



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



Form

990-PF

Department of the Treasury
Internal Revenue Service

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 www.irs.gov/form990pf.

OMB No 1545-0052

2015

Open to Public Inspection

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

Name of foundation JIM & RUTH COUTURE CHARITABLE FOUNDATION		A Employer identification number 04-6722346	
Number and street (or P O box number if mail is not delivered to street address) 40 ELMWOOD AVENUE		B Telephone number (see instructions) (978) 345-4610	
City or town, state or province, country, and ZIP or foreign postal code FITCHBURG, MA 01420		C If exemption application is pending, check here ☐	
G Check all that apply ☐ Initial return ☐ Final return ☐ Address change		D 1. Foreign organizations, check here ☐ 2. Foreign organizations meeting the 85% test, check here and attach computation ☐ E If private foundation status was terminated under section 507(b)(1)(A), check here ☐ F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐	
H Check type of organization ☒ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation			
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 260,301		J Accounting method ☒ Cash ☐ Accrual ☐ Other (specify) _____ (Part I, column (d) must be on cash basis.)	

Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</i>		Revenue and expenses per books (a)	Net investment income (b)	Adjusted net income (c)	Disbursements for charitable purposes (d) (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	20,000			
	2 Check ☐ if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	23	23	23	
	4 Dividends and interest from securities	22,220	22,220	22,220	
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10 _____				
	b Gross sales price for all assets on line 6a _____				
	7 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 _____				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	42,243	22,243	22,243	
	13 Compensation of officers, directors, trustees, etc	0	0	0	0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule).				
	b Accounting fees (attach schedule).	500	0	0	0
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	237	0	0	0
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings.				
	22 Printing and publications				
	23 Other expenses (attach schedule).	224	0	0	0
	24 Total operating and administrative expenses. Add lines 13 through 23	961	0	0	0
	25 Contributions, gifts, grants paid	42,493			42,493
	26 Total expenses and disbursements. Add lines 24 and 25	43,454	0	0	42,493
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	-1,211			
	b Net investment income (if negative, enter -0-)		22,243		
	c Adjusted net income (if negative, enter -0-)			22,243	

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing	55,282	54,071	54,071
	2	Savings and temporary cash investments	320,100	320,100	206,230
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions).			
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	c	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)			
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15	Other assets (describe ▶ _____)				
16	Total assets(to be completed by all filers—see the instructions Also, see page 1, item I)	375,382	374,171	260,301	
Liabilities	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule).			
	22	Other liabilities (describe ▶ _____)			
	23	Total liabilities(add lines 17 through 22)	0	0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ ☐ and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ ☒ and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds	0	0	
	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
	29	Retained earnings, accumulated income, endowment, or other funds	375,382	374,171	
30	Total net assets or fund balances(see instructions)	375,382	374,171		
31	Total liabilities and net assets/fund balances(see instructions)	375,382	374,171		

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)	1	375,382
2	Enter amount from Part I, line 27a	2	-1,211
3	Other increases not included in line 2 (itemize) ▶ _____	3	0
4	Add lines 1, 2, and 3	4	374,171
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	374,171

Part IV

Capital Gains and Losses for Tax on Investment Income

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co)		How acquired P—Purchase (b) D—Donation	Date acquired (c) (mo , day, yr)	Date sold (d) (mo , day, yr)
1a				
b				
c				
d				
e				

(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col (h) gain minus col (k), but not less than -0-) or (l) Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
a			
b			
c			
d			
e			

2	Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	
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) (see instructions) If (loss), enter -0- in Part I, line 8 }		3	

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2014	40,560	285,095	0 142268
2013	38,755	226,877	0 170819
2012	33,440	219,895	0 152073
2011	34,764	254,727	0 136476
2010	26,460	257,035	0 102943

