here 3,425,346. (Part I, column (d) must be on cash basis) ▶\$ Part | Analysis of Revenue and Expenses (d) Disbursements for charitable purposes (cash basis only) (a) Revenue and expenses per books (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) income income 360,000. Contributions, gifts, grants, etc., received N/A LOW 2 Check It is the foundation is not required to attach Sch. B . ***** 58 A 244 (.) Interest on savings and temporary cash investments 2, % 89,641. 89,641 4 Dividends and interest from securities STATEMENT 🖁 🗺 5a Gross rents b Net rental income or (loss) ¥- 74 25,496 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 457,867. Ď 25,496 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain I 1871. a. 1 150 9 Income modifications 3 **5**79 4 10a Gross sales less returns , 40,000 in 8.8 ** b Less Cost of goods sold c Gross profit or (loss) 1,607. 1,607 STATEMENT 11 Other income 476,744 Total. Add lines 1 through 11 116,744. 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefit 16a Legal fees b Accounting fees 6,084. 0. 6,084. c Othe professional fees () 14,145. 14,145. 0. 17 18 19 17 Interes 5 Depreciation and DE Taxes 1,441 1.371 70. 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses
24 Total operating
expenses. Add
25 Contributions of 24 Total operating and administrative <u>6,154.</u> expenses. Add lines 13 through 23 21,670. 15,516. 189,550. 25 Contributions, gifts, grants paid 189,550. 26 Total expenses and disbursements. 211,220. 15,516 Add lines 24 and 25 195,704. 27 Subtract line 26 from line 12: 265,524. A Excess of revenue over expenses and dishursements 101,228 b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A

LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-PF (2015)

THE BARRON FAMILY CHARITABLE FOUNDATION C/O EATON VANCE TRUST COMPANY

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28 Paid-in or capital surplus, or land, bidg., and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances 2,475,490. 2,742,876. 2,475,490. 2,742,876. Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) COST BASIS ADJUSTMENT 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) COST BASIS ADJUSTMENT 5 Oc. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 2,742,876.	Ξ		· —				٠, ,	
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Total net assets or fund balances 2,475,490. 2,742,876. 2,475,490. 2,742,876. 2,475,490. 2,742,876. Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ► COST BASIS ADJUSTMENT 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ► 5 5 Oo. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 2,742,876.	Set	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.		1	
31 Total liabilities and net assets/fund balances 2,475,490. 2,742,876. Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ► COST BASIS ADJUSTMENT 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ► 5 O. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 2,742,876.	Ş	29	Retained earnings, accumulated income, endowment, or other funds				* *	
31 Total liabilities and net assets/fund balances 2,475,490. 2,742,876. Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ► COST BASIS ADJUSTMENT 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ► 5 O. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 2,742,876.	Š	30	Total net assets or fund balances	2,475,490.	2,742,876.		}	
Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 2 0ther increases not included in line 2 (itemize) ► COST BASIS ADJUSTMENT 3 1,862. 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ► 5 5 0. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 2,742,876.	_						, ,	
1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ► COST BASIS ADJUSTMENT 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ► 5 O. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 2 2,475,490. 2 265,524. 3 1,862. 4 2,742,876.	_	31	Total liabilities and net assets/fund balances	2,475,490.	2,742,876.			
1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ► COST BASIS ADJUSTMENT 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ► 5 O . 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 2 , 742 , 876 .	P	art	III Analysis of Changes in Net Assets or Fund Ba	lances				
(must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ► COST BASIS ADJUSTMENT 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ► 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 1 2, 475, 490. 2 265, 524. 3 1, 862. 4 2,742,876.	_							
2 265,524. 3 Other increases not included in line 2 (itemize) ► COST BASIS ADJUSTMENT 3 1,862. 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ► 5 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 2 265,524. 3 1,862. 4 2,742,876.	1							
3 0ther increases not included in line 2 (itemize) ► COST BASIS ADJUSTMENT 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ► 5 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 2,742,876.								
4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ► 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 4 2,742,876. 5 0. 6 2,742,876.		- 7 -						
5 Decreases not included in line 2 (itemize) ► 5 0. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 2,742,876.								
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 2,742,876.	- B							
				olumn (h) line 20		2 7/12		
	<u>~</u>	· ota	The course of range balances at one of year time 4 million line of - Fall II, Cl	varior (o), tale oo				

Form 990-PF (2015)

