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Department of the Treasury

Internal Revenue Service

DLN: 93491126007056

OMB No 1545-0052

Open to Public Inspection

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 instructions is at <u>www.irs.gov/form990pf</u>.

For calendar year 2015, or tax year beginning 01-01-2015 , and ending 12-31-2015

	e of foun			A Employer identification number	er
I H	E HAYNE:	S FAMILY FOUNDATION INC		04-3254694	
Num	per and s	street (or P O box number if mail is not delivered to street address)	Room/suite	B Telephone number (see instruction	s)
		GTON STREET NO DEC 7		(781) 235-4300	
Citi		state or province, country, and ZIP or foreign postal code		C If exemption application is pendin	a chock horo
		ILLS, MA 024811903		C If exemption application is pendin	ig, check here 📮 j
c Ch	eck all	that apply Initial return Initial return of a fo	rmer public charity	<u></u>	_
G CII	eck all	Final return Amended return	Tiller public clianty	D 1. Foreign organizations, check h	•
		Address change Name change		Foreign organizations meeting test, check here and attach co	
		pe of organization Section 501(c)(3) exempt private		E If private foundation status was to under section 507(b)(1)(A), check	
		947(a)(1) nonexempt charitable trust \[\int Other taxable \] t value of all assets at end \[\] JAccounting method \[\int \]			
of y	ear <i>(fr</i>	om Part II, col. (c),	<u> </u>	under section 507(b)(1)(B), check	. —
line	16) 🏲 🤄	1,706,073 (Part I, column (d) must I	be on cash basis.)		
Pai	t I	Analysis of Revenue and Expenses	Revenue and	Net investment Adjusted net	Disbursements for charitable
		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see	expenses per (a) books	(b) income (c) income	purposes
		(attach	()		(d) (cash basıs only)
	1	Contributions, gifts, grants, etc , received (attach schedule)	404.000		
	2	,	404,808		
	_	Check ► ☐ If the foundation is not required to attach Sch B			
	3	Interest on savings and temporary cash investments	21	21	
	4	Dividends and interest from securities	60,532	60,532	_
	- 5a	Gross rents			
	b	Net rental income or (loss)			
Φ	6a	Net gain or (loss) from sale of assets not on line 10	-34,859		
Revenue	b	Gross sales price for all assets on line 6a			
Rei	7	1,829,888 Capital gain net income (from Part IV, line 2)		0	
	8	Net short-term capital gain			-
	9	Income modifications			-
	10a	Gross sales less returns and allowances			
	ь	Less Cost of goods sold			
	С	Gross profit or (loss) (attach schedule)			
	11	Other income (attach schedule)	2,046	2,046	_
	12	Total.Add lines 1 through 11	432,548	62,599	-
	13	Compensation of officers, directors, trustees, etc	0	0	0
	14	Other employee salaries and wages			
es.	15	Pension plans, employee benefits			
šu.	16a	Legal fees (attach schedule)			
Expenses	b	Accounting fees (attach schedule)	3,250	0	0
	C	Other professional fees (attach schedule)			
Admını strative	17	Interest			
Str.	18	Taxes (attach schedule) (see instructions)	1,990	0	0
	19	Depreciation (attach schedule) and depletion			
ا ا	20	Occupancy			
d b	21	Travel, conferences, and meetings			
and	22	Printing and publications	o50		_
Operating	23	· · · · · ·	12,193	0	0
erat	24	Total operating and administrative expenses.			_
<u>ă</u>	25	Add lines 13 through 23	17,433 1,225,650	0	1,225,650
_	25 26	Contributions, gifts, grants paid	1,225,050		1,225,650
	26	Total expenses and disbursements. Add lines 24 and 25	1,243,083	0	1,225,650
	27	Subtract line 26 from line 12			
	а	Excess of revenue over expenses and disbursements	-810,535		
	b	Net investment income (If negative, enter -0-)		62,599	
	С	Adjusted net income(If negative, enter -0 -)			

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
_	1	Cash—non-interest-bearing	(a) Book value	(b) book value	(c) Fall Market Value
	2	Savings and temporary cash investments	39,757	101,851	101,851
	3	Accounts receivable	23,.24		
		Less allowance for doubtful accounts			
	4	Pledges receivable			
	7	Less allowance for doubtful accounts			
	_	Grants receivable			
	5	Receivables due from officers, directors, trustees, and other			
	6	disqualified persons (attach schedule) (see instructions)			
	_	Other notes and loans receivable (attach schedule)			
	7	· · · · · · · · · · · · · · · · · · ·			
		Less allowance for doubtful accounts -			
\$	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
ď	10a	Investments—U S and state government obligations (attach schedule)			
	Ь	Investments—corporate stock (attach schedule)	1,924,422	1,453,710	1,566,952
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis 🟲			
		Less accumulated depreciation (attach schedule) -			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	443,073	41,156	37,270
	14	Land, buildings, and equipment basis 🟲			
		Less accumulated depreciation (attach schedule)			
	15	Other assets (describe 🟲)			
	16	Total assets(to be completed by all filers—see the			
		ınstructions Also, see page 1, item I)	2,407,252	1,596,717	1,706,073
	17	Accounts payable and accrued expenses			
	18	Grants payable			
ě	19	Deferred revenue			
abilities	20	Loans from officers, directors, trustees, and other disqualified persons			
E	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe 🟲)			
	23	Total liabilities(add lines 17 through 22)	0	0	
J.		Foundations that follow SFAS 117, check here 🕨 🔽			
ě		and complete lines 24 through 26 and lines 30 and 31.			
Balance	24	Unrestricted	2,407,252	1,596,717	
<u>8</u>	25	Temporarily restricted			
귤	26	Permanently restricted			
Fund		Foundations that do not follow SFAS 117, check here 🕨 🦵			
ö		and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds			
Assets	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
Ř	30	Total net assets or fund balances(see instructions)	2,407,252	1,596,717	
_	31	Total liabilities and net assets/fund balances(see instructions)	2,407,252	1,596,717	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances	•		
<u> </u>		Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must ag	ree	
		with end-of-year figure reported on prior year's return)			2,407,252
2		Enter amount from Part I, line 27a			-810,535
3		Other increases not included in line 2 (itemize)		3	0
4		Add lines 1, 2, and 3		4	1,596,717
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)—Pa		e 30 . 6	1,596,717