2	Total of line 1, column (d).	2	0 704579
3	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	3	0 140916
4	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5.	4	269,840
5	Multiply line 4 by line 3.	5	38,025
6	Enter 1% of net investment income (1% of Part I, line 27b).	6	222
7	Add lines 5 and 6.	7	38,247
8	Enter qualifying distributions from Part XII, line 4.	8	42,493

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

Part VIExcise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a

Exempt operating foundations described in section 4940(d)(2), check here ☐ and enter "N/A" on line 1
Date of ruling or determination letter _____
(attach copy of letter if necessary—see instructions)

b

Domestic foundations that meet the section 4940(e) requirements in Part V, check here ☒ and enter 1% of Part I, line 27b

c

All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)

2

Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)

2

0

3

Add lines 1 and 2.

3

222

4

Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)

4

0

5

Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-

5

222

6

Credits/Payments

a

2015 estimated tax payments and 2014 overpayment credited to 2015

6a

b

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 2220 is attached.

8

9

Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed.

9

222

10

Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.

10

11

Enter the amount of line 10 to be Credited to 2015 estimated tax Refunded

11

Part VII-AStatements Regarding Activities

1a

During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?

1a

No

b

Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)?
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.

1b

No

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) 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

2

Has the foundation engaged in any activities that have not previously been reported to the IRS?
If "Yes," attach a detailed description of the activities.

2

No

3

Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes.

3

No

4a

Did the foundation have unrelated business gross income of \$1,000 or more during the year?

4a

No

b

If "Yes," has it filed a tax return on Form 990-T for this year?

4b

5

Was there a liquidation, termination, dissolution, or substantial contraction during the year?
If "Yes," attach the statement required by General Instruction T.

5

No

6

Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:
• By language in the governing instrument, or
• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?

6

Yes

7

Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV.

7

Yes

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

Yes

9

Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)?
If "Yes," complete Part XIV.

9

No

10

Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses. 

10

Yes

Form 990-PF (2015)

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 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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶N/A	13	Yes	
14	The books are in care of ▶JAMES B COUTURE Telephone no ▶(978) 345-4610 Located at ▶40 ELMWOOD AVE FITCHBURG MA ZIP+4 ▶01420			
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			
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? 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 ▶	16	Yes	No

Part 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
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 ☒ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☒ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☒ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☒ 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)? ☐ Yes ☒ No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). ☐ Yes ☒ No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? ☐ Organizations relying on a current notice regarding disaster assistance check here. ▶ ☐	1b		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected 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 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 ☒ No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach 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____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☒ 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?(<i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015.</i>)	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

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

5a

During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes

☒ No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

☐ Yes

☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes

☒ No

(4) Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? (see instructions).

☐ Yes

☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes

☒ No

b

If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

☐ Yes

☒ No

Organizations relying on a current notice regarding disaster assistance check here.

☐

c

If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

☐ Yes

☐ No

If "Yes," attach the statement required by Regulations section 53.4945–5(d).

6a

Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes

☒ No

b

Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

☐ Yes

☒ No

If "Yes" to 6b, file Form 8870.

7a

At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

☐ Yes

☒ No

b

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

☐ Yes

☒ No

5b

6b

No

7b

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1

List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
JAMES B COUTURE 40 ELMWOOD AVENUE FITCHBURG,MA 01420	TRUSTEE/MANAGER 5 00	0	0	0
RUTH A COUTURE 40 ELMWOOD AVENUE FITCHBURG,MA 01420	TRUSTEE/MANAGER 1 00	0	0	0

2

Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred compensation (d)	Expense account, (e) other allowances
NONE				

Total number of other employees paid over \$50,000.

0

Part VIII

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services.	0
--	---

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1		
2		
3		
4		

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments See instructions	
3	

[illegible]

Part X

Minimum Investment Return

(All domestic foundations must complete this part. Foreign foundations,see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities.	1a	219,272
b	Average of monthly cash balances.	1b	54,677
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	273,949
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	273,949
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	4,109
5	Net value of noncharitable-use assets.Subtract line 4 from line 3 Enter here and on Part V, line 4	5	269,840
6	Minimum investment return.Enter 5% of line 5.	6	13,492

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.)