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C/O EATON VANCE TRUST COMPANY 04-2981078 Page 3 Part IV Capital Gains and Losses for Tax on Investment Income (b) How acquired (a) List and describe the kind(s) of property sold (e.g., real estate, (c) Date acquired (d) Date sold (mo., day, yr.) P - Purchase D - Donation 2-story brick warehouse; or common stock, 200 shs. MLC Co.) (mo., day, yr.) STREET - SEE STATEMENT A 1a STATE VARIOUS 12/31/15 b STATE SEE STATEMENT A STREET -P VARIOUS 12/31/15 c STATE STREET SEE STATEMENT A P VARIOUS 12/31/15 d 50000 SHS CIT BK CD 2% 11/25/15 P 05/25/11 11/25/15 e CAPITAL GAINS DIVIDENDS (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) 11,552. 13,684 -2,132. 193,841. 191,380. 2,461. b 201,869. 177,307. 24,562. 50,000. 50,000. 0. 605. 605. 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 (i) Adjusted basis (k) Excess of col. (i) (i) F.M.V. as of 12/31/69 Losses (from col. (h)) as of 12/31/69 over col. (j), if any -2,132. а 2,461. b 24,562. C d 0. 605. If gain, also enter in Part I, line 7 2 Capital gain net income or (net capital loss) 25,496. If (loss), enter -0- in Part I, line 7 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8 N/A 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 169,541. 3,085,430 .054949 2014 74,888. 2013 2,760,363. 027130 84,462. 2,430,192. 2012 .034755 2,202,777. 48,390. 2011 .021968 63,813. 1,925,365. 2010 .033143 2 Total of line 1, column (d) .171945 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 .034389 3 Enter the net value of noncharitable-use assets for 2015 from Part X, line 5 3,199,504. 5 Multiply line 4 by line 3 110,028. 6 Enter 1% of net investment income (1% of Part I, line 27b) 1,012. 7 Add lines 5 and 6 <u>11</u>1,040. 195,704. 8 Enter qualifying distributions from Part XII, line 4 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.

Form 990-PF (2015)

THE BARRON FAMILY CHARITABLE FOUNDATION C/O EATON VANCE TRUST COMPANY

Form 990-PF (2015) C/O EATON VANCE TRUST COMPANY Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	0 <u>4</u> 4948	-298 - see i	1078 instruc	tions	Page 4 s)
1a Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.	~	T	š.	, ,	
Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)	ļ				
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here	1			1,0	<u>12.</u>
of Part I, line 27b				•	* 1
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).					i
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	+		1,0	$\frac{0.}{1.2}$
3 Add lines 1 and 2 4 Subtitle A (income) tay (demonts contion 4047(a)(1) trusts and toyable foundations only. Others anter 0.)	3			<u> , </u>	0.
Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	4	+		1,0	_
6 Credits/Payments	5	-	1	1,0.	14.
a 2015 estimated tax payments and 2014 overpayment credited to 2015 6a 2,228		,		× .	- (
b Exempt foreign organizations - tax withheld at source	┦ ;	. ,	*		ļ
c Tax paid with application for extension of time to file (Form 8868)	┥ `	· ' ' "	3	, ,	*
d Backup withholding erroneously withheld 6d	┪		>		•
7 Total credits and payments. Add lines 6a through 6d	٦,			2,2	28.
8 Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached	8	 			
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	. 9	1			
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	- 10	1		1,2	$\overline{16.}$
11 Enter the amount of line 10 to be: Credited to 2016 estimated tax		-			0.
Part VII-A Statements Regarding Activities					
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interve	ne in			Yes	No
any political campaign?			1a		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definiti	on)?		1b		X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publish	hed or		. 3, , 1		- 1
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 the year:				^;	;
(1) On the foundation. ► \$ 0 . (2) On foundation managers. ► \$ 0	•			,	!
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
managers. ▶ \$ 0.			~ ~~~		<u> </u>
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			, ,	. , .	. 1
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation	, or		١٠, ١	•*	X
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		$\frac{\hat{x}}{x}$
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4a 4b		├^-
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?	•	M/A	5		x
If "Yes," attach the statement required by General Instruction T			1	,	-
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			3	· ,	
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 st.	ate law				
remain in the governing instrument?			6	X	<i></i>
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 II	W		7	X	
	••			,	<u> </u>
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			_8b	Х	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for call	ilendar				ļ
year 2015 or the taxable year beginning in 2015 (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			10		X
		F	orm 990	ノードト	(2015)