Part IV Capital Gains and Losses for Tax on Investment Income

the Part VI instructions

	e the kınd(s) of property sold (e g rehouse, or common stock, 200 s		How acquired P—Purchase (b) D—Donation	Date acquire	Date sold) (d) (mo , day, yr)	
1 a VARIOUS PUBLICA	ALLY TRADED SECURITIES		(-,		2015-12-31	
b						
С						
d						
e						
(e) Gross sales price	Depreciation allo (f) (or allowable)	•	st or other basis expense of sale		n or (loss) s (f) minus (g)	
a 1,8	329,888		1,864,74	7	-34,859	
b						
c						
d						
e						
	showing gain in column (h) and ov	vned by the foundation	n on 12/31/69	Gains (Co	l (h) gain minus	
	A dijisted basis		cess of col (ı)		ot less than -0-) or	
(i) F M V as of 12/31/69	(j) as of 12/31/69		ercol (j), ıfany	(I) Losses (from col (h))		
a					-34,859	
b						
С						
d						
e						
If gain, also enter in Part I, line 8 .	tal gain or (loss) as defined in sec Part I, line 8, column (c) (see ins	tructions) If (loss), e	enter - 0 -	3	-34,859	
	Under Section 4940(e) for private foundations subject to the					
	leave this part blank he section 4942 tax on the distrib not qualify under section 4940(e)			eriod?	┌ Yes ┌ No	
	ount in each column for each year,			ries		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c Net value of noncha) arıtable-use assets	(d Distributi (col (b) divide	on ratio	
2014	475,54	1	2,629,148		0 180873	
2013	109,15	0	2,442,422		0 044689	
2012	362,70		2,792,880		0 129866	
2011	279,15	- 	2,593,001		0 107655	
2010	280,29		2,618,212		0 107057	
	nn (d)		<u> </u>	2	0 570140	
the number of years	n ratio for the 5-year base period— the foundation has been in existe	nce if less than 5 yea	ars	3	0 114028	
	of noncharitable-use assets for 20	· ·	_	4	2,306,358	
	ie 3		<u> </u>	5	262,989	
6 Enter 1% of net inve	estment income (1% of Part I, line	27b)	[6	626	
7 Add lines 5 and 6.				7	263.615	

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

1,225,650

	990-PF (2015) t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4	940(e),	or 4948—se	e pag	e 18 of	the inst	ructio		age 4
1a	Exempt operating foundations described in section 4940(d)(2), check here	<u> </u>		1					
	and enter "N/A" on line 1	•							
	Date of ruling or determination letter			}					
L	(attach copy of letter if necessary-see instructions) Domestic foundations that meet the section 4940(e) requirements in Part V,	chack			1				6.26
b	here F and enter 1% of Part I, line 27b	, check		-)	1				626
c	,			•					
·	All other domestic foundations enter 2% of line 27b Exempt foreign organization Part I, line 12, col (b)	ations e	enter 4% of						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable four	ndation	s only Othe	ers					
	enter -0-)		•		2				0
3	Add lines 1 and 2			•	3				626
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable fou enter -0-)	ndation	is only Oth	ers	4				0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, e	nter - 0			5				626
6	Credits/Payments								
a	2015 estimated tax payments and 2014 overpayment credited to 2015	6a							
ь	Exempt foreign organizations—tax withheld at source	6b							
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 2				8				15
9	Tax due.If the total of lines 5 and 8 is more than line 7, enter amount owed .			•	9				641
10	Overpayment.If line 7 is more than the total of lines 5 and 8, enter the amoun	nt overp	paid	•	10				
11	Enter the amount of line 10 to be Credited to 2015 estimated tax		Refunded	•	11				
Par	t VII-A Statements Regarding Activities								
1a	During the tax year, did the foundation attempt to influence any national, state	e, or loc	al legislatio	n or d	d			Yes	No
	it participate or intervene in any political campaign?						1a		No
b	Did it spend more than \$100 during the year (either directly or indirectly) for p	politica	l purposes (see In	structı	ons			
	for definition)?						1b		No
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities	and co	pies of any i	materia	ls				
	published or distributed by the foundation in connection with the activities.								
C	Did the foundation file Form 1120-POL for this year?					•	1c		No
d	Enter the amount (If any) of tax on political expenditures (section 4955) impo								
	(1) On the foundation \blacktriangleright \$0 (2) On foundation managers								
е	Enter the reimbursement (if any) paid by the foundation during the year for pol	itical e	xpenditure t	ax ımp	osed				
_	on foundation managers 🕨 \$0						_		
2	Has the foundation engaged in any activities that have not previously been re	ported	to the IRS?				2		No
_	If "Yes," attach a detailed description of the activities.								
3	Has the foundation made any changes, not previously reported to the IRS, in i	_	_	-		5	2		Na
4a	of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a cont</i> Did the foundation have unrelated business gross income of \$1,000 or more of						3 4a	\vdash	No No
_	If "Yes," has it filed a tax return on Form 990-T for this year?	_					4a 4b		140
ь 5	Was there a liquidation, termination, dissolution, or substantial contraction du						4D 5	\vdash	No
,	If "Yes," attach the statement required by General Instruction T.	ing the	e year	• •	• •		3		
6	Are the requirements of section 508(e) (relating to sections 4941 through 49	45) ca	tisfied eithe	r					
·	By language in the governing instrument, or	13 / 34	cioned citile			ļ			
	By state legislation that effectively amends the governing instrument so the state of the s	nat no n	nandatory d	ırectıo	ns				
	that conflict with the state law remain in the governing instrument?						6	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year	?If "Yes	s," complete	Part II	, col. (c),			
	and Part XV.						7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see ins	tructions)						
	▶ MA								
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 9°	90-PF	to the Attor	ney					
	General (or designate) of each state as required by General Instruction G? ${\it If}$	"No," at	tach explana	tion .			8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the	meanın	g of section	4942	(3)(3)				
	or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (s	ee inst	ructions for	Part X	ΊV)?				
	If "Yes," complete Part XIV						9	$\sqcup \sqcup$	No
10	Did any persons become substantial contributors during the tax year? If "Yes,		a schedule	listing	their n	ames			
	and addresses.						10		No