1	Minimum investment return from Part X, line 6.	1	13,492
2a	Tax on investment income for 2015 from Part VI, line 5.	2a	222
b	Income tax for 2015 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	222
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	13,270
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	13,270
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	13,270

Part XII

Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.	1a	42,493
b	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 , purposes.	2	0
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	0
b	Cash distribution test (attach the required schedule).	3b	0
4	Qualifying distributions.Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	42,493
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	222
6	Adjusted qualifying distributions.Subtract line 5 from line 4.	6	42,271

Note:The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII

Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				13,270
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only.			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2015				
a From 2010.	26,460			
b From 2011.	34,992			
c From 2012.	22,885			
d From 2013.	28,305			
e From 2014.	26,779			
f Total of lines 3a through e.	139,421			
4 Qualifying distributions for 2015 from Part XII, line 4	\$ 42,493			
a Applied to 2014, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2015 distributable amount.				13,270
e Remaining amount distributed out of corpus	29,223			
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a).)	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	168,644			
b Prior years' undistributed income Subtract line 4b from line 2b.		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b Taxable amount—see instructions.		0		
e Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount—see instructions.			0	
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015.				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).	0			
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions).	26,460			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a.	142,184			
10 Analysis of line 9				
a Excess from 2011.	34,992			
b Excess from 2012.	22,885			
c Excess from 2013.	28,305			
d Excess from 2014.	26,779			
e Excess from 2015.	29,223			

Part XIV

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling. . . . ▶

b Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

		Tax year	Prior 3 years			(e) Total
		(a) 2015	(b) 2014	(c) 2013	(d) 2012	
2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b	85% of line 2a					
c	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
e	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon					
a	"Assets" alternative test—enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.					
c	"Support" alternative test—enter					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					

Part XV **Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)**

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

JAMES B COUTURE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

JAMES B COUTURE
40 ELMWOOD DRIVE
FITCHBURG, MA 01420
(978) 345-4610

b The form in which applications should be submitted and information and materials they should include

N/A

c Any submission deadlines

N/A

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

CONTRIBUTIONS MADE ONLY TO PRE-SELECTED CHARITABLE ORGANIZATIONS

Part XV

Supplementary Information(continued)

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 or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total			3a	42,493
b <i>Approved for future payment</i>				
Total			3b	0

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1	Program service revenue					
a	_____					
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			14	23	
4	Dividends and interest from securities. . . .			14	22,220	
5	Net rental income or (loss) from real estate					
a	Debt-financed property.					
b	Not debt-financed property.					
6	Net rental income or (loss) from personal property					
7	Other investment income.					
8	Gain or (loss) from sales of assets other than inventory					
9	Net income or (loss) from special events					
10	Gross profit or (loss) from sales of inventory					
11	Other revenue a _____					
b	_____					
c	_____					
d	_____					
e	_____					
12	Subtotal Add columns (b), (d), and (e). . .		0		22,243	0
13	Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations)			13		22,243

[illegible]