THE BARRON FAMILY CHARITABLE FOUNDATION C/O EATON VANCE TRUST COMPANY	04-298	1078		Page 5
Part VII-A Statements Regarding Activities (continued)				
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	of		Yes	No
section 512(b)(13)? If "Yes," attach schedule (see instructions)	0 1	11		Х
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person	n had advisory privileges?			
If "Yes," attach statement (see instructions)		12		Х
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption applications website address ► N/A	ion?	13	<u> </u>	
14 The books are in care of ► EATON VANCE TRUST COMPANY	Telephone no. ► <u>617-6</u>	72-83	320	
Located at ►TWO INTERNATIONAL PLACE - 14TH FLR, BOSTON,	MA ZIP+4 ▶0	2110		
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		
16 At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over	er a bank,		Yes	No
securities, or other financial account in a foreign country?		16		X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			.']	
foreign country		<u> </u>		
Part VII-B Statements Regarding Activities for Which Form 4720 May Be Requ	uired			
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):			, .	
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes X No	. *	· [
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	<u>гэ.</u> . гээ		- ,]	1.5
a disqualified person?	Yes X No	,	- "	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes X No	1 1	`.	, ,
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes X No	٠,٠٠٨	34	
(5) Transfer any income or assets to a disqualified person (or make any of either available		1	Te .	3
for the benefit or use of a disqualified person)?	Yes X No	2,30	` '	* 13 ·
(6) Agree to pay money or property to a government official? (Exception. Check "No"		300	1,54	, ,
if the foundation agreed to make a grant to or to employ the official for a period after	гт., г о г.,			-,
termination of government service, if terminating within 90 days.)	Yes X No	27.24		ا اور
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulation		W 3, - 1		
section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	N/A	1b		· .
Organizations relying on a current notice regarding disaster assistance check here	▶∟		1	, i,
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were r	not corrected	·위 1		-
before the first day of the tax year beginning in 2015?	otina formulation	1c	• 34	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private opera	ating foundation	7		'
defined in section 4942(j)(3) or 4942(j)(5)):	(voor(a) boorpping		٠	
a At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax	Yes X No		٠, ; . ا	' :
before 2015?	TES [ZI] NU			
If "Yes," list the years , , , , , , , , , , , , , , , , , ,	lating to incorrect	1.	, ,	– ′ ·
valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answ		, ,	i	
statement - see instructions.)	N/A	2b		
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	41/15	20		_
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				
during the vear?	Yes X No			

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)

3b

N/A

Form 990-PF (2015) C/O EATON VANCE TRUST COM			04-29810	78	Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be R	equired (continu	ued)		
5a During the year did the foundation pay or incur any amount to:				1	i
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	Ye	s X No		
(2) Influence the outcome of any specific public election (see section 4955); or	r to carry on, directly or indire	* '		1	
any voter registration drive?			s X No	l	1 '
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	s X No	- 1	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section]
4945(d)(4)(A)? (see instructions)			s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f			ŀ	
the prevention of cruelty to children or animals?		Ye	s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unc	· ·	n Regulations		-	-
section 53.4945 or in a current notice regarding disaster assistance (see instruc	•		N/A	5b	_
Organizations relying on a current notice regarding disaster assistance check he					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr					'
expenditure responsibility for the grant?	N	[/A Ye	es L No		
If "Yes," attach the statement required by Regulations section 53 4945-				j	1
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	pay premiums on	_			
a personal benefit contract?		Ye	es 🗶 No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		<u> </u>	6b	X
If "Yes" to 6b, file Form 8870				- 1	
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye	es 🗶 No 📙		1
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b	
Part VIII Information About Officers, Directors, Truste Paid Employees, and Contractors	es, Foundation Mar	nagers, Highly			
1 List all officers, directors, trustees, foundation managers and their of	compensation.				
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e) E	xpense nt, other
ADELE L. BARRON C/O EATON VANCE TRUST	to position	enter -0-)	compensation	allowances	
TWO INTERNATIONAL PLACE - 14TH FLR	IKUSIEE	1			
BOSTON, MA 02110	1.00	0.	0.		0.
SCOTT V. BARRON C/O EATON VANCE TRUST		<u> </u>	· ·		<u> </u>
TWO INTERNATIONAL PLACE - 14TH FLR	IKOSIEE			1	
BOSTON, MA 02110	1.00	0.	0.	1	0.
	TRUSTEE		0.	 	<u> </u>
TWO INTERNATIONAL PLACE - 14TH FLR	IKOSIEE	1			
BOSTON, MA 02110	1.00	0.	0.		0.
EATON VANCE C/O DAVID MCCABE	TRUSTEE	· ·	0.	<u> </u>	
TWO INTERNATIONAL PLACE - 14TH FLR	IKOSIEE			:	
BOSTON, MA 02110	1.00	0.	0.		0.
2 Compensation of five highest-paid employees (other than those incl				1	<u> </u>
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) E accou	xpense int, other wances
NONE				1	
		1			
				<u> </u>	
	_				
	-				
Total number of other employees and ever \$50,000	l	<u>.L</u>		<u> </u>	0
Total number of other employees paid over \$50,000					U

	1-2981	078	Page 7
Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)			
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) Comp	ensation
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 statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses	
1 NOT APPLICABLE			
	_		0.
2	- 		
3			
4	\dashv		
Do-LIV P. C			
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.	<u></u>	Amount	
1 NOT APPLICABLE		***************************************	
			•
2			0.
All other program-related investments. See instructions.		,	
3			
Total. Add lines 1 through 3			0.
	Fori	n 990-P l	F (2015)

C/O EATON VANCE TRUST COMPANY 04-2981078 Page 8 Form 990-PF (2015) 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 3,156,491. a Average monthly fair market value of securities 1a 91,736. b Average of monthly cash balances 1b c Fair market value of all other assets 1c 3,248,227. d Total (add lines 1a, b, and c) 1d e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 1e Acquisition indebtedness applicable to line 1 assets 2 Subtract line 2 from line 1d 3 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 48.723 4 3,199,504 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 159,975. Minimum investment return. Enter 5% of line 5 Part XI | Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here
and do not complete this part.) 159,975. Minimum investment return from Part X, line 6 1.012. 2a Tax on investment income for 2015 from Part VI, line 5 Income tax for 2015. (This does not include the tax from Part VI.) 1,012. Add lines 2a and 2b 158, 963. 3 Distributable amount before adjustments. Subtract line 2c from line 1 3 Recoveries of amounts treated as qualifying distributions 4 Ο. Add lines 3 and 4 5 0. Deduction from distributable amount (see instructions) 6 158, 963. Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 195,704. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 b Program-related investments - total from Part IX-B 16 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required) **b** Cash distribution test (attach the required schedule) 3b

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

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

income. Enter 1% of Part I, line 27b

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

Form **990-PF** (2015)

195,704.