Pai	Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had			
	advisory privileges? If "Yes," attach statement (see instructions)	12	<u> </u>	No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
	Website address ► <u>N/A</u>			
14	The books are in care of ►THE HAYNES FAMILY FOUNDATION INC Telephone no ►(781)) 235	-4300	
	Located at ▶34 WASHINGTON ST WELLESLEY HILLS MA ZIP+4 ▶0248119	03		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here		▶ □	-
13	and enter the amount of tax-exempt interest received or accrued during the year	•	- ,	
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over	مدا	Yes	No
	a bank, securities, or other financial account in a foreign country?	16		No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country			
Pai	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1 a	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 V No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes V No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes V No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period			
L	after termination of government service, if terminating within 90 days) Yes V No			
Ь	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations	1b		
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	10		
_				
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	10		NO
2	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? Yes Vo			
	If "Yes," list the years > 20			
ь	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 allyears listed, answer "No" and attach statement—see instructions)	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			
	▶ 20, 20, 20			
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at			
	any time during the year?			
b	If "Yes," did it have excess business holdings in 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, Form 4720, to determine			
	ıf the foundation had excess business holdings in 2015.).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		No

Form 990-PF (2015)							Page	<u>: 6</u>
Part VII-B Statements Reg	ardir	ng Activities for	Wh	ich Form 4720 N	May Be Required (Cont	inu	ed)	
5a During the year did the foundation	on pay	or incur any amount	to					
(1) Carry on propaganda, or other	erwise	attempt to influence	leg	ıslatıon (sectıon 494	5(e)) [?]	No		
(2) Influence the outcome of any	yspec	ific public election (s	ees	section 4955), or to	carry			
on, directly or indirectly, any	/ voter	registration drive?.			⊤ Yes ▽	No		
(3) Provide a grant to an individ	ual for	travel, study, or othe	ersi	mılar purposes?	Γ Yes Γ	No		
(4) Provide a grant to an organiz	zation	other than a charitab	le, e	etc , organization des	cribed			
ın section 4945(d)(4)(A)? (s	see ins	structions)			⊤ Yes 🔽	No		
(5) Provide for any purpose othe	r than	religious, charitable,	, sc	ientific, literary, or				
educational purposes, or for	the pr	evention of cruelty to	ch	ıldren or anımals?.		No		
b If any answer is "Yes" to 5a(1)-	·(5), d	ıd any of the transactı	ons	fail to qualify under	the exceptions described in			
Regulations section 53 4945 or	ın a c	urrent notice regardir	ng d	ısaster assıstance (s	see instructions)?		5b	
Organizations relying on a curre	nt not	ice regarding disaste	ras	sistance check here.		-		
c If the answer is "Yes" to question	on 5a(4), does the foundatio	on c	laım exemption from	the			
tax because it maintained exper	nditure	responsibility for the	gra	ant?	T Yes 「	- No		
If "Yes," attach the statement req	uired l	y Regulations section	53.	4945-5(d).				
6a Did the foundation, during the ye	ar, re	ceive any funds, direc	tly	or indirectly, to pay p	premiums on			
a personal benefit contract?						No		
b Did the foundation, during the ye	ar, pa	y premiums, directly	orı	ndırectly, on a persor	nal benefit contract?		6b No	<u> </u>
If "Yes" to 6b, file Form 8870.	, ,			., .				
7a At any time during the tax year,	was t	ne foundation a party	to a	prohibited tax shelt	er transaction? TYes V	- No	,	
b If yes, did the foundation receive					, ,		7b	_
					tion Managers, Highly			_
Part VIII and Contractors		, 5,		astees, i sanaa			a 2p.o, 000,	
1 List all officers, directors, trusted	es, foi	ındation managers an	nd tl	heir compensation (s	ee instructions).			
		Title, and average	16	c) Compensation(If	(d)			_
(a) Name and address		hours per week	'`	not paid, enter	Contributions to	/	Expense accoun	•
	(b) (levoted to position		-0-)	employee benefit plans and deferred compensation	(e)	other allowance:	5
G ARNOLD HAYNES	PRES	SIDENT,TREASURER		0	0			0
5 CAROLINE ST		RECTOR			_			-
WELLESLEY, MA 02481	5 0 0							
MARY R BUTLER	_	RETARY &		0	0			0
315 EXCHANGE ST		CTOR						
MILLIS,MA 02054	1 00		_					
MELINDA BRADLEY	_	CTOR		0	0			0
91 EDMUNDS RD	1 00							
WELLESLEY, MA 02481	 		┢			-		_
DANIEL F O'BRIEN	DIRE 1 00	CTOR		0	0			0
23 GOLDEN BEAR LANE SO WEYMOUTH, MA 02190	1 00							
2 Compensation of five highest-pai	id emr	lovees (other than t	hose	included on line 1—	<u> </u> see instructions)	ter'	NONE "	—
	u Cinp			. meradea on mie 1	Contributions to		HOHEI	_
(a) Name and address of each employee	hard	Title, and avera hours per week		(c) Compensation	employee henefit		Expense accoun	t,
more than \$50,000	paru	(b) devoted to posit		(c) Compensation	pians and deferred	(e)	otherallowances	5
					(d) compensation			—
NONE								
								_
								_
		1						
-								—
		1						
Total number of other employees paid	01/07	<u> </u>			<u> </u>			<u> </u>
iotai number of other employees paid	over:	p.o.,ooo				Ī		0