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 or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
AARP PO BOX 93207 LONG BEACH,CA 90809			TO ASSIST WITH THEIR GOALS	15
ABLINOOJI INC PO BOX 444 HAYWARD,WI 54843			TO ASSIST WITH THEIR GOALS	100
AMERICAN CANCER SOCIETY 350 PLANTATION STREET WORCESTER,MA 01604			TO ASSIST WITH THEIR GOALS	150
AMERICAN DIABETES ASSOCIATION 107 N BEAUREGARD ST ALEXANDRIA,VA 22311			TO ASSIST WITH THEIR GOALS	50
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE DALLAS,TX 75231			TO ASSIST WITH THEIR GOALS	50
AMERICAN KIDNEY FUND PO BOX 1837 MERRIFIELD,VA 22311			TO ASSIST WITH THEIR GOALS	35
AMERICAN RED CROSS 29 MAIN STREET SUITE 5 LEOMINSTER,MA 01453			TO ASSIST WITH THEIR GOALS	200
THE FOUNDATION FOR ANIMAL CARE AND EDUCATION 10455 SORRENTO VALLEY RD SUITE 208 SAN DIEGO,CA 92121			TO ASSIST WITH THEIR GOALS	50
ARBOR DAY FOUNDATION 100 ARBOR AVE NEBRASKA CITY,NE 68410			TO ASSIST WITH THEIR GOALS	85
BASILICA OF THE NATIONAL SHRINE OF THE IMMACULATE CONCEPTION 400 MICHIGAN AVE NE WASHINGTON,DC 20017			TO ASSIST WITH THEIR GOALS	150
BEACON OF HOPE 62 WEST ST LEOMINSTER,MA 01453			TO ASSIST WITH THEIR GOALS	100
BETHANY HEALTH CARE CENTER 97 BETHANY RD FRAMINGHAM,MA 01702			TO ASSIST WITH THEIR GOALS	50
BOSTON RESCUE MISSION 39 KINGSTON ST BOSTON,MA 02111			TO ASSIST WITH THEIR GOALS	71
BOYS TOWN 14100 CRAWFORD STREET BOYS TOWN,NE 68010			TO ASSIST WITH THEIR GOALS	175
COPD FOUNDATION 20 F STREET NW SUITE 200A WASHINGTON,DC 20001			TO ASSIST WITH THEIR GOALS	50
Total				42,493

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 or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CAPUCHIN FRIARS 220 37TH ST PITTSBURGH,PA 15201			TO ASSIST WITH THEIR GOALS	25
CARE NET PO BOX 511 515 MAIN ST FITCHBURG,MA 01420			TO ASSIST WITH THEIR GOALS	125
CATHEDRAL OF PINES TEN HALE HILL RD RINDGE,NH 03461			TO ASSIST WITH THEIR GOALS	50
CATHOLIC CHARITIES 10 HAMMOND ST WORCESTER,MA 01610			TO ASSIST WITH THEIR GOALS	150
CATHOLIC EXTENSION 150 SOUTH WACKER DRIVE SUITE 2000 CHICAGO,IL 60606			TO ASSIST WITH THEIR GOALS	25
CATHOLIC HOME MISSIONS 3211 FOURTH STREET NE WASHINGTON,DC 20017			TO ASSIST WITH THEIR GOALS	24
CATHOLIC TV 34 CHESTNUT STREET PO BOX 9196 WATERTOWN,MA 02471			TO ASSIST WITH THEIR GOALS	950
CHILD MEDICAL CONNECTIONS 171 JOHNSON ST 212 LEOMINSTER,MA 01453			TO ASSIST WITH THEIR GOALS	350
CHRIST CHURCH 569 MAIN ST FITCHBURG,MA 01420			TO ASSIST WITH THEIR GOALS	1,200
CHRISTIAN APPALACHIAN PROJECT 6550 SOUTH KY RT 321 PO BOX 459 HAGERHILL,KY 41222			TO ASSIST WITH THEIR GOALS	470
COLUMBIAN FATHERS 65 FERRY RD BRISTOL,RI 02809			TO ASSIST WITH THEIR GOALS	35
COUNCIL OF INDIAN NATIONS 1310 E RIVERVIEW DR PHOENIX,AZ 85034			TO ASSIST WITH THEIR GOALS	30
CROSS CATHOLIC OUTREACH 2700 N MILITARY TRAIL SUITE 240 PO BOX 273908 BOCA RATON,FL 33427			TO ASSIST WITH THEIR GOALS	100
CYSTIC FIBROSIS FOUNDATION 6931 ARLINGTON ROAD 2ND FLOOR BETHESDA,MD 20814			TO ASSIST WITH THEIR GOALS	125
DEFENDERS OF WILDLIFE 1130 17TH STREET NW WASHINGTON,DC 20036			TO ASSIST WITH THEIR GOALS	30
Total			3a	42,493

