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EXTENDED TO NOVEMBER 15, 2016

## Return of Private Foundation

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

OMB No 1545-0052

2015

Open to Public Inspection

Form 990-PF

Department of the Treasury  
Internal Revenue ServiceDo not enter social security numbers on this form as it may be made public.  
Information about Form 990-PF and its separate instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

For calendar year 2015 or tax year beginning

, and ending

Name of foundation <b>THE GROSSMAN FAMILY CHARITABLE FOUNDATION</b>		A Employer identification number <b>04-6758553</b>
Number and street (or P.O. box number if mail is not delivered to street address) <b>1 HUNTINGTON AVENUE</b>	Room/suite <b>#1301</b>	B Telephone number <b>(617) 859-4504</b>
City or town, state or province, country, and ZIP or foreign postal code <b>BOSTON, MA 02116</b>		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col (c), line 16) <b>\$ 4,637,520.</b> (Part I, column (d) must be on cash basis)	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received	947,111.		N/A	
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	16.	16.		STATEMENT 2
	4 Dividends and interest from securities	60,111.	60,111.		STATEMENT 3
	5a Gross rents				
	b Net rental income or (loss) <b>&lt;1.&gt;</b>				STATEMENT 4
	6a Net gain or (loss) from sale of assets not on line 10	129,389.			STATEMENT 1
	b Gross sales price for all assets on line 6a <b>1,323,863.</b>				
	7 Capital gain net income (from Part IV, line 2)		611,244.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit or (loss)					
11 Other income	19,826.	19,826.		STATEMENT 5	
12 Total. Add lines 1 through 11	1,156,453.	691,197.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	0.	0.		0.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees				
	b Accounting fees <b>STMT 6</b>	10,635.	6,081.		4,554.
	c Other professional fees				
	17 Interest				
	18 Taxes <b>STMT 7</b>	19,119.	2,369.		0.
	19 Depreciation and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses <b>STMT 8</b>	37,502.	37,502.		0.
	24 Total operating and administrative expenses. Add lines 13 through 23	67,256.	45,952.		4,554.
25 Contributions, gifts, grants paid	314,700.			314,700.	
26 Total expenses and disbursements. Add lines 24 and 25	381,956.	45,952.		319,254.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	774,497.				
b Net investment income (if negative, enter -0-)		645,245.			
c Adjusted net income (if negative, enter -0-)			N/A		

523501 11-24-15 LHA For Paperwork Reduction Act Notice, see instructions.

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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only		
		Beginning of year (a) Book Value	End of year (b) Book Value (c) Fair Market Value	
Assets	1 Cash - non-interest-bearing			
	2 Savings and temporary cash investments	167,424.	502,562.	502,562.
	3 Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ▶			
	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			
	b Investments - corporate stock STMT 10	1,338,716.	1,001,680.	1,070,608.
	c Investments - corporate bonds			
	Liabilities	11 Investments - land, buildings, and equipment basis ▶		
Less accumulated depreciation ▶				
12 Investments - mortgage loans				
13 Investments - other STMT 11		2,201,423.	2,482,613.	2,723,347.
14 Land, buildings, and equipment basis ▶				
Less accumulated depreciation ▶				
15 Other assets (describe ▶ STATEMENT 12)		780.	341,003.	341,003.
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)		3,708,343.	4,327,858.	4,637,520.
17 Accounts payable and accrued expenses				
18 Grants payable				
Net Assets or Fund Balances	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	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 ▶ <input type="checkbox"/>			
	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 ▶ <input checked="" type="checkbox"/>			
	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	3,708,343.	4,327,858.		
30 Total net assets or fund balances	3,708,343.	4,327,858.		
31 Total liabilities and net assets/fund balances	3,708,343.	4,327,858.		

**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	3,708,343.
2 Enter amount from Part I, line 27a	2	774,497.
3 Other increases not included in line 2 (itemize) ▶	3	0.
4 Add lines 1, 2, and 3	4	4,482,840.
5 Decreases not included in line 2 (itemize) ▶ SEE STATEMENT 9	5	154,982.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	4,327,858.

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**Part IV Capital Gains and Losses for Tax on Investment Income**

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

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b> 1,323,863.		819,871.	611,244.

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			611,244.

<b>2</b> Capital gain net income or (net capital loss) <span style="float:right">{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }</span>	2	611,244.
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8	3	N/A

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

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 the 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	293,160.	3,747,564.	.078227
2013	607,766.	879,741.	.690847
2012	308,907.	412,585.	.748711
2011	324,683.	708,660.	.458165
2010	309,418.	2,403,306.	.128747

<b>2</b> Total of line 1, column (d)	2	2.104697
<b>3</b> 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	.420939
<b>4</b> Enter the net value of noncharitable-use assets for 2015 from Part X, line 5	4	4,252,704.
<b>5</b> Multiply line 4 by line 3	5	1,790,129.
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	6	6,452.
<b>7</b> Add lines 5 and 6	7	1,796,581.
<b>8</b> Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.	8	319,254.