	(see instructions). If none, enter "NO!	VE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	、	
otal number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
st the foundation's four largest direct charitable activities during the tax year Include re rganizations and other beneficiaries served, conferences convened, research papers pro		er of Expenses
1	duced, etc	
2		
3		
4		
Part IX-B Summary of Program-Related Investments	•	
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during	•	Amount
Part IX-B Summary of Program-Related Investments	•	A mount
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during	•	Amount
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during	•	A mount
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during 1	•	A mount
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during 1 2	•	Amount
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during 1 2 All other program-related investments See instructions	•	Amount
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during 1 2	•	Amount

Part X Minimum Investment Return

PG	(All domestic foundations must complete this part. Foreign foundations, see instruction	s.)	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc ,		
	purposes		
а	Average monthly fair market value of securities	1a	2,125,854
b	Average of monthly cash balances	1b	215,626
c	Fair market value of all other assets (see instructions)	1 c	0
d	Total (add lines 1a, b, and c)	1d	2,341,480
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	2,341,480
4	Cash deemed held for charitable activities $$ Enter 1 $$ 1/2 $$ 0 of line 3 (for greater amount, see		
	ınstructions)	4	35,122
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	2,306,358
6	Minimum investment return. Enter 5% of line 5	6	115,318
Pai	t XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and cer check here ► □ and do not complete this part.)	rtaın f	oreign organizations
1	Mınımum ınvestment return from Part X, line 6	1	115,318
2a	Tax on investment income for 2015 from Part VI, line 5 2a 626		
b	Income tax for 2015 (This does not include the tax from Part VI) 2b		
С	Add lines 2a and 2b	2c	626
3	Distributable amount before adjustments Subtract line 2c from line 1	3	114,692
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	114,692
6	Deduction from distributable amount (see instructions)	6	0
7	Distributable amountas adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	114,692
	Qualifying Distributions (see instructions)		
1	A mounts paid (including administrative expenses) to accomplish charitable, etc., purposes	1.	1 225 650
	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	1,225,650
	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc ,	١	
_	purposes	2	
3	A mounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	4 225 455
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	1,225,650
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
_	income Enter 1% of Part I, line 27b (see instructions)	5	626
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,225,024
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wheth the section 4940(e) reduction of tax in those years	er the	roundation qualifies for

Ρ	art XIIII Undistributed Income (see inst	tructions)			
		(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1	Distributable amount for 2015 from Part XI, line 7				114,692
2	Undistributed income, if any, as of the end of 2015				
а	Enter amount for 2014 only			0	
b	Total for prior years 20, 20, 20		0		
	Excess distributions carryover, if any, to 2015				
а	From 2010	7			
b	From 2011	2			
c	From 2012	2			
d	From 2013				
е	From 2014	2			
f	Total of lines 3a through e	875,403			
4	Qualifying distributions for 2015 from Part				
	XII, line 4 🕨 \$ 1,225,650				
а	Applied to 2014, but not more than line 2a			0	
ь	Applied to undistributed income of prior years		0		
	(Election required—see instructions)				
C	Treated as distributions out of corpus (Election required—see instructions)	0			
d	Applied to 2015 distributable amount				114,692
е	Remaining amount distributed out of corpus	1,110,958			
5	Excess distributions carryover applied to 2015	0			0
	(If an amount appears ın column (d), the same amount must be shown ın column (a).)				
6	Enter the net total of each column as indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,986,361			
	Prior years' undistributed income Subtract				
	line 4b from line 2b		0		
C	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a) tax has been previously assessed		0		
d	Subtract line 6c from line 6b Taxable amount				
_	—see instructions		0		
е	Undistributed income for 2014 Subtract line				
	4a from line 2a Taxable amount—see			0	
_	instructions			ŭ	
Т	Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must				
	be distributed in 2015				0
7	A mounts treated as distributions out of				
	corpus to satisfy requirements imposed by				
	section $170(b)(1)(F)$ or $4942(g)(3)$ (Election may	0			
	be required - see instructions)				
0	applied on line 5 or line 7 (see instructions)	151,047			
9	Excess distributions carryover to 2016.				
	Subtract lines 7 and 8 from line 6a	1,835,314			
10	Analysis of line 9				
а	Excess from 2011 150,75	2			
b	Excess from 2012	2			
	Excess from 2013				
	Excess from 2014				
е	Excess from 2015 1,110,95	8			

c Any submission deadlines

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

3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to status of A mount contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year See Additional Data Table 1,225,650 **b** Approved for future payment