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 or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
FEED THE CHILDREN 333 N MERIDIAN AVE OKLAHOMA CITY,OK 73107			TO ASSIST WITH THEIR GOALS	210
FEEDING AMERICA 35 E WACKER DRIVE SUITE 2000 CHICAGO,IL 60601			TO ASSIST WITH THEIR GOALS	250
FR JOHN DOLAN MS 49 ELM STREET WORCESTER,MA 01609			TO ASSIST WITH HIS RELIGIOUS GOALS	100
FR JOHN HUGHES MS 49 ELM STREET WORCESTER,MA 01609			TO ASSIST WITH HIS RELIGIOUS GOALS	100
FR LAURIE LEGER MS 49 ELM STREET WORCESTER,MA 01609			TO ASSIST WITH HIS RELIGIOUS GOALS	100
FR RICHARD TRAINOR 49 ELM STREET WORCESTER,MA 01609			TO ASSIST WITH HIS RELIGIOUS GOALS	250
FR TED LAPERLE 49 ELM STREET WORCESTER,MA 01609			TO ASSIST WITH HIS RELIGIOUS GOALS	50
FR TOM SICKLER MS 49 ELM STREET WORCESTER,MA 01609			TO ASSIST WITH HIS RELIGIOUS GOALS	100
FRANCISCAN MISSION PO BOX 130 WATERFORD,WI 53185			TO ASSIST WITH THEIR RELIGIOUS GOALS	227
FRANCISCAN GUEST HOUSE 26 BEACH AVE KENNEBUNK,ME 04043			TO ASSIST WITH THEIR GOALS	100
HABITAT FOR HUMANITY 637 LANCASTER ST LEOMINSTER,MA 01453			TO ASSIST WITH THEIR GOALS	25
HAITIAN OUTREACH 50 NINTH AVE SOUTH SUITE 203 HOPKINS,MN 55343			TO ASSIST WITH THEIR GOALS	400
HELP FOR HOMELESS CHILDREN 23 MILL STREET LEOMINSTER,MA 01453			TO ASSIST WITH THEIR GOALS	300
IMMACULATE HEART OF MARY SCHOOL 282 STILL RIVER RD STILL RIVER,MA 01467			TO ASSIST WITH THEIR GOALS	360
INTERNATIONAL FELLOWSHIP OF CHRISTIANS AND JEWS 30 NORTH LASALLE ST SUITE 4300 CHICAGO,IL 60602			TO ASSIST WITH THEIR RELIGIOUS GOALS	150
Total				42,493

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 or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
JAMES PELLETIER SCHOLARSHIP FUND 121 STOCKBRIDGE HALL UMASS AMHERST,MA 01003			TO ASSIST WITH THEIR GOALS	50
KNIGHTS OF COLUMBUS 484 LANCASTER ST LEOMINSTER,MA 01453			TO ASSIST WITH THEIR GOALS	50
LADIES OF ST ANN 605 38TH ST PO BOX 59 CANYON,TX 79015			TO ASSIST WITH THEIR GOALS	100
LAST MILE RIDE 44 SOUTH MAIN STREET RANDOLPH,VT 05060			TO ASSIST WITH THEIR GOALS	100
MAKE A WISH FOUNDATION 4742 N 24TH ST SUITE 400 PHOENIX,AZ 85016			TO ASSIST WITH THEIR GOALS	220
MARCH OF DIMES 112 TURNPIKE ROAD SUITE 300 WESTBOROUGH,MA 01581			TO ASSIST WITH THEIR GOALS	45
MARIST CARE CENTER 9 HOPE AVE SUITE 500 WALTHAM,MA 02453			TO ASSIST WITH THEIR GOALS	25
MARY BETH BENISON ALS FUND PO BOX 227 SHREWSBURY,MA 01545			TO ASSIST WITH THEIR GOALS	100
MEMORIAL SLOAN KETTERING CANCER CENTER 1275 YORK AVENUE NEW YORK,NY 10065			TO ASSIST WITH THEIR GOALS	25
MERCY HOME FOR BOYS & GIRLS 1140 WEST JACKSON BOULEVARD CHICAGO,IL 60607			TO ASSIST WITH THEIR GOALS	325
MLPOA INC PO BOX 693 RINDGE,NH 03461			TO ASSIST WITH THEIR GOALS	50
MONTACHUSETT OPPORTUNITY COUNCIL 133 PRICHARD STREET FITCHBURG,MA 01420			TO ASSIST WITH THEIR GOALS	400
MORGAN MEMORIAL 1010 HARRISON AVE BOSTON,MA 02119			TO ASSIST WITH THEIR GOALS	50
NASHUA RIVER WATERSHED ASSOCIATION 592 MAIN ST GROTON,MA 01450			TO ASSIST WITH THEIR GOALS	120
NATIONAL AUDUBON SOCIETY 255 SHERMAN HOLLOWRD HUNTINGTON,VT 05462			TO ASSIST WITH THEIR GOALS	65
Total				42,493