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**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)**

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> 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 <input type="checkbox"/> and enter 1% of Part I, line 27b		1	12,905.
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	12,905.
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	12,905.
6 Credits/Payments:			
a 2015 estimated tax payments and 2014 overpayment credited to 2015	6a	7,929.	
b Exempt foreign organizations - tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c	20,000.	
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7	27,929.	
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	95.	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	14,929.	
11 Enter the amount of line 10 to be: Credited to 2016 estimated tax <input type="checkbox"/> 14,929. Refunded <input type="checkbox"/>	11	0.	

**Part VII-A Statements Regarding Activities**

1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		Yes	No
1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the 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			X
c Did the foundation file Form 1120-POL for this year?			X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input type="checkbox"/> \$ 0. (2) On foundation managers. <input type="checkbox"/> \$ 0.			
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ 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		X
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		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	X	
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	X	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.	5		X
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		X
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> 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	X	
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		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X

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**Part VII-A Statements Regarding Activities** (continued)

	Yes	No
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	X
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	X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <b>NONE</b>	13	X
14 The books are in care of ► <b>BARBARA N. GROSSMAN</b> Telephone no. ► <b>617-859-4504</b> Located at ► <b>1 HUNTINGTON AVENUE #1301, BOSTON, MA</b> ZIP+4 ► <b>02116</b>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year	15	N/A
16 At any time during calendar year 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 the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ►	16	X

**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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	N/A	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
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? If "Yes," list the years ►	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement - see instructions.)	N/A	2b
c If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. ►		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015.)	N/A	3b
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
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	X

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**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)?

N/A

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?

N/A

☐ 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?

6b

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?

N/A

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.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
BARBARA N. GROSSMAN	DIRECTOR			
1 HUNTINGTON AVENUE, #1301				
BOSTON, MA 02116	10.00	0.	0.	0.

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

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

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

0

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**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** *(continued)*

**3 Five highest-paid independent contractors for professional services. If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) 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 N/A	
2	
3	
4	

**Part IX-B Summary of Program-Related Investments**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	

**Total.** Add lines 1 through 3

0.

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**Part X**

**Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities	<b>1a</b>	1,386,905.
<b>b</b>	Average of monthly cash balances	<b>1b</b>	198,859.
<b>c</b>	Fair market value of all other assets	<b>1c</b>	2,731,702.
<b>d</b>	<b>Total</b> (add lines 1a, b, and c)	<b>1d</b>	4,317,466.
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	<b>1e</b>	0.
<b>2</b>	Acquisition indebtedness applicable to line 1 assets	<b>2</b>	0.
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	4,317,466.
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	64,762.
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	4,252,704.
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5	<b>6</b>	212,635.

**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.)

<b>1</b>	Minimum investment return from Part X, line 6	<b>1</b>	212,635.
<b>2a</b>	Tax on investment income for 2015 from Part VI, line 5	<b>2a</b>	12,905.
<b>b</b>	Income tax for 2015. (This does not include the tax from Part VI.)	<b>2b</b>	1,085.
<b>c</b>	Add lines 2a and 2b	<b>2c</b>	13,990.
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1	<b>3</b>	198,645.
<b>4</b>	Recoveries of amounts treated as qualifying distributions	<b>4</b>	0.
<b>5</b>	Add lines 3 and 4	<b>5</b>	198,645.
<b>6</b>	Deduction from distributable amount (see instructions)	<b>6</b>	0.
<b>7</b>	<b>Distributable amount as adjusted.</b> Subtract line 6 from line 5. Enter here and on Part XIII, line 1	<b>7</b>	198,645.

**Part XII**

**Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	<b>1a</b>	319,254.
<b>b</b>	Program-related investments - total from Part IX-B	<b>1b</b>	0.
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required)	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule)	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	319,254.
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	<b>5</b>	0.
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	<b>6</b>	319,254.

**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.

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**THE GROSSMAN FAMILY CHARITABLE  
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Form 990-PF (2015)

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**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				198,645.
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2015:				
a From 2010	189,867.			
b From 2011	291,693.			
c From 2012	291,299.			
d From 2013	583,978.			
e From 2014	118,336.			
f Total of lines 3a through e	1,475,173.			
4 Qualifying distributions for 2015 from Part XII, line 4: ► \$	319,254.			
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				198,645.
e Remaining amount distributed out of corpus	120,609.			
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:	1,595,782.			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
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 instr.			0.	
f Undistributed income for 2015. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2016				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
8 Excess distributions carryover from 2010 not applied on line 5 or line 7	189,867.			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a	1,405,915.			
10 Analysis of line 9:				
a Excess from 2011	291,693.			
b Excess from 2012	291,299.			
c Excess from 2013	583,978.			
d Excess from 2014	118,336.			
e Excess from 2015	120,609.			