		S			
nter gross amounts unless otherwise indicated	Unrelated bu	isiness income	Excluded by section	n 512, 513, or 514	(e)
	(a)	(b)	(c)	(d)	Related or exempt function income
1 Program service revenue	Business code	A mount	Exclusion code	A mount	(See Instructions)
a					moti deciono y
b					
c					
d					
e f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	60,532	
5 Net rental income or (loss) from real estate			11	00,332	
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal property					
7 Other investment income			14	2,046	
Gain or (loss) from sales of assets other than				,	
inventory			18	-34,859	
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue a					
b					
c					
d					
e					
e 2 Subtotal Add columns (b), (d), and (e)		0		27,740	0
2 Subtotal Add columns (b), (d), and (e). 3 Total.Add line 12, columns (b), (d), and (e).				27,740 13	27,74 <u>0</u>
2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify	calculations)		:	13	
2 Subtotal Add columns (b), (d), and (e). 3 Total.Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify art XVI-B Relationship of Activities to Explain below how each activity for which	calculations) o the Accomplich income is re	plishment of E	Exempt Purpos (e) of Part XVI-A c	es ontributed importa	27,740 ntly to
2 Subtotal Add columns (b), (d), and (e). 3 Total.Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify art XVI-B Relationship of Activities to Explain below how each activity for whith the accomplishment of the foundation's	calculations) o the Accomplich income is re	plishment of E	Exempt Purpos (e) of Part XVI-A c	es ontributed importa	27,740 ntly to
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Subtotal Add columns (b), (d), and (e). Total.Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify art XVI-B Relationship of Activities to Explain below how each activity for whithe accomplishment of the foundation's	calculations) o the Accomplich income is re	plishment of E	Exempt Purpos (e) of Part XVI-A c	es ontributed importa	27,740 ntly to
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Subtotal Add columns (b), (d), and (e). Total.Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify art XVI-B Relationship of Activities to Explain below how each activity for whith the accomplishment of the foundation's	calculations) o the Accomplich income is re	plishment of E	Exempt Purpos (e) of Part XVI-A c	es ontributed importa	27,740 ntly to
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Subtotal Add columns (b), (d), and (e). Total.Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify art XVI-B Relationship of Activities to Explain below how each activity for whith the accomplishment of the foundation's	calculations) o the Accomplich income is re	plishment of E	Exempt Purpos (e) of Part XVI-A c	es ontributed importa	27,740 ntly to
2 Subtotal Add columns (b), (d), and (e). 3 Total.Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify art XVI-B Relationship of Activities to Explain below how each activity for whith the accomplishment of the foundation's	calculations) o the Accomplich income is re	plishment of E	Exempt Purpos (e) of Part XVI-A c	es ontributed importa	27,740 ntly to
2 Subtotal Add columns (b), (d), and (e). 3 Total.Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify art XVI-B Relationship of Activities to Explain below how each activity for whith the accomplishment of the foundation's	calculations) o the Accomplich income is re	plishment of E	Exempt Purpos (e) of Part XVI-A c	es ontributed importa	27,740 ntly to
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2 Subtotal Add columns (b), (d), and (e). 3 Total.Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify a continuous co	calculations) o the Accomplich income is re	plishment of E	Exempt Purpos (e) of Part XVI-A c	es ontributed importa	27,740 ntly to
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2 Subtotal Add columns (b), (d), and (e). 3 Total.Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify a continuous co	calculations) o the Accomplich income is re	plishment of E	Exempt Purpos (e) of Part XVI-A c	es ontributed importa	27,740 ntly to
2 Subtotal Add columns (b), (d), and (e). 3 Total.Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify a continuous co	calculations) o the Accomplich income is re	plishment of E	Exempt Purpos (e) of Part XVI-A c	es ontributed importa	27,740 ntly to
2 Subtotal Add columns (b), (d), and (e). 3 Total.Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify a continuous co	calculations) o the Accomplich income is re	plishment of E	Exempt Purpos (e) of Part XVI-A c	es ontributed importa	27,740 ntly to
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2 Subtotal Add columns (b), (d), and (e). 3 Total.Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify art XVI-B Relationship of Activities to Explain below how each activity for whithe accomplishment of the foundation's	calculations) o the Accomplich income is re	plishment of E	Exempt Purpos (e) of Part XVI-A c	es ontributed importa	27,740 ntly to

Part XVII	Information Re Noncharitable					action	is and I	Relationship	s With		
	rganization directly or i	ndırectly er	ngage in any	ofth	ne following wit					Yes	No
organızat	ions?										
a Transfers	from the reporting four	ndation to a	noncharitab	ble e	xempt organiza	ition of					
(1) Cash	1									1a(1)	No
(2) Othe	erassets									1a(2)	No
b O ther tra	nsactions										
(1) Sale	s of assets to a noncha	rıtable exer	npt organıza	ation.						1b(1)	No
(2) Purc	hases of assets from a	noncharital	ole exempt o	orgar	nization					1b(2)	No
(3) Rent	al of facilities, equipme	nt, or other	assets							1b(3)	No
(4) Reim	nbursement arrangemer	nts								1b(4)	No
(5) Loan	s or loan guarantees.									1b(5)	No
(6)Perfor	mance of services or m	embership	or fundraısır	ngso	olicitations					1b(6)	No
c Sharing o	of facilities, equipment,	mailing list:	s, other asse	ets,	or paid employ	ees				1c	No
of the god in any tra	swer to any of the above ods, other assets, or se insaction or sharing arr	rvices give angement, s	n by the rep show in colu	ortin imn (g foundation I d) the value of	f the fou the god	indation r ods, other	eceived less th assets, or serv	an fair mark vices receive	et value ed	
(a) Line No	(b) Amount involved	(c) Name o	f noncharitable	e exen	npt organization	(d)	Description	of transfers, transa	ictions, and sh	aring arrangem	ents
described	undation directly or indidin section 501(c) of the complete the following (a) Name of organization	ne Code (ot schedule		ction		ın sectı			ription of relati	·	F No
Sign Here	der penalties of perjury, best of my knowledge a rmation of which prepar ******	and belief, it er has any	is true, cor	rect,					May t returr with t below	n) is based of the IRS discuss in the preparer sh	this
	I	Tustee				Inata	Title	Charle facili		nstr)? 🔽 Yes	No
	Print/Type preparer's DANIEL FO'BRIEN CPA		Preparer's S	Signa	ture	Date		Check if self- employed ►	PTIN P	01258990	
Paid Preparer Use	Firm's name O'BRIEN RILEY & RY. Firm's address	AN PC						Firm's EIN ►	04-317694	1	
Only	30 BRAINTREE HILL MA 02184	OFFICE PA	ARK BRAIN ⁻	TREE	≣,			Phone no (78	31)410-230	0.0	