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 or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NATIONAL PARKS CONSERVATION ASSOCIATION 777 6TH STREET NW SUITE 700 WASHINGTON,DC 20001			TO ASSIST WITH THEIR GOALS	25
NATIONAL PRO-LIFE ALLIANCE 5211 PORT ROYAL ROAD SUITE 500 SPRINGFIELD,VA 22151			TO ASSIST WITH THEIR GOALS	50
NOTRE DAME HEALTH CARE CENTER 555 PLANTATION ST WORCESTER,MA 01605			TO ASSIST WITH THEIR GOALS	50
NATIONAL RESOURCES DEFENSE COUNCIL 40 WEST 20TH STREET NEWYORK,NY 10011			TO ASSIST WITH THEIR GOALS	20
OFFICE OF THE DIACONATE 66 BROOKS DRIVE BRAINTREE,MA 02184			TO ASSIST WITH THEIR GOALS	99
OPERATION WINCHENDON CARES 26 LAKEVIEW DR WINCHENDON,MA 01475			TO ASSIST WITH THEIR GOALS	100
OUR FATHER'S HOUSE PO BOX 7251 FITCHBURG,MA 01420			TO ASSIST WITH THEIR GOALS	215
PINE STREET INN 444 HARRISON AVE BOSTON,MA 02118			TO ASSIST WITH THEIR GOALS	100
PROBLEM PREGNANCY 495 PLEASANT ST WORCESTER,MA 01609			TO ASSIST WITH THEIR GOALS	50
REV THEODORE LAPERLE 46 WOODLAND STREET FITCHBURG,MA 01420			TO ASSIST WITH HIS RELIGIOUS GOALS	50
SACRED HEART DAYCARE 100 CENTRAL STREET GARDNER,MA 01440			TO ASSIST WITH THEIR GOALS	100
SACRED HEART MONESTARY 1005 W 8TH STREET YANKTON,SD 57078			TO ASSIST WITH THEIR GOALS	31
THE SALVATION ARMY 739 WATER STREET FITCHBURG,MA 01420			TO ASSIST WITH THEIR GOALS	200
SHRINERS HOSPITALS PO BOX 1525 RANSON,WV 25438			TO ASSIST WITH THEIR GOALS	10
SIERRA CLUB 85 SECOND STREET 2ND FLOOR SAN FRANCISCO,CA 94105			TO ASSIST WITH THEIR GOALS	89
Total			3a	42,493