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N/A

- b** Check box to indicate whether the foundation is a private operating foundation described in section

☐ 4942(1)(3) or ☐ 4942(1)(5)

- [illegible]

### 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).)

**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:

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

- c Any submission deadlines:**

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

**THE GROSSMAN FAMILY CHARITABLE  
FOUNDATION**

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**Part XV** **Supplementary Information** (continued)

**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	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
a Paid during the year				
BOSTON CHILDREN'S CHORUS 112 SHAWMUT AVENUE BOSTON, MA 02118	NONE	501(C)(3)	CHARITABLE	10,000.
BOSTON SYMPHONY ORCHESTRA 301 MASSACHUSETTS AVENUE SYMPHONY HALL BOSTON, MA 02115	NONE	501(C)(3)	CHARITABLE	25,000.
BRYN MAWR COLLEGE RESOURCES 101 N MERION AVENUE BRYN MAWR, PA 19010	NONE	501(C)(3)	CHARITABLE	5,000.
CASTLE PRESERVATION SOCIETY 455 OLD MOUNTAIN ROAD MOULTONBOROUGH, NH 03254	NONE	501(C)(3)	CHARITABLE	200.
CENTER FOR REPRODUCTIVE RIGHTS 120 WALL STREET NEW YORK, NY 10005	NONE	501(C)(3)	CHARITABLE	200,000.
Total SEE CONTINUATION SHEET(S) ▶ 3a				314,700.
b Approved for future payment				
NONE				
Total ▶ 3b				0.

**Part XVI-A Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.

Enter gross amounts unless otherwise indicated.		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income
		(a) Business code	(b) Amount	(c) Exclu- sion 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	16.	
4 Dividends and interest from securities				14	60,111.	
5 Net rental income or (loss) from real estate:						
a	Debt-financed property			01	<1.>	
b	Not debt-financed property					
6 Net rental income or (loss) from personal property						
7 Other investment income		523000	10,164.	01	9,662.	
8 Gain or (loss) from sales of assets other than inventory				18	129,389.	
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)			10,164.		199,177.	0.
13 Total. Add line 12, columns (b), (d), and (e)					13	209,341.

(See worksheet in line 13 instructions to verify calculations.)

**Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes**

[illegible]

**THE GROSSMAN FAMILY CHARITABLE  
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**Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

<p><b>1</b> Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?</p> <p><b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of:</p> <p>(1) Cash</p> <p>(2) Other assets</p> <p><b>b</b> Other transactions:</p> <p>(1) Sales of assets to a noncharitable exempt organization</p> <p>(2) Purchases of assets from a noncharitable exempt organization</p> <p>(3) Rental of facilities, equipment, or other assets</p> <p>(4) Reimbursement arrangements</p> <p>(5) Loans or loan guarantees</p> <p>(6) Performance of services or membership or fundraising solicitations</p> <p><b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees</p> <p><b>d</b> If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.</p>	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td><b>1a(1)</b></td> <td></td> <td align="center"><b>X</b></td> </tr> <tr> <td><b>1a(2)</b></td> <td></td> <td align="center"><b>X</b></td> </tr> <tr> <td><b>1b(1)</b></td> <td></td> <td align="center"><b>X</b></td> </tr> <tr> <td><b>1b(2)</b></td> <td></td> <td align="center"><b>X</b></td> </tr> <tr> <td><b>1b(3)</b></td> <td></td> <td align="center"><b>X</b></td> </tr> <tr> <td><b>1b(4)</b></td> <td></td> <td align="center"><b>X</b></td> </tr> <tr> <td><b>1b(5)</b></td> <td></td> <td align="center"><b>X</b></td> </tr> <tr> <td><b>1b(6)</b></td> <td></td> <td align="center"><b>X</b></td> </tr> <tr> <td><b>1c</b></td> <td></td> <td align="center"><b>X</b></td> </tr> </tbody> </table>		Yes	No	<b>1a(1)</b>		<b>X</b>	<b>1a(2)</b>		<b>X</b>	<b>1b(1)</b>		<b>X</b>	<b>1b(2)</b>		<b>X</b>	<b>1b(3)</b>		<b>X</b>	<b>1b(4)</b>		<b>X</b>	<b>1b(5)</b>		<b>X</b>	<b>1b(6)</b>		<b>X</b>	<b>1c</b>		<b>X</b>
	Yes	No																													
<b>1a(1)</b>		<b>X</b>																													
<b>1a(2)</b>		<b>X</b>																													
<b>1b(1)</b>		<b>X</b>																													
<b>1b(2)</b>		<b>X</b>																													
<b>1b(3)</b>		<b>X</b>																													
<b>1b(4)</b>		<b>X</b>																													
<b>1b(5)</b>		<b>X</b>																													
<b>1b(6)</b>		<b>X</b>																													
<b>1c</b>		<b>X</b>																													