194,692

1,012.

4

6

Part XIII Undistributed Income (see instructions)

		(a) Corpus	Y	(b) ears prior to 20	014			c))14		(d) 2015	
1	Distributable amount for 2015 from Part XI, line 7	and the state of t					% .			158	,963.
2	Undistributed income, if any, as of the end of 2015			***	.)	âr	**:	i.			, y,
	Enter amount for 2014 only			· · · · · · · · · · · · · · · · · · ·	, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			0 ,	, Sec. ,	stati,	N ick
b	Total for prior years:				0.	, XO	13.				? · · · ·
3	Excess distributions carryover, if any, to 2015:	** 1.5 6 8	3	ž ,	· · · · ·	1 62	ć 254	Car. 3	\	X-	7 A
а	From 2010		<u>,</u> ,	*	>	25	.		10.70		·
b	From 2011		>	. '48			- 13°	* ************************************	i		· 🎉
c	From 2012			'*			₩.	<u> </u>			1
d	From 2013		•	* · * . * . ()		>	~ (*)		,		3 .
е	From 2014 18,013.	l i i i i i i i i i i i i i i i i i i i	*		· 🟋 ;		Ŕ	. ·			
f	Total of lines 3a through e	18,013.	¥, —-		¥ ,	4.73	- 33			7, 4	<u>; </u>
4	Qualifying distributions for 2015 from	On a series	× · ·	75/ 9 /2015	ză:	*	B			, w	. ,
	Part XII, line 4: ► \$ 195,704.							X 🖹	23	*	
а	Applied to 2014, but not more than line 2a	The state of the s	4		120			0.	3 3.7	Marie La	
b	Applied to undistributed income of prior								-		
	years (Election required - see instructions)				0.		, \$	3,38 4,	۸ ,	***	· *
C	Treated as distributions out of corpus		ν			* *			2		3
	(Election required - see instructions)	0.		`	.W W	M.		* *	1 %		
d	Applied to 2015 distributable amount	* * * * *	ś,:		3 48						,963.
е	Remaining amount distributed out of corpus	36,741.	3°		. A				1	~ 84 5	*
5	Excess distributions carryover applied to 2015 (# an amount appears in column (d), the same amount must be shown in column (a).)	0.	(% d) (16-13-4: 28-14-4:	*,		1		2.		0.
6	Enter the net total of each column as indicated below:		. 177		Ť.,				1		· · · · · · · · · · · · · · · · · · ·
я	Corpus Add lines 3f 4c and 4e Subtract line 5	54,754.	5. 20		¥ Î.Ş.			^	*,*		
	Prior years' undistributed income. Subtract		.494		`	, ,	1 1	17 24	+	Volen A.	355 Sec. 20
٠	line 4b from line 2b				0.	,	regili i				
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.						ar the force of the control of the c
d	Subtract line 6c from line 6b. Taxable						,	× 34	Ĵ\$\$+,	S. Barr	- ,
	amount - see instructions				0.	* \$\$6.		, , , , , , , , , , , , , , , ,	. kš	¥,.!:	
е	Undistributed income for 2014. Subtract line			.«	1. ii.,				58%	A Y hilly & .	
	4a from line 2a. Taxable amount - see instr.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Ť,	7 - ZA.	`			0.		, <i>i</i> s	3.4 51.3
1	Undistributed income for 2015, Subtract			* 14	los	7. 7	¥	1.13.124	1		
	lines 4d and 5 from line 1. This amount must		*				4.4	* .			_
	be distributed in 2016	1 1 1 mg 1 1 1 1		,	- ,	,	,,	*:	1		0.
7	Amounts treated as distributions out of			5 3 30 °			,		1.		
	corpus to satisfy requirements imposed by					~	*	, , , ,	×	, ,, ,,	
	section 170(b)(1)(F) or 4942(g)(3) (Election	_			" "	,		*		, , , , , , , , , , , , , , , , , , ,	
_	may be required - see instructions)	0.						·-·	-	}	<i>3</i> ⁶
8	Excess distributions carryover from 2010			*				. *			1
	not applied on line 5 or line 7	0.		· · · · · · · · · · · · · · · · · · ·					╀		- 4
9	Excess distributions carryover to 2016.	E 4 9 E 4						,			
_	Subtract lines 7 and 8 from line 6a	54,754.	ļ <u>.</u>		-	<u> </u>			4	٠,	,
	Analysis of line 9:					,					,
	Excess from 2011										į
	Excess from 2012										1
	Excess from 2013										
	Excess from 2014 18,013. 26 Excess from 2015 36,741.										1
е	Excess from 2015 36,741.		L	· 							