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
AMERICAN RED CROSS 139 MAIN ST CAMBRIDGE, MA 02142	(N/A)		FURTHERANCE OF CHARITABLE GOALS	200
BARNSTORMERS COMP CAMPAIGN PO BOX 434 TAMWORTH,NH 03886	(N/A)		FURTHERANCE OF CHARITABLE GOALS	10,000
BENNINGTON MUSEUM 75 MAIN ST BENNINGTON,VT 05201	(N/A)		FURTHERANCE OF CHARITABLE GOALS	200
BOK TOWER GARDENS 1151 TOWER BLVD LAKE WALES,FL 33853	(N/A)		FURTHERANCE OF CHARITABLE GOALS	53,000
BOSTON UNIVERSITY ONE SHERBORN ST BOSTON,MA 02215	(N/A)		FURTHERANCE OF CHARITABLE GOALS	2,500
CAHOON MUSEUM OF ART 4676 FALMOUTH RD COTUIT,MA 02635	(N/A)		FURTHERANCE OF CHARITABLE GOALS	1,000
CASTLE PRESERVATION SOCIETY PO BOX 687 MOULTONBORO,NH 03254	(N/A)		FURTHERANCE OF CHARITABLE GOALS	300
CHILDRENS HOSPITAL OF BOSTON 300 LONGWOOD AVE BOSTON,MA 02115	(N/A)		FURTHERANCE OF CHARITABLE GOALS	500
CURE ALZHEIMER'S FUND 34 WASHINGTON ST WELLESLEY,MA 02481	(N/A)		FURTHERANCE OF CHARITABLE GOALS	20,000
FRIENDS OF LIBBY MUSEUM PO BOX 629 WOLFEBORO,NH 03894	(N/A)		FURTHERANCE OF CHARITABLE GOALS	500
HUGGINS HOSPITAL 240 SOUTH MAIN ST WOLFEBORO,NH 03894	(N/A)		FURTHERANCE OF CHARITABLE GOALS	2,000
JIMMY FUND 10 BROOKLINE PL BROOKLINE,MA 02455	(N/A)		FURTHERANCE OF CHARITABLE GOALS	200
KIEVE-WAVUS EDUCATION INC PO BOX 169 NOBLEBORO,ME 04555	(N/A)		FURTHERANCE OF CHARITABLE GOALS	100,000
KNOX TRAIL COUNCIL 490 UNION AVE FRAMINGHAM, MA 01702	(N/A)		FURTHERANCE OF CHARITABLE GOALS	160,000
LAKE WALES CARE CENTER PO BOX 608 LAKE WALES, FL 33859	(N/A)		FURTHERANCE OF CHARITABLE GOALS	250

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	A mount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
LAKES REGION CONSERVATION TRUST PO BOX 1097 MEREDITH,NH 03253	(N/A)		FURTHERANCE OF CHARITABLE GOALS	200
MARIETTA COLLEGE 215 5TH STREET MARIETTA,OH 45750	(N/A)		FURTHERANCE OF CHARITABLE GOALS	150,000
MASSACHUSETTS GENERAL HOSPITAL 165 CAMBRIDGE ST BOSTON,MA 02114	(N/A)		FURTHERANCE OF CHARITABLE GOALS	100,000
MOULTONBOROUGH HISTORICAL SOCIETY PO BOX 659 MOULTONBORO,NH 03254	(N/A)		FURTHERANCE OF CHARITABLE GOALS	500
NATURE CONSERVANCY FLORIDA CHAPTER PO BOX 630 BABSON PARK,FL 33827	(N/A)		FURTHERANCE OF CHARITABLE GOALS	1,000
NEWTON-WELLESLEY HOSPITAL CHARITABLE FOUNDATION 2014 WASHINGTON ST NEWTON,MA 02462	(N/A)		FURTHERANCE OF CHARITABLE GOALS	3,000
NICOLS COLLEGE ANNUAL FUND PO BOX 5000 DUDLEY, MA 01571	(N/A)		FURTHERANCE OF CHARITABLE GOALS	6,500
RIVERS SCHOOL 333 WINTER ST WESTON, MA 02493	(N/A)		FURTHERANCE OF CHARITABLE GOALS	5,000
SALVATION ARMY 147 BERKELEY ST BOSTON,MA 02116	(N/A)		FURTHERANCE OF CHARITABLE GOALS	200
SEA EDUCATION ASSOCIATION PO BOX 608 WOODS HOLE, MA 02543	(N/A)		FURTHERANCE OF CHARITABLE GOALS	200
SUDBURY VALLEY TRUSTEES 18 WOLBACH RD SUDBURY,MA 01776	(N/A)		FURTHERANCE OF CHARITABLE GOALS	200
THE MUSEUM OF WORLD WAR II 46 ELIOT STREET NATICK,MA 01760	(N/A)		FURTHERANCE OF CHARITABLE GOALS	500,000
WAYNFLETE SCHOOL 360 SPRING ST PORTLAND,ME 04102	(N/A)		FURTHERANCE OF CHARITABLE GOALS	101,000
WELLESLEY FRIENDLY AID ASSOCIATION 219 WASHINGTON ST WELLESLEY, MA 02481	(N/A)		FURTHERANCE OF CHARITABLE GOALS	200
WILLISTON NORTHAMPTON SCHOOL 19 PAYSON AVE EASTHAMPTON,MA 01027	(N/A)		FURTHERANCE OF CHARITABLE GOALS	2,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual,	Foundation	Purpose of grant or contribution	A mount
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	status of recipient	Contribution	
a Paid during the year				
WRIGHT MUSEUM PO BOX 1212 WOLFEBORO,NH 03894	(N/A)		FURTHERANCE OF CHARITABLE GOALS	5,000
Total				1,225,650