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
		<b>N/A</b>	

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

**b** If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
<b>N/A</b>		

<p><b>Sign Here</b></p>	<p>Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.</p>			<p>May the IRS discuss this return with the preparer shown below (see instr.)?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
	<p> <b>Steven P. Rodman</b></p> <p>Signature of officer or trustee</p>	<p><b>11/7/16</b></p> <p>Date</p>	<p><b>DIRECTOR</b></p> <p>Title</p>		
<p><b>Paid Preparer Use Only</b></p>	<p>Print/Type preparer's name</p> <p><b>STEVEN P. RODMAN</b></p>	<p>Preparer's signature</p> <p><b>STEVEN P. RODMAN</b></p>	<p>Date</p> <p><b>11/03/16</b></p>	<p>Check <input type="checkbox"/> if self-employed</p>	<p>PTIN</p> <p><b>P00090902</b></p>
	<p>Firm's name <b>▶ RODMAN &amp; RODMAN, P.C.</b></p>			<p>Firm's EIN <b>▶ 04-2929802</b></p>	
	<p>Firm's address <b>▶ 51 SAWYER ROAD STE 610 WALTHAM, MA 02453</b></p>			<p>Phone no. <b>(617) 965-5959</b></p>	

THE GROSSMAN FAMILY CHARITABLE  
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CONTINUATION FOR 990-PF, PART IV  
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**Part IV** Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	ST GRESHAM GLOBAL OPPORTUNITIES LP	P		
b	LT GRESHAM GLOBAL OPPORTUNITIES LP	P		
c	ST GRESHAM FOREIGN MANAGERS LP	P		
d	LT GRESHAM FOREIGN MANAGERS LP	P		
e	ST GRESHAM GLOBAL DOMESTIC MANAGERS LP	P		
f	LT GRESHAM GLOBAL DOMESTIC MANAGERS LP	P		
g	ST GRESHAM GLOBAL OPPORTUNITIES LP SECTION 1256 G	P		
h	ST GRESHAM FOREIGN MANAGERS LP SECTION 1256 LOSS	P		
i	SKYWORKS SOLUTIONS INC	D	08/18/11	03/05/15
j	SKYWORKS SOLUTIONS INC	D	11/23/11	04/01/15
k	SKYWORKS SOLUTIONS INC	D	11/12/11	05/22/15
l	VANGUARD INTERMED TERM INVESTOR	P	12/30/14	12/31/15
m	FIDELITY CAPITAL GAIN DISTRIBUTION			
n	WALTHAUSEN SMALL CAP VALUE	D	12/18/15	12/21/15
o	DIAGEO	D	12/18/15	12/21/15

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			36,784.
b			51,173.
c			5,476.
d			<23,161.>
e			<29,302.>
f			64,397.
g			543.
h			<3.>
i	101,510.	29,027.	72,483.
j	54,231.	9,991.	44,240.
k	59,211.	8,352.	50,859.
l	349,943.	354,522.	<4,579.>
m			1,345.
n	340,730.	242,964.	97,766.
o	46,646.	32,049.	14,597.

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a			36,784.
b			51,173.
c			5,476.
d			<23,161.>
e			<29,302.>
f			64,397.
g			543.
h			<3.>
i			72,483.
j			44,240.
k			50,859.
l			<4,579.>
m			1,345.
n			97,766.
o			14,597.

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). If (loss), enter "-0-" in Part I, line 8	3	

THE GROSSMAN FAMILY CHARITABLE  
FOUNDATION

CONTINUATION FOR 990-PF, PART IV  
04-6758553 PAGE 2 OF 2

**Part IV** Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	EDGWELL PERSONAL CARE CO	D	12/18/15	12/21/15
b	HOLOGIC	D	12/18/15	12/21/15
c	ISIS PHARMACEUTICALS INC	D	12/18/15	12/21/15
d	LAM RESEARCH CORP COM	D	12/18/15	12/21/15
e	LEVEL 3 COMMUNICATIONS	D	12/18/15	12/21/15
f	QORVO	D	12/18/15	12/21/15
g	ROYAL CARIBBEAN CRUISES	D	12/18/15	12/21/15
h	REGENERON PHARMACEUTICALS	D	12/18/15	12/21/15
i	SINCLAIR BROADCAST GROUP	D	12/18/15	12/21/15
j	TEGNA INC.	D	12/18/15	12/21/15
k	GOOGLE	D	12/18/15	12/21/15
l				
m				
n				
o				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	40,334.	29,084.	11,250.
b	85,146.	34,448.	50,698.
c	26,781.	4,742.	22,039.
d	35,155.	15,566.	19,589.
e	25,539.	10,173.	15,366.
f	30,582.	13,918.	16,664.
g	44,136.	14,274.	29,862.
h	40,439.	2,504.	37,935.
i	19,577.	5,542.	14,035.
j	23,674.	12,621.	11,053.
k	229.	94.	135.
l			
m			
n			
o			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a			11,250.
b			50,698.
c			22,039.
d			19,589.
e			15,366.
f			16,664.
g			29,862.
h			37,935.
i			14,035.
j			11,053.
k			135.
l			
m			
n			
o			

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	611,244.
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8	3	N/A