Form 990-PF (2015) C / O EATO Part XIV Private Operating Fo	N VANCE TR	UST COMPANY	(II-A guestion 9)	N/A	981078 Page
1 a If the foundation has received a ruling or				N/A	
foundation, and the ruling is effective for					
			Lin section	1040(1)(2) 07	942(1)(5)
b Check box to indicate whether the founda		ig ioundation described I		4942(j)(3) or4	1942(J)(5) T
2 a Enter the lesser of the adjusted net	Tax year (a) 2015	(b) 2014	Prior 3 years (c) 2013	(d) 2012	(e) Total
income from Part I or the minimum	(a) 2013	(0) 2014	(6) 2013	(0) 2012	(e) iotai
investment return from Part X for					
each year listed					
b 85% of line 2a					<u> </u>
c Qualifying distributions from Part XII,		İ			•
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities		ļ <u>.</u>			
e Qualifying distributions made directly					
for active conduct of exempt activities.					j
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					1
an exempt organization					
(4) Gross investment income			<u> </u>		
Part XV Supplementary Infor	mation (Comple	te this part only	if the foundation	n had \$5,000 or mo	re in assets
at any time during th	e year-see instr	uctions.)			
Information Regarding Foundation List any managers of the foundation who	•	than 2% of the total con	ntributions received by th	e foundation before the clo	se of any tax
year (but only if they have contributed mo					
NONE					
b List any managers of the foundation who other entity) of which the foundation has	own 10% or more of th	e stock of a corporation	(or an equally large por	tion of the ownership of a p	artnership or
NONE	_				
2 Information Regarding Contribution Check here ☐ If the foundation on			-	, not accept upoplicated some	unata for funda. If
the foundation makes gifts, grants, etc. (s	see instructions) to indiv	viduals or organizations	under other conditions,	complete items 2a, b, c, an	
a The name, address, and telephone numbe ADELE BARRON, TRUSTEE TWO INTERNATIONAL PLA	C/O EATON	VANCE TRUS		, 617-672-832	20
b The form in which applications should be LETTER					
c Any submission deadlines:		···	· · · · · · · · · · · · · · · · · · ·		
	euch ac by access	al argae sharitable 4:-1-2	e kinde et institution	r other factors:	·
•	, such as by geographic	ai aitas, ciidfiladie field	s, kiilus oi ilistitutions, 0	i outer tactors.	
d Any restrictions or limitations on awards, NONE	such as by geographica	al areas, charitable field	s, kinds of institutions, o	r other factors:	

C/O EATON VANCE TRUST COMPANY

04-2981078 Page 11 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 Purpose of grant or Amount status of contribution Name and address (home or business) recipient a Paid during the year AMERICAN TECHNION SOCIETY NONE 501(C) 3 EDUCATION 1 GATEWAY CENTER, STE. 515 NEWTON, MA 02458 2,500. ANTI DEFAMATION LEAGUE NONE 501(C) 3 EDUCATION 4400 NORTHCORP PKWY. PALM BEACH, FL 33409 6,000. 501(C) 3 CAPE COD LIGHTHOUSE CHARTER SCHOOL NONE EDUCATION 225 ROUTE 6A ORLEANS, MA 02653 2,000. CAPE COD TIMES NEEDY FUND NONE 501(C) 3 COMMUNITY P.O. BOX 804 HYANNIS, MA 02601 3,000. DOCTORS WITHOUT BORDERS 501(C) 3 NONE COMMUNITY 333 7TH AVENUE, 2ND FLOOR NEW YORK, NY 10001 5,000. SEE CONTINUATION SHEET(S) 189,550. ▶ 3a Total **b** Approved for future payment NONE

0.

Total

Part XVI-A Analysis of Income-Producing Activities

Form 990-PF (2015)

	Unrelate	d business income	Evaludad	by section 512, 513, or 514	
Enter gross amounts unless otherwise indicated.	(a) Business	(b)	(c) Exclu- sion	(d)	(e) Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a					
b	_				
c	_				
d			\bot		
e	_			<u></u>	
1	_				
g Fees and contracts from government agencies	ļ				
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities			14	89,641.	
5 Net rental income or (loss) from real estate:			\bot		
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					1,607.
8 Gain or (loss) from sales of assets other					
than inventory			14	605.	24,891.
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a	_				
b	_				
c	_		\perp		
d	_				
e					
12 Subtotal. Add columns (b), (d), and (e)		0	<u>. </u>	90,246.	
13 Total. Add line 12, columns (b), (d), and (e)				13	116,744.
(See worksheet in line 13 instructions to verify calculations	:_)				
Part XVI-B Relationship of Activities	s to the Acco	mplishment of E	xempt Pu	urposes	
Line No. Explain below how each activity for which i			-A contribute	d importantly to the accomp	lishment of
the foundation's exempt purposes (other th	nan by providing fur	ds for such purposes).			
NOT APPLICABLE					
		 			
					
					
		·			
			 		
					·
					
		.			
					