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 or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
SIoux NATION RELIEF FUND 2401 EGLIN ST RAPID CITY,SD 57703			TO ASSIST WITH THEIR GOALS	35
SISTERS OF MT THABOR 1295 BALD EAGLE LAKE RD ORTONVILLE,MI 48462			TO ASSIST WITH THEIR GOALS	50
SMILE TRAIN PO BOX 96231 WASHINGTON,DC 200906231			TO ASSIST WITH THEIR GOALS	25
SOCIETY OF THE DIVINE SAVIOR 1303 MILWAUKEE DRIVE SALVATORIAN CENTER,WI 53062			TO ASSIST WITH THEIR GOALS	15
SPECIAL OLYMPICS MASSACHUSETTS 512 FOREST ST MARLBOROUGH,MA 01752			TO ASSIST WITH THEIR GOALS	150
ST JOSEPH'S CHURCH 49 WOODLAND ST FITCHBURG,MA 01420			TO ASSIST WITH THEIR GOALS	25,300
ST JOSEPH INDIAN SCHOOL PO BOX 300 CHAMBERLAIN,SD 573250300			TO ASSIST WITH THEIR GOALS	275
ST JUDE CHILDREN'S HOSPITAL 501 ST JUDE PLACE MEMPHIS,TN 38105			TO ASSIST WITH THEIR GOALS	200
ST FRANCIS HOUSE 39 BOYLSTON ST BOSTON,MA 02116			TO ASSIST WITH THEIR GOALS	184
ST ANTHONY'S CHURCH 84 SALEM ST FITCHBURG FITCHBURG,MA 01420			TO ASSIST WITH THEIR RELIGIOUS GOALS	130
BASILICA OF THE NATIONAL SHRINE OF ST ANN 1233 ST ANN ST SCRANTON,PA 18504			TO ASSIST WITH THEIR GOALS	50
ST BERNARD'S PARISH AT ST CAMILLUS CHURCH 333 MECHANIC ST FITCHBURG,MA 01420			TO ASSIST WITH THEIR GOALS	50
ST BONAVENTURE INDIAN MISSION PO BOX 610 THOREAU,NM 87323			TO ASSIST WITH THEIR GOALS	511
ST DENIS CHURCH 23 MANCHAUG ST DOUGLAS,MA 01516			TO ASSIST WITH THEIR GOALS	96
ST EDWARD THE CONFESSOR CHURCH 10 CHURCH ST WESTMINSTER,MA 01473			TO ASSIST WITH THEIR GOALS	50
Total				42,493

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 or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ST FRANCIS HOME 39 BOYLSTON ST BOSTON,MA 02116			TO ASSIST WITH THEIR GOALS	225
ST LABRE INDIAN SCHOOL ST LABRE INDIAN SCHOOL ASHLAND,MT 59004			TO ASSIST WITH THEIR GOALS	610
ST LAWRENCE SEMINARY 301 CHURCH STREET MT CALVARY,WI 53057			TO ASSIST WITH THEIR GOALS	25
ST LEO'S CHURCH 128 MAIN ST LEOMINSTER,MA 01453			TO ASSIST WITH THEIR GOALS	50
ST VINCENT DE PAUL SOCIETY 58 PROGRESS PARKWAY MARYLAND HEIGHTS,MO 63043			TO ASSIST WITH THEIR GOALS	1,650
STEPHEN DINATALE 24 BEACON ST BOSTON,MA 02133			TO ASSIST WITH HIS ENVIORNMENTAL GOALS	200
THE ARC 564 MAIN ST FITCHBURG,MA 01420			TO ASSIST WITH THEIR GOALS	280
THE AUTISM RESOURCE CENTER 71 STERLING ST WEST BOYLSTON,MA 01583			TO ASSIST WITH THEIR GOALS	100
THE JIMMY FUND 10 BROOKLINE PLACE WEST BROOKLINE,MA 024457226			TO ASSIST WITH THEIR GOALS	75
THE MONTACHUSETTS CHORALE 1400 MAIN ST LEOMINSTER,MA 01453			TO ASSIST WITH THEIR GOALS	100
THE NATURE CONSERVANCY 4245 N FAIRFAX DRIVE SUITE 100 ARLINGTON,VA 22203			TO ASSIST WITH THEIR GOALS	45
THE NAVIGATORS PO BOX 6079 ALBERT LEA,MN 560076679			TO ASSIST WITH THEIR GOALS	25
THE PASSIONIST COMMUNITY 111 S RIDGE ST RYE BROOK,NY 10573			TO ASSIST WITH THEIR GOALS	100
THE SACRED HEART SOUTHERN MISSIONS 6050 HWY 161 WALLS,MS 38680			TO ASSIST WITH THEIR GOALS	25
THE WILDERNESS SOCIETY 1615 M ST NW WASHINGTON,DC 20036			TO ASSIST WITH THEIR GOALS	25
Total			3a	42,493