**THE GROSSMAN FAMILY CHARITABLE  
FOUNDATION**

04-6758553

**Part XV Supplementary Information**

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	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
THE JIMMY FUND 10 BROOKLINE PL BROOKLINE, MA 02445	NONE	501(C)(3)	CHARITABLE	100.
MAX WARBURG COURAGE CURRICULUM 325 HUNTINGTON AVENUE BOSTON, MA 02115	NONE	501(C)(3)	CHARITABLE	200.
MILTON ACADEMY 170 CENTRE STREET MILTON, MA 02186	NONE	501(C)(3)	CHARITABLE	2,500.
MUSEUM OF FINE ARTS 465 HUNTINGTON AVENUE BOSTON, MA 02115	NONE	501(C)(3)	CHARITABLE	3,000.
NATIONAL COUNCIL OF JEWISH WOMEN 53 WEST 23RD, 6TH FLOOR NEW YORK, NY 10010	NONE	501(C)(3)	CHARITABLE	7,000.
NORTH AMERICAN THROMBOSIS FORUM 368 BOYLSTON STREET BROOKLINE, MA 02445	NONE	501(C)(3)	CHARITABLE	300.
PAN MASS CHALLENGER 77 FOURTH AVENUE NEEDHAM, MA 02494	NONE	501(C)(3)	CHARITABLE	200.
PIONEER INSTITUTE 185 DEVONSHIRE STREET BOSTON, MA 02110	NONE	501(C)(3)	CHARITABLE	300.
PLANNED PARENTHOOD LEAGUE OF MASS 1055 COMMONWEALTH AVE BOSTON, MA 02215	NONE	501(C)(3)	CHARITABLE	5,000.
ROGERSON COMMUNITIES ONE FLORENCE STREET BOSTON, MA 02131	NONE	501(C)(3)	CHARITABLE	500.
<b>Total from continuation sheets</b>				<b>74,500.</b>

**THE GROSSMAN FAMILY CHARITABLE  
FOUNDATION**

04-6758553

**Part XV Supplementary Information**

<b>3 Grants and Contributions Paid During the Year (Continuation)</b>				
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)				
SANDWICH CHILDREN'S CENTER 54 MAPLE STREET SANDWICH, NH 03227	NONE	501(C)(3)	CHARITABLE	100.
SANDWICH HISTORICAL SOCIETY PO BOX 244 4 MAPLE STREET SANDWICH, NH 03227	NONE	501(C)(3)	CHARITABLE	100.
SHADY HILL SCHOOL 178 COOLIDGE HILL CAMBRIDGE, MA 02138	NONE	501(C)(3)	CHARITABLE	30,000.
SQUAM LAKES ASSOCIATION PO BOX 204 HOLDERNESS, NH 03245	NONE	501(C)(3)	CHARITABLE	3,000.
SQUAM LAKES CONSERVATION SOCIETY PO BOX 696 HOLDERNESS, NH 03245	NONE	501(C)(3)	CHARITABLE	16,000.
THE BARNSTORMERS THEATRE 104 MAIN STREET TAMWORTH, NH 03886	NONE	501(C)(3)	CHARITABLE	100.
THE PREPARATORY FOUNDATION 1286 HYDE PARK AVENUE HYDE PARK, MA 02136	NONE	501(C)(3)	CHARITABLE	3,000.
UNITED SOUTH END SETTLEMENTS 566 COLUMBUS AVENUE BOSTON, MA 02118	NONE	501(C)(3)	CHARITABLE	600.
WOMEN MAKE MOVIES 115 W. 29TH STREET STE 1200 NEW YORK, NY 10001	NONE	501(C)(3)	CHARITABLE	500.
AMHERST COLLEGE PO BOX 5000 AMHERST, MA 01002	NONE	501(C)(3)	CHARITABLE	2,000.
<b>Total from continuation sheets</b>				

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No 1545-0047

**2015**

Name of the organization

THE GROSSMAN FAMILY CHARITABLE  
FOUNDATION

Employer identification number

04-6758553

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

☐ 501(c)( ) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☒ 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 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 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ 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 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**LHA** For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization  
**THE GROSSMAN FAMILY CHARITABLE  
 FOUNDATION**