BOSTON, MA 02116

Form 990			ATON VANC						810/8	Pa	ige 13
Part 2	XVII			isfers To a	and Transa	ictions an	d Relationsh	ips With Nonch	aritable		
4 0	146	Exempt Organ		6 46 - 6-11				504/-> -4		Yes	No
		ganization directly or indi other than section 501(c)						on 50 I(C) oi			110
		from the reporting found				Ullical Vigaliz	allolis			1	
	Cash	nom the reporting rounds	idon to a noncharit	auto exempt org	yamzanon or				1a(1)		X
	Other	assets							1a(2)	<u> </u>	X
		sactions:							1.5,5	†	_==
		of assets to a noncharita	ble exempt organiza	ation					1b(1)		X
٠,,		ases of assets from a no							1b(2)		X
٠,		of facilities, equipment,	-	· ·					1b(3)		X
		oursement arrangements							1b(4)		X
(5)	Loans	or loan guarantees							1b(5)		X
(6)	Perfor	mance of services or me	mbership or fundra	ising solicitatio	ns				1b(6)		X
c Sha	aring of	facilities, equipment, ma	iling lists, other ass	ets, or paid em	ployees				1c		X
d If t	he answ	ver to any of the above is	"Yes," complete the	following sche	dule. Column	(b) should alwa	ays show the fair m	narket value of the good	is, other as:	sets,	
or :	services	s given by the reporting fo	oundation. If the fol	undation receive	ed less than fai	r market value	in any transaction	or sharing arrangemen	t, show in		
) the value of the goods,	Y				,				
(a) Line n	•	(b) Amount involved	(c) Name (of noncharitable	e exempt organ	ızatıon	(d) Description	of transfers, transactions, a	nd sharing ari	angemer	nts
				N/A_							
							ļ				
	_						 				
			<u> </u>			<u> </u>	<u> </u>				
	+		-								
	+			_							
	+						 				
							 				
	+	_					-				
	_						1				
											-
				- · · · · ·							
						-					
2a Isi	the four	ndation directly or indirec	tly affiliated with, or	r related to, one	or more tax-e	xempt organiza	ations described				
ın :	section	501(c) of the Code (othe	r than section 501(r	c)(3)) or in sect	tion 527?				Yes	X	. No
b_lf "	Yes," co	implete the following sch	edule.								
		(a) Name of org	janization		(b) Type of	organization		(c) Description of relati	onship		
		N/A			ļ						
					ļ						
					<u> </u>						
					ļ						
	Under	penalties of perjury, I declare	that I have examined th	is return, including	n accompanying a	chadulas and stat	tements and to the he	et of my knowledge			-
Sign		lief, it is true, correct, and con							May the IRS return with the		
Here		SDIC M	is do a	VTC	15/	o lu	TRUSTE	יםי	Shown below	_	ຕ ິ
	Sign	nature of officer or trustee		<u> </u>	Date	161.0	Title	111	X Ye	s	_ No
	1 2.81	Print/Type preparer's na		Prepagrr's s		1	Date /	Check If P1	IN		
				1///		1/2	1/2/	self- employed			
Paid		MICHELLE O	'CONNELL	VVV	(1 LA)	1B	3/12/2016	, ,	00449	872	
Prep		Firm's name ► DEL		K LLP/				Firm's EIN ▶ 86-			
Use (Only										
Firm's address ▶ 200 BERKELEY STREET											

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 irs gov/form990 .

OMB No 1545-0047

2015

Name of the organization

THE BARRON FAMILY CHARITABLE FOUNDATION C/O EATON VANCE TRUST COMPANY

Employer identification number

04-2981078

Organization type (check one)						
Filers of:	Section:					
Form 990 or 990-EZ	501(c)() (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	X 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
						
· · · · ·	s covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions.					
General Rule						
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions					
Special Rules						
sections 509(a)(1) a any one contributo	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III						
year, contributions is checked, enter hourpose. Do not co	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box 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 e, etc., contributions totaling \$5,000 or more during the year.					
but it must answer "No" on	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 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) (2015)

Name of organization

THE BARRON FAMILY CHARITABLE FOUNDATION

C/O EATON VANCE TRUST COMPANY

Employer identification number

04-2981078

Part I	Contributors (see instructions) Use duplicate copies of Part I if addition	al space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ADELE L. BARRON C/O EATON VANCE TRUST COMPANY, TWO INTERNATIONAL PLACE - 14TH FLR BOSTON, MA 02110	\$ 360,000.	Person X 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 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.)