TY 2015 Accounting Fees Schedule

Name: THE HAYNES FAMILY FOUNDATION INC

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING & FILINGS PREPARATION	3,250	0		0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491126007056

TY 2015 Investments Corporate Stock Schedule

Name: THE HAYNES FAMILY FOUNDATION INC

E1N: 04-3234094		
Name of Stock	End of Year Book Value	End of Year Fair Market Value
100 SHS BLACKROCK INC	30,556	34,052
1000 SHS BROOKLINE BANCORP, INC.	8,473	11,500
2000 SHS CAL-MAINE FOOD INC	67,900	92,680
5000 SHS CENTERSTATE BANKS INC.	62,185	78,250
6000 SHS EXXON MOBIL CORP.	558,494	467,700
1000 SHS LOWE'S COMPANIES, INC.	22,880	76,040
5000 SHS SYSCO CORP.	115,350	205,000
2000 SHS WELLESLEY BANCORP INC.	24,260	38,000
2000 SHS BANK OF AMERICA	29,420	33,660
200 SHS BERKSHIRE HATHAWAY	28,094	26,408
1000 SHS CSX CORP	28,920	25,950
1000 SHS MORGAN STANLEY	37,440	31,810
500 SHS NESTLE	38,550	37,210
1500 SHS PROCTER & GAMBLE	97,860	119,115
1000 SHS PURE STORAGE	17,970	15,570
1000 SHS RAYMOND JAMES	57,520	57,970
4800 SHS RITE AID	41,856	37,632
1000 SHS ROYAL DUTCH	52,468	45,790
400 SHS UNION PACIFIC	36,864	31,280
500 SHS VULCAN MATERIALS	48,400	47,485
5000 SHS WENDYS	48,250	53,850

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TY 2015 Investments - Other Schedule

Name: THE HAYNES FAMILY FOUNDATION INC

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
500 SHS ENTERPRISE PRODUCTS PARTNERS	AT COST	15,829	12,790
1499.06 SHS IVA WORLDWIDE A	AT COST	25,327	24,480

TY 2015 Other Expenses Schedule

Name: THE HAYNES FAMILY FOUNDATION INC

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BROKERAGE/MANAGED ACCOUNT FEES	12,193	0		0

TY 2015 Other Income Schedule

Name: THE HAYNES FAMILY FOUNDATION INC

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
PASS-THROUGH ENTITIES	2,046	2,046	2,046

TY 2015 Taxes Schedule

Name: THE HAYNES FAMILY FOUNDATION INC

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL EXCISE TAXES	1,849	0		0
FOREIGN TAX	141	0		0

efile GRAPHIC print - DO NOT PROCESS

As Filed Data

DLN: 93491126007056

OMB No 1545-0047

Employer identification number

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

2015

THE H	AYNES FAMILY FOU	NDATION INC	04-3254694
Organ	ization type (check o	one)	
Filers	of:	Section:	
Form 9	90 or 990-EZ	☐ 501(c)() (enter number) organization	
			ı
Form 9	90-PF	√ 501(c)(3) exempt private foundation	
		501(c)(3) taxable private foundation	
Gener ✓		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions many one contributor. Complete Parts I and II. See instructions for determining a	
Specia	al Rules		
Γ	under sections 509(a received from any or	lescribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ /3% suppart (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part he contributor, during the year, total contributions of the greater of (1) \$5,000 or) Form 990-EZ, line 1 Complete Parts I and II	ll, line 13, 16a, or 16b, and that
Γ	during the year, total	lescribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive contributions of more than \$1,000 exclusively for religious, charitable, scientific cruelty to children or animals. Complete Parts I, II, and III	·
Γ	during the year, cont this box is checked, purpose Do not com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive ributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions there the total contributions that were received during the year for an <i>exclusively</i> plete any of the parts unless the General Rule applies to this organization becaute, contributions totaling \$5,000 or more during the year	outions totaled more than \$1,000 lf usively religious, charitable, etc, ause it received nonexclusively

990-EZ, or 990-PF)

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990,

Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its

Name of organization **Employer identification number** THE HAYNES FAMILY FOUNDATION INC 04-3254694 Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed Part I (d) (b) (c) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution See Additional Data Table Person **Payroll** Noncash \$ (Complete Part II for noncash contribution) (d) (a) (b) (c) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contribution) (a) (b) (c) (d) **Total contributions** Name, address, and ZIP + 4 Type of contribution No. Person **Payroll** \$ Noncash (Complete Part II for noncash contribution) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash \$ (Complete Part II for noncash contribution) (b) (c) (d) (a) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person Payroll Noncash \$ (Complete Part II for noncash contribution) (d) (a) (b) (c) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person **Payroll** Noncash \$ (Complete Part II for noncash contribution)