Employer identification number

04-6758553

**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	BARBARA N. GROSSMAN ONE HUNTINGTON AVENUE BOSTON, MA 02116	\$ 182,987.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
2	BARBARA N. GROSSMAN ONE HUNTINGTON AVENUE BOSTON, MA 02116	\$ 345,957.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
3	BARBARA N. GROSSMAN ONE HUNTINGTON AVENUE BOSTON, MA 02116	\$ 46,591.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
4	BARBARA N. GROSSMAN ONE HUNTINGTON AVENUE BOSTON, MA 02116	\$ 39,987.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
5	BARBARA N. GROSSMAN ONE HUNTINGTON AVENUE BOSTON, MA 02116	\$ 84,898.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
6	BARBARA N. GROSSMAN ONE HUNTINGTON AVENUE BOSTON, MA 02116	\$ 27,413.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization <b>THE GROSSMAN FAMILY CHARITABLE FOUNDATION</b>	Employer identification number <b>04-6758553</b>
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**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	BARBARA N. GROSSMAN ONE HUNTINGTON AVENUE BOSTON, MA 02116	\$ 35,160.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
8	BARBARA N. GROSSMAN ONE HUNTINGTON AVENUE BOSTON, MA 02116	\$ 25,561.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
9	BARBARA N. GROSSMAN ONE HUNTINGTON AVENUE BOSTON, MA 02116	\$ 30,906.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	BARBARA N. GROSSMAN ONE HUNTINGTON AVENUE BOSTON, MA 02116	\$ 43,252.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11	BARBARA N. GROSSMAN ONE HUNTINGTON AVENUE BOSTON, MA 02116	\$ 41,032.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
12	BARBARA N. GROSSMAN ONE HUNTINGTON AVENUE BOSTON, MA 02116	\$ 19,535.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization <b>THE GROSSMAN FAMILY CHARITABLE FOUNDATION</b>	Employer identification number <b>04-6758553</b>
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**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
13	BARBARA N. GROSSMAN ONE HUNTINGTON AVENUE BOSTON, MA 02116	\$ 23,831.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization <b>THE GROSSMAN FAMILY CHARITABLE FOUNDATION</b>	Employer identification number <b>04-6758553</b>
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**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
<u>1</u>	<u>2257 SHARES OF SKYWORKS</u> _____ _____ _____	\$ <u>182,987.</u>	<u>01/26/15</u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>2</u>	<u>19360 SHARES OF WALTHAUSEN SMALL CAP VALUE FUND</u> _____ _____ _____	\$ <u>345,957.</u>	<u>12/30/15</u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>3</u>	<u>432 SHARES DIAGEO</u> _____ _____ _____	\$ <u>46,591.</u>	<u>12/18/15</u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>4</u>	<u>529 SHARES EDGEWELL PERSONAL CARE CO</u> _____ _____ _____	\$ <u>39,987.</u>	<u>12/18/15</u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>5</u>	<u>2200 SHARES HOLOGIC</u> _____ _____ _____	\$ <u>84,898.</u>	<u>12/18/15</u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>6</u>	<u>470 SHARES ISIS PHARMACEUTICALS INC</u> _____ _____ _____	\$ <u>27,413.</u>	<u>12/18/15</u>

Name of organization <b>THE GROSSMAN FAMILY CHARITABLE FOUNDATION</b>	Employer identification number <b>04-6758553</b>
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**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
7	453 SHARES LAM RESEARCH CORP COM	\$ 35,160.	12/18/15
8	497 SHARES LEVEL 3 COMMUNICATIONS	\$ 25,561.	12/18/15
9	591 SHARES QORVO	\$ 30,906.	12/18/15
10	450 SHARES ROYAL CARIBBEAN CRUISES	\$ 43,252.	12/18/15
11	75 REGENERON PHARMACEUTICALS	\$ 41,032.	12/18/15
12	610 SINCLAIR BROADCAST	\$ 19,535.	12/18/15



Employer identification number

04-6758553

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

[illegible]

Name of organization

Employer identification number

**THE GROSSMAN FAMILY CHARITABLE  
FOUNDATION****04-6758553**

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info. once) ▶ \$

Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

FORM 990-PF

GAIN OR (LOSS) FROM SALE OF ASSETS

STATEMENT 1

(A) DESCRIPTION OF PROPERTY	MANNER ACQUIRED		DATE ACQUIRED	DATE SOLD
ST GRESHAM GLOBAL OPPORTUNITIES LP	PURCHASED			
(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
0.	0.	0.	0.	36,784.

(A) DESCRIPTION OF PROPERTY	MANNER ACQUIRED		DATE ACQUIRED	DATE SOLD
LT GRESHAM GLOBAL OPPORTUNITIES LP	PURCHASED			
(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
0.	0.	0.	0.	51,173.

(A) DESCRIPTION OF PROPERTY	MANNER ACQUIRED		DATE ACQUIRED	DATE SOLD
ST GRESHAM FOREIGN MANAGERS LP	PURCHASED			
(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
0.	0.	0.	0.	5,476.

(A) DESCRIPTION OF PROPERTY	MANNER ACQUIRED		DATE ACQUIRED	DATE SOLD
LT GRESHAM FOREIGN MANAGERS LP	PURCHASED			
(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
0.	0.	0.	0.	<23,161.>

(A) DESCRIPTION OF PROPERTY	MANNER ACQUIRED		DATE ACQUIRED	DATE SOLD
ST GRESHAM GLOBAL DOMESTIC MANAGERS LP	PURCHASED			
(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
0.	0.	0.	0.	<29,302.>

(A) DESCRIPTION OF PROPERTY	MANNER ACQUIRED		DATE ACQUIRED	DATE SOLD
LT GRESHAM GLOBAL DOMESTIC MANAGERS LP	PURCHASED			
(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
0.	0.	0.	0.	64,397.

(A) DESCRIPTION OF PROPERTY	MANNER ACQUIRED		DATE ACQUIRED	DATE SOLD
ST GRESHAM GLOBAL OPPORTUNITIES LP SECTION 1256 GAIN	PURCHASED			
(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
0.	0.	0.	0.	543.