Name of organization

Employer identification number

THE BARRON FAMILY CHARITABLE FOUNDATION

C/O EATON VANCE TRUST COMPANY 04-2981078

Part II	Noncash Property (see instructions) Use duplicate copies of Part II if	f additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - \$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2015) Name of organization Employer identification number THE BARRON FAMILY CHARITABLE FOUNDATION C/O EATON VANCE TRUST COMPANY 04-2981078 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info once) Use duplicate copies of Part III if additional space is needed (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

04-2981078

3 Grants and Contributions Paid During the Yo				
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
DUFFY HEALTH CENTER	NONE	501(C) 3	COMMUNITY	
GATEWAY CENTER, STE. 515				
HYANNIS, MA 02601				75
FALMOUTH JEWISH CONGREGATION	NONE	501(C) 3	COMMUNITY	
7 HATCHVILLE ROAD		' '		
EAST FALMOUTH, MA 02536		<u> </u>		62,00
		!		
HABITAT FOR HUMANITY	NONE	501(C) 3	COMMUNITY	
121 HABITAT STREET				F
AMERICUS, GA 31709				5,00
HOPE HEALTH HEADQUARTERS	NONE	501(C) 3	COMMUNITY	
900 HOPE WAY				
ALTAMONTE SPRING, FL 32714		 		75
HOUSING ASSISTANCE CORP.	NONE	501(C) 3	HOUSING	
460 WEST MAIN STREET				
HYANNIS, MA 02601				8,00
JEWISH FEDERATION CAPE COD	NONE	501(C) 3	COMMUNITY	
PO BOX 2568				
HYANNIS, MA 02601				5,00
JEWISH FEDERATION OF SOUTH PALM BEACH 9901 DONNA KLEIN BOULEVARD	NONE	501(C) 3	COMMUNITY	
BOCA RATON, FL 33428				6,00
LAZARUS HOUSE MINISTRIES CHARITABLE	NONE	501(C) 3	COMMUNITY	
P.O. BOX 408				١
LAWRENCE, MA 01842		 		10,00
LOWER CAPE OUTREACH	NONE	501(C) 3	EDUCATION	
19 BREWSTER CROSS ROAD		1	1	
ORLEANS, MA 02653				9,00
MAZON-JEWISH RESPONSE TO HUNGER	NONE	501(C) 3	HUNGER	
10495 SANTA MONICA BLVD., SUITE 100 LOS ANGELES, CA 90025				3,00
Total from continuation sheets	_	<u> </u>		171,05

04-2981078

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to Amount status of recipient any foundation manager Name and address (home or business) or substantial contributor OHIO WESLEYAN ANNUAL FUND NONE 501(C) 3 EDUCATION 61 S. SANDUSKY STREET DELAWARE, OH 43015 1,000. ORLEANS COUNCIL ON AGING/SENIOR NONE 501(C) 3 COMMUNITY 150 ROCK HARBOR RD ORLEANS, MA 02653 3,750. TEMPLE B'NAI NONE 501(C) 3 RELIGIOUS 1685 S. BELCHER ROAD CLEARWATER, FL 33764 16,050. NONE 501(C) 3 THE PIKE SCHOOL EDUCATION 34 SUNSET ROCK RD ANDOVER, MA 01810 25,000. WE CAN NONE 501(C) 3 COMMUNITY P.O. BOX 30105 BETHESDA, MD 20824 750. COMBINED JEWISH PHILANTHROPIES NONE 501(C) 3 COMMUNITY 126 HIGH STREET BOSTON , MA 02110 5,000. WOUNDED WARRIORS PROJECT NONE 501(C) 3 COMMUNITY 370 7TH AVE NEW YORK, NY 10001 10,000. Total from continuation sheets