Name of organization
THE HAYNES FAMILY FOUNDATION INC

Employer identification number

04-3254694

Part II	Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed		
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	See Additional Data Table	\$	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
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(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
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(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
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(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)
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Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (101) total more than \$1.000 for the year (fine many one contributor. Complete columns (a) through (e) and the follow line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contribution of \$1.000 or less for the year. (fine this information once. See instructions.) ▶ \$		(Form 990, 990-EZ, or 990-FF) (2015)		Employer identification number
total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the follow line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc.,contribut of \$1,000 or less for the year, (Enter this information once. See instructions.) \$ (a) No. (b) If additional space is needed (a) No. (c) (d) Description of how gift is See Additional Data Table (a) No. (b) (c) (c) (d) Description of how gift is See Additional Data Table (a) No. (b) (c) (c) (d) Description of how gift is (a) No. (from Purpose of gift (d) Description of how gift is (a) No. (c) (c) (c) (d) Description of how gift is (a) No. (c) (c) (d) Description of how gift is (a) No. (c) (c) (d) Description of how gift is (a) No. (b) (from Purpose of gift (d) Description of how gift is (a) No. (b) (c) (c) (d) Description of how gift is (a) No. (b) (c) (c) (d) Description of how gift is (a) No. (b) (c) (c) (d) Description of how gift is (a) No. (c) (c) (d) Description of how gift is (a) No. (c) (d) Description of how gift is (a) No. (c) (d) Description of how gift is (b) No. (c) (d) Description of how gift is (c) (d) Description of how gift is (d) No. (e) (d) Description of how gift is (e) (e) (d) Description of how gift is	E HAYNE			
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Software ID: Software Version:

EIN: 04-3254694

Name: THE HAYNES FAMILY FOUNDATION INC

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	G ARNOLD HAYNES 5 CAROLINE STREET WELLESLEY, MA 0 2 4 8 1	\$ 28,094	Person
			(Complete Part II for noncash contribution)
2	G ARNOLD HAYNES 5 CAROLINE STREET	\$ 28,920	Person
	WELLESLEY, MA 02481		Noncash (Complete Part II for noncash contribution)
3	G ARNOLD HAYNES 5 CAROLINE STREET	\$ 37,440	Person ☐ Payroll ☑ Noncash
	WELLESLEY, MA 02481		(Complete Part II for noncash contribution)
4	G ARNOLD HAYNES 5 CAROLINE STREET	\$ 38,550	Person ☐ Payroll ☑ Noncash
	WELLESLEY, MA 02481		(Complete Part II for noncash contribution)
5	G ARNOLD HAYNES 5 CAROLINE STREET	\$ 37,060	Person ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
	WELLESLEY, MA 02481	\$ 37,000	Noncash (Complete Part II for noncash contribution)
6	G ARNOLD HAYNES 5 CAROLINE STREET	\$ 57,520	Person ☐ Payroll ☑ Noncash
	WELLESLEY, MA 0 2 4 8 1		(Complete Part II for noncash contribution)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	G ARNOLD HAYNES		Person ☐ Payroll ☑
	5 CAROLINE STREET WELLESLEY, MA 0 2 4 8 1	\$ 41,856	Noncash
			(Complete Part II for noncash contribution)
8	G ARNOLD HAYNES		Person □ Payroll
	5 CAROLINE STREET WELLESLEY, MA 0 2 4 8 1	\$ 36,864	Noncash
	WELLESLET, MAU2481		(Complete Part II for noncash contribution)
9	C ARNOLD HAVNES		Person
	G ARNOLD HAYNES 5 CAROLINE STREET	\$ 48,400	Noncash
	WELLESLEY, MA 0 2 4 8 1		(Complete Part II for noncash contribution)
10	G ARNOLD HAYNES		Person
	5 CAROLINE STREET WELLESLEY, MA 0 2 4 8 1	\$ 48,250	Noncash
	WELLESLET, MAU2401		(Complete Part II for noncash contribution)
11	G A PNIGLE HAVNES		Person
	G ARNOLD HAYNES 5 CAROLINE STREET	\$ 1,854	Noncash
	WELLESLEY, MA 02481		(Complete Part II for noncash contribution)

Form 990 Schedule B, Part II - Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	200 SHS BERKSHIRE HATHAWAY (NASDAQ SYMBOL BRK-B)	\$ 28,094	2015-08-19
2	1,000 SHS OF CSX CORPORATION (NASDAQ SYMBOL CSX)	\$ 28,920	2015-08-19
3	1000 SHS MORGAN STANLEY (NASDAQ SYMBOL MS)	\$ 37,440	2015-08-19
4	500 SHS NESTLE SA SPRONSORED ADR (NASDAQ SYMBOL NSRGY)	\$ 38,550	2015-08-19
5	500 SHS PROCTOR & GAMBLE CO (NASDAQ SYMBOL PG)	\$ 37,060	2015-08-19
6	1000 SHS RAYMOND JAMES FINANCIAL CORP (NASDAQ SYMBOL RJF)	\$ 57,520	2015-08-19
7	4800 SHS RITE AID CORP(NASDAQ SYMBOL RAD)	\$ 41,856	2015-08-19
8	400 SHS UNION PACIFIC CORP (NASDAQ SYMBOL UNP)	\$ 36,864	2015-08-19
9	500 SHS VULCAN MATERIALS(NASDAQ SYMBOL VMC)	\$ 48,400	2015-08-19
10	5000 SHS WENDYS CORP (NASDAQ SYMBOL WEN)	\$ 48,250	2015-08-19

Form 990 Schedule B, Part III - Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7) (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$\bigs\\$ Use duplicate copies of Part III if additional space is needed. No from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held	J
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Use of gift (d)		
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Use of gift (d)	
Description of how gift is held	
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(e)	
Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
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(a)

No from Part I (b)
Purpose of gift (c)