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) MANNER ACQUIRED DEPREC.	(F) DATE ACQUIRED GAIN OR LOSS	DATE SOLD
ST GRESHAM FOREIGN MANAGERS LP SECTION 1256 LOSS	0.	0.	0.	PURCHASED	0.	<3.>

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE OF SALE	(E) MANNER ACQUIRED DEPREC.	(F) DATE ACQUIRED GAIN OR LOSS	DATE SOLD
SKYWORKS SOLUTIONS INC	101,510.	91,458.	0.	DONATED	08/18/11	03/05/15

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE OF SALE	(E) MANNER ACQUIRED DEPREC.	(F) DATE ACQUIRED GAIN OR LOSS	DATE SOLD
SKYWORKS SOLUTIONS INC	54,231.	45,810.	0.	DONATED	11/23/11	04/01/15

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE OF SALE	(E) MANNER ACQUIRED DEPREC.	(F) DATE ACQUIRED GAIN OR LOSS	DATE SOLD
SKYWORKS SOLUTIONS INC	59,211.	45,719.	0.	DONATED	11/12/11	05/22/15

(A) DESCRIPTION OF PROPERTY	MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD
VANGUARD INTERMED TERM INVESTOR	PURCHASED	12/30/14	12/31/15

  

(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
349,943.	354,522.	0.	0.	<4,579.>

(A) DESCRIPTION OF PROPERTY	MANNER ACQUIRED		DATE ACQUIRED	DATE SOLD
FIDELITY CAPITAL GAIN DISTRIBUTION	PURCHASED			
(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
0.	0.	0.	0.	1,345.

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
WALTHAUSEN SMALL CAP VALUE	340,730.	345,957.	0.	0.	<5,227.>

(A) DESCRIPTION OF PROPERTY			MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD
DIAGEO			DONATED	12/18/15	12/21/15
	(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
	46,646.	46,591.	0.	0.	55.

(A) DESCRIPTION OF PROPERTY	MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD
EDGWELL PERSONAL CARE CO	DONATED	12/18/15	12/21/15

(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
40,334.	39,987.	0.	0.	347.

(A) DESCRIPTION OF PROPERTY	MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD
HOLOGIC	DONATED	12/18/15	12/21/15

(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
85,146.	84,898.	0.	0.	248.

(A) DESCRIPTION OF PROPERTY	MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD
ISIS PHARMACEUTICALS INC	DONATED	12/18/15	12/21/15

(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
26,781.	27,413.	0.	0.	<632.>

(A) DESCRIPTION OF PROPERTY	MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD
LAM RESEARCH CORP COM	DONATED	12/18/15	12/21/15

(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
35,155.	35,160.	0.	0.	<5.>

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
LEVEL 3 COMMUNICATIONS	25,539.	25,561.	0.	0.	<22.>

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
QORVO	30,582.	30,906.	0.	0.	<324.>

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
ROYAL CARIBBEAN CRUISES	44,136.	43,252.	0.	0.	884.

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
REGENERON PHARMACEUTICALS	40,439.	41,032.	0.	0.	<593.>



(A) DESCRIPTION OF PROPERTY	MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD
SINCLAIR BROADCAST GROUP	DONATED	12/18/15	12/21/15

(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
19,577.	19,535.	0.	0.	42.

(A) DESCRIPTION OF PROPERTY	MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD
TEGNA INC.	DONATED	12/18/15	12/21/15

(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
23,674.	23,831.	0.	0.	<157.>

(A) DESCRIPTION OF PROPERTY	MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD
GOOGLE	DONATED	12/18/15	12/21/15

(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
229.	94.	0.	0.	135.

CAPITAL GAINS DIVIDENDS FROM PART IV 0.

TOTAL TO FORM 990-PF, PART I, LINE 6A 129,389.

## FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 2

SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
FIDELITY	16.	16.	
TOTAL TO PART I, LINE 3	16.	16.	

## FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 3

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
FIDELITY	22,397.	0.	22,397.	22,397.	
GRESHAM DOMESTIC MANAGERS LP	121.	0.	121.	121.	
GRESHAM DOMESTIC MANAGERS LP	14,135.	0.	14,135.	14,135.	
GRESHAM FOREIGN MANAGERS LP	207.	0.	207.	207.	
GRESHAM FOREIGN MANAGERS LP	17,328.	0.	17,328.	17,328.	
GRESHAM GLOBAL OPPORTUNITIES, LP	866.	0.	866.	866.	
GRESHAM GLOBAL OPPORTUNITIES, LP	5,057.	0.	5,057.	5,057.	
TO PART I, LINE 4	60,111.	0.	60,111.	60,111.	