SOURCE	FORM 990-PF	DIVIDENDS	AND I	NTERES	T FROM	SECU	RITIES S	STATEMENT 1
## TRUST CO. 90,246. 605. 89,641. 89,641. TO PART I, LINE 4 90,246. 605. 89,641. 89,641. FORM 990-PF OTHER INCOME STATEMENT 2 CA	SOURCE		GA	INS	REVENUE		NET INVEST-	ADJUSTED
FORM 990-PF OTHER INCOME STATEMENT 2 (A) REVENUE PER BOOKS MENT INCOME NET INVEST- ADJUSTED NET INCOME DESCRIPTION PER BOOKS MENT INCOME NET INCOME STATEMENT 3 OTHER INCOME 592. 592. 592. 1,015.		90,246.		605.	89	,641	. 89,641.	
Ca	TO PART I, LINE 4	90,246.		605.	89,641		89,641.	
DESCRIPTION	FORM 990-PF		ОТНІ	ER INC	OME			STATEMENT 2
### BLACKSTONE GROUP LP	DESCRIPTION				EVENUE		NET INVEST-	(C) ADJUSTED NET INCOME
FORM 990-PF ACCOUNTING FEES STATEMENT 3 (A) (B) (C) (D) EXPENSES NET INVEST- ADJUSTED CHARITAB PER BOOKS MENT INCOME NET INCOME PURPOSE DELOITTE TAX LLP- TAX PREPARATION FEE 6,084. 0. 6,08 TO FORM 990-PF, PG 1, LN 16B 6,084. 0. 6,08 FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT 4 (A) (B) (C) (D) EXPENSES NET INVEST- ADJUSTED CHARITAB PER BOOKS MENT INCOME NET INCOME PURPOSE STATE STREET BANK & TRUST 14,145. 14,145.	·			***********				
DESCRIPTION (A) EXPENSES NET INVEST- ADJUSTED CHARITAB PER BOOKS MENT INCOME DELOITTE TAX LLP- TAX PREPARATION FEE (A) (B) EXPENSES NET INVEST- NET INCOME PURPOSE (A) FORM 990-PF, PG 1, LN 16B (A) EXPENSES DESCRIPTION (B) (C) (C) (D) CHARITAB PORT (A) EXPENSES NET INVEST- ADJUSTED CHARITAB PER BOOKS MENT INCOME STATE STREET BANK & TRUST 14,145. (A) EXPENSES MENT INCOME NET INCOME PURPOSE	TOTAL TO FORM 990-PF, PART I, I		LINE 11 =		1,607.		1,607.	
DESCRIPTION EXPENSES NET INVEST- ADJUSTED CHARITAB PER BOOKS MENT INCOME PURPOSE DELOITTE TAX LLP- TAX PREPARATION FEE 6,084. 0. 6,08 TO FORM 990-PF, PG 1, LN 16B 6,084. O. 6,08 FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT 4 (A) (B) (C) (D) EXPENSES NET INVEST- ADJUSTED CHARITAB PER BOOKS MENT INCOME NET INCOME PURPOSE STATE STREET BANK & TRUST 14,145. 14,145.	FORM 990-PF		ACCOU	JNTING	FEES		5	STATEMENT 3
TO FORM 990-PF, PG 1, LN 16B 6,084. 0. 6,08 FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT 4 (A) (B) (C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D	DESCRIPTION		EXPENSI		ET INVE		ADJUSTED	(D) CHARITABLE PURPOSES
FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT 4 (A) (B) (C) (D) EXPENSES NET INVEST- ADJUSTED CHARITAB PER BOOKS MENT INCOME NET INCOME PURPOSE STATE STREET BANK & TRUST 14,145. 14,145.		X	6,084		. 0.			6,084.
(A) (B) (C) (D) EXPENSES NET INVEST- ADJUSTED CHARITAB PER BOOKS MENT INCOME NET INCOME PURPOSE STATE STREET BANK & TRUST 14,145. 14,145.	TO FORM 990-PF, PG	1, LN 16B	B 6,084		0.			6,084.
DESCRIPTION EXPENSES NET INVEST- ADJUSTED CHARITAB PER BOOKS MENT INCOME NET INCOME PURPOSE STATE STREET BANK & TRUST 14,145.	FORM 990-PF	OT	HER PRO	OFESSI	ONAL FE	ES		STATEMENT 4
	DESCRIPTION		EXPENSI		ET INVE		ADJUSTED	(D) CHARITABLE PURPOSES
TO FORM 990-PF, PG 1, LN 16C 14,145. 14,145.	STATE STREET BANK &	TRUST	14,	145.	14,145			0.
	TO FORM 990-PF, PG 1, LN 16C		14,145.		14,	145.		0.

FORM 990-PF TAXES					STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(C) ADJUSTED NET INCOM			
FOREIGN TAXES PAID MA FORM PC FILING FEE	1,371.	1,	371.		0. 70.		
TO FORM 990-PF, PG 1, LN 18	1,441.	1,	371.		70.		
FORM 990-PF U.S. AND	STATE/CITY G	OVERNMENT	OBLI	GATIONS	STATEMENT 6		
DESCRIPTION	U.S GOV''		вос	OK VALUE	FAIR MARKET VALUE		
US GOV'T & US AGENCIES	х		•	329,038.	315,476		
TOTAL U.S. GOVERNMENT OBLIGA	TIONS			329,038.	315,476.		
TOTAL STATE AND MUNICIPAL GO	VERNMENT OBL	IGATIONS					
TOTAL TO FORM 990-PF, PART I	I, LINE 10A	:		329,038.	315,476.		
FORM 990-PF	CORPORAT	E STOCK			STATEMENT 7		
DESCRIPTION			вос	OK VALUE	FAIR MARKET VALUE		
EQUITIES			1	1,148,779.	1,785,356		
TOTAL TO FORM 990-PF, PART I	I, LINE 10B		1	L,148,779.	1,785,356		
FORM 990-PF	CORPORAT	E BONDS			STATEMENT 8		
DESCRIPTION		_	вос	OK VALUE	FAIR MARKET VALUE		
CORPORATE BONDS				106,471.	106,731		
TOTAL TO FORM 990-PF, PART I	I. LINE 10C			106,471.	106,731.		

FORM 990-PF OTHE	ER INVESTMENTS	STATEMENT 9	
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
FOREIGN ASSETS OTHER FIXED INCOME	COST	287,213. 825,112.	392,318. 779,202.
TOTAL TO FORM 990-PF, PART II, LINE	E 13	1,112,325.	1,171,520.