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 or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
UNICEF 125 MAIDEN LANE NEW YORK,NY 10038			TO ASSIST WITH THEIR GOALS	50
UNITED NEIGHBORS OF FITCHBURG 18 FAIRMOUNT ST FITCHBURG,MA 01420			TO ASSIST WITH THEIR GOALS	150
UNITED SERVICE ORGANIZATION PO BOX 96860 WASHINGTON,DC 200777677			TO ASSIST WITH THEIR GOALS	66
UNITED STATES OLYMPIC COMMITTEE 1 OLYMPIC PLAZA COLORADO SPRINGS,CO 80909			TO ASSIST WITH THEIR GOALS	465
WORCESTER INTERFAITH 111 PARK AVE WORCESTER,MA 01609			TO ASSIST WITH THEIR GOALS	200
WOUNDED WARRIORS PROJECT 150 CAMBRIDGE PARK DRIVE SUITE 202 CAMBRIDGE,MA 02140			TO ASSIST WITH THEIR GOALS	50
WQPH PO BOX 589 MEDFORD,MA 02155			TO ASSIST WITH THEIR GOALS	100
WINCHENDON SPRINGS LAKE ASSOCIATION 146 BEACH VIEW DR WINCHENDON,MA 01475			TO ASSIST WITH THEIR GOALS	100
Total			3a	42,493

TY 2015 Accounting Fees Schedule

Name: JIM & RUTH COUTURE CHARITABLE FOUNDATION

EIN: 04-6722346

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	500	0	0	0

TY 2015 Other Expenses Schedule**Name:** JIM & RUTH COUTURE CHARITABLE FOUNDATION**EIN:** 04-6722346

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OFFICE EXPENSES	138	0	0	0
STATE FILING FEE	35	0	0	0
MISCELLANEOUS EXPENSE	51	0	0	0

TY 2015 Substantial Contributors
Schedule

Name: JIM & RUTH COUTURE CHARITABLE FOUNDATION
EIN: 04-6722346

Name	Address
JAMES B COUTURE	40 ELMWOOD AVENUE FITCHBURG,MA 01420

TY 2015 Taxes Schedule

Name: JIM & RUTH COUTURE CHARITABLE FOUNDATION
EIN: 04-6722346

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
IRS - EXCISE TAX	237	0	0	0

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	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.	OMB No 1545-0047 2015
---	--	---

Name of the organization JIM & RUTH COUTURE CHARITABLE FOUNDATION	Employer identification number 04-6722346
---	---

Organization type (check one)

Filers of: Form 990 or 990-EZ Form 990-PF	Section: ☐ 501(c)() (enter number) organization ☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation ☐ 527 political organization ☒ 501(c)(3) exempt private foundation ☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation
--	---

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% 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.
- ☐ 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, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 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).

Name of organization JIM & RUTH COUTURE CHARITABLE FOUNDATION	Employer identification number 04-6722346
---	---

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	JAMES B COUTURE	\$ 20,000	Person ☒
	40 ELMWOOD AVE		Payroll ☐
	FITCHBURG, MA 01420		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)
(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)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person ☐
			Payroll ☐
			Noncash ☐ (Complete Part II for noncash contributions)

Employer identification number
04-6722346

Part II **Noncash Property**
(see instructions) Use duplicate copies of Part II if additional space is needed

[illegible]

Name of organization JIM & RUTH COUTURE CHARITABLE FOUNDATION	Employer identification number 04-6722346
---	---

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.) ▶ \$ _____

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	
	--		