## FORM 990-PF RENTAL EXPENSES STATEMENT 4

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
RENTAL LOSS		1.	
- SUBTOTAL -	3		1.
TOTAL RENTAL EXPENSES			1.
NET RENTAL INCOME TO FORM 990-PF, PART I, LINE 5B			<1.>

FORM 990-PF

OTHER INCOME

STATEMENT 5

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
GRESHAM GLOBAL OPPORTUNITIES OTHER INCOME (LOSS)	5,534.	5,534.	
GRESHAM FOREIGN ASSET MANAGERS OTHER INCOME (LOSS)	2,974.	2,974.	
GRESHAM GLOBAL DOMESTIC MANAGERS LP OTHER INCOME (LOSS)	1,134.	1,134.	
GRESHAM FOREIGN ASSET MANAGERS OTHER GAIN (LOSS)	<4.>	<4.>	
GRESHAM GLOBAL DOMESTIC MANAGERS LP ORDINARY INCOME (LOSS)	7.	7.	
GRESHAM GLOBAL OPPORTUNITIES OTHER INCOME (LOSS)	6.	6.	
GRESHAM GLOBAL OPPORTUNITIES OTHER INCOME (LOSS)	11.	11.	
GRESHAM GLOBAL OPPORTUNITIES OTHER INCOME (LOSS)	9,558.	9,558.	
GRESHAM FOREIGN ASSET MANAGERS OTHER INCOME (LOSS)	<168.>	<168.>	
GRESHAM GLOBAL DOMESTIC MANAGERS LP OTHER INCOME (LOSS)	770.	770.	
GRESHAM GLOBAL DOMESTIC MANAGERS LP ORDINARY INCOME (LOSS)	4.	4.	
TOTAL TO FORM 990-PF, PART I, LINE 11	19,826.	19,826.	

FORM 990-PF

ACCOUNTING FEES

STATEMENT 6

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	10,635.	6,081.		4,554.
TO FORM 990-PF, PG 1, LN 16B	10,635.	6,081.		4,554.

## FORM 990-PF

## TAXES

## STATEMENT

7

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
MASSACHUSETTS TAXES AND FEES	1,450.	0.		0.
FOREIGN TAXES FROM GRESHAM GLOBAL OPPORTUNITIES LP	219.	219.		0.
FOREIGN TAXES FROM GRESHAM FOREIGN MANAGERS LP	1,423.	1,423.		0.
FOREIGN TAXES FROM GRESHAM DOMESTIC MANAGERS MANAGERS LP	130.	130.		0.
FOREIGN TAXES FROM FIDELITY	597.	597.		0.
FEDERAL TAXES	15,300.	0.		0.
TO FORM 990-PF, PG 1, LN 18	19,119.	2,369.		0.

## FORM 990-PF

## OTHER EXPENSES

## STATEMENT

8

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PORTFOLIO DEDUCTIONS FROM GRESHAM GLOBAL OPPORTUNITIES K-1	19,885.	19,885.		0.
PORTFOLIO DEDUCTIONS FROM GRESHAM FOREIGN MANAGERS K-1	8,569.	8,569.		0.
PORTFOLIO DEDUCTIONS FROM GRESHAM DOMESTIC MANAGERS K-1	9,043.	9,043.		0.
SECTION 59(E)(2) EXPENDITURES	4.	4.		0.
RENTAL LOSS	1.	1.		0.
TO FORM 990-PF, PG 1, LN 23	37,502.	37,502.		0.

FORM 990-PF	OTHER DECREASES IN NET ASSETS OR FUND BALANCES	STATEMENT	9
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DESCRIPTION	AMOUNT
WRITE OFF OF INVESTMENT IN GRESHAM	122,982.
PRIOR PERIOD ADJUSTMENT FOR CHECKS WRITTEN IN 2014 BUT NOT RECORDED	32,000.
TOTAL TO FORM 990-PF, PART III, LINE 5	154,982.

FORM 990-PF	CORPORATE STOCK	STATEMENT	10
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DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
VANGUARD INTERMED TERM	196,696.	194,107.
INVESTMENT IN GOOGLE	116,658.	230,534.
INVESTMENT IN STRYKER	399,386.	384,214.
INVESTMENT IN SPARTAN INT'L FUND	288,940.	261,753.
TOTAL TO FORM 990-PF, PART II, LINE 10B	1,001,680.	1,070,608.

FORM 990-PF	OTHER INVESTMENTS	STATEMENT	11
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DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
GRESHAM HEDGED STRATEGIES, LP	COST	432,422.	696,781.
GRESHAM GLOBAL OPPORTUNITIES, LP	COST	0.	0.
GRESHAM FOREIGN MANAGERS QP, LP	COST	430,320.	449,422.
GRESHAM DOMESTIC MANAGERS QP, LP	COST	671,807.	661,952.
INVESTMENT IN GRESHAM	COST	0.	0.
INVESTMENT IN GRESHAM EMERGING MARKETES	COST	249,198.	249,198.
INVESTMENT IN GRESHAM OFFSHORE GROWTH STRATEGIES OFFSHORE	COST	698,866.	665,994.
TOTAL TO FORM 990-PF, PART II, LINE 13		2,482,613.	2,723,347.

FORM 990-PF

OTHER ASSETS

STATEMENT 12

DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
DIVIDEND IN TRANSIT	780.	273.	273.
INCOME IN TRANSIT	0.	340,730.	340,730.
TO FORM 990-PF, PART II, LINE 15	780.	341,003.	341,003.