## OMB No 1545-0052

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 <u>www.irs.gov/form990pf</u>.

								•
For	caler	ıdar year 2015, or tax yea	r beginning 01-0	1-2015	, a	nd ending 1	2-31-2015	
	e of foun	idation NN GARFINKLE FOUNDATION INC				A Employer ide	entification numbe	er
1112	MINI & AI	WY GART INKEL TOOMBATION INC				13-6161752		
		street (or P O box number if mail is not d	lelivered to street address)	Room/suite		<b>B</b> Telephone num	ber (see instruction:	s)
39	SARITA \	WALKER ROAD				(203) 323-1191		
City	or town,	state or province, country, and ZIP or for	eign postal code			C If exemption a	application is pendin	g, check here
		VEN, MA 02575						
<b>c</b> Ch	nack all	that apply   Initial return		former public charity		D.1 Faraian are	anniantione choolele	
<b>G</b> C	ieck all	Final return	A mended return	offiler public charity		D 1. Foreign org	ganizations, check he	ere •
		Address change	Name change			2. Foreign or	ganizations meeting	the 85%
							t here and attach co ndation status was t	
		be of organization $\mathbf{\nabla}$ Section 504947(a)(1) nonexempt charitable	11(c)(3) exempt privat		,		507(b)(1)(A), chec	
		` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	ccounting method	Ge private loulidation  ✓ Cash		E If the founds	tion is in a 60-month	h termination
of y	ear <i>(fr</i>	om Part II, col (c),	Other (specify)	<b>V</b> Cush   //ccru	uı		507(b)(1)(B), chec	
line	2 16) ▶	\$ 234,869 (Page 1)	art I, column (d) must	be on cash basıs )				
Pa	rt I	Analysis of Revenue and (The total of amounts in columns (b), (necessarily equal the amounts in column instructions))	(c), and (d) may not	Revenue and expenses per (a) books	(b)	Net investment income	Adjusted net (c) income	Disbursements for charitable purposes (d) (cash basis only)
	1	Contributions, gifts, grants, etc.,	received (attach					
		schedule)						
	2	Check ►	<b>not</b> required to					
		attach						
		Sch B						
	3	Interest on savings and tempora	·					
	4	Dividends and interest from secu	ırıtıes	1,907		1,907		
	5a	<u> </u>						
e	b	Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10		10.000				
Revenue	6a b	Gross sales price for all assets on line 6a		-10,890				
		192,701						
	7	Capital gain net income (from Pa	, ,			0		
	8	Net short-term capital gain						
	9	Income modifications						
	10a	Gross sales less returns and allowances						
	b	Less Cost of goods sold	L					
	C	Gross profit or (loss) (attach sch	•					
	11	Other income (attach schedule)						
	12			-8,983		1,907		
	13	Compensation of officers, directo	,	0		0		0
_	14	Other employee salaries and wag						
Expenses	15	Pension plans, employee benefits Legal fees (attach schedule)						
en en	16a			<b>00-1</b> 1.500		0		0
Exp	b	Accounting fees (attach schedule	· ·	1,600		2,726		0
Ve	C	Other professional fees (attach s		2,726		2,720		
and Administrative	17			<b>96-1</b> 405		0		0
<u>IS</u>	18	Taxes (attach schedule) (see ins	,	465		U		
Ξ	19	Depreciation (attach schedule) a	·					
AG	20	Occupancy						
ק ק	21	Travel, conferences, and meeting						
	22	Printing and publications Other expenses (attach schedule		1,466		0		1,466
Operating	23	Other expenses (attach schedule	·	1,466		U		1,466
eral	24	Total operating and administrati	-	e 257		2 726		1 466
ğ		Add lines 13 through 23		6,257		2,726		1,466
_	25	Contributions, gifts, grants paid		11,725				11,725
	26	Total expenses and disbursement 25	ts.Add lines 24 and	17,982		2,726		13,191
	27	Subtract line 26 from line 12						
	a	Excess of revenue over expenses	and disbursements	-26,965				
	ь	Net investment income (if negati	ve, enter -0-)			0		
	c	Adjusted net income(if negative,	enter -0-)					

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year		f year
			(a) Book Value 2,828	<b>(b)</b> Book Value 2,870	(c) Fair Market Value 2,870
	1	Cash—non-interest-bearing	· · · · · · · · · · · · · · · · · · ·	16,957	
	2	Savings and temporary cash investments	11,141	10,937	10,937
	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 ▶			
Ş	8	Inventories for sale or use			
4ssets	9	Prepaid expenses and deferred charges			
Ř	10a	Investments—U S and state government obligations (attach schedule)	210 174	<b>64</b> ] 106.252	215.042
	b	Investments—corporate stock (attach schedule)	219,174	186,352	215,042
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe ▶)			
	16	<b>Total assets</b> (to be completed by all filers—see the			
		instructions Also, see page 1, item I)	233,144	206,179	234,869
	17	Accounts payable and accrued expenses			
s	18	Grants payable			
Liabilities	19	Deferred revenue			
<u>=</u>	20	Loans from officers, directors, trustees, and other disqualified persons			
La	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe)			
	23	Total liabilities(add lines 17 through 22)	0	0	
S		Foundations that follow SFAS 117, check here			
Ce		and complete lines 24 through 26 and lines 30 and 31.			
Balance	24	Unrestricted			
	25	Temporarily restricted			
Fund	26	Permanently restricted			
		Foundations that do not follow SFAS 117, check here			
0		and complete lines 27 through 31.	222 144	206 170	
Assets	27	Capital stock, trust principal, or current funds	233,144	206,179	
155	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
	29	Retained earnings, accumulated income, endowment, or other funds	233,144	206,179	
Net	30	Total net assets or fund balances (see instructions)		206,179	
	31	Total liabilities and net assets/fund balances(see instructions)	233,144	200,179	
	rt III	, ,			
1		Total net assets or fund balances at beginning of year—Part II, column (		´	222.4.1
_		, , , , , ,			233,144
2		Enter amount from Part I, line 27a			-26,965
3		Other increases not included in line 2 (itemize)		_ 3	0
4		Add lines 1, 2, and 3			206,179
5		Decreases not included in line 2 (itemize)		5	306 170
6		Total net assets or fund balances at end of year (line 4 minus line 5)—Pa	arc II, column (b), li		206,179 rm <b>990-PF</b> (2015)
				FOI	III 990-PF (2015)

Part :	V Capital Gains an	d Losses for Tax on Inve	stment Income				
		e kınd(s) of property sold (e g , re ouse, or common stock, 200 shs	•	How acquired P—Purchase (b) D—Donation	Date	acquired , day, yr )	Date sold (d) (mo , day, yr )
1 a	DEUTSCHE BANK			Р			2015-01-30
b	DEUTSCHE BANK			Р			2015-06-30
С	CHARLES SCHWAB			Р			2015-12-09
d	CHARLES SCHWAB			Р			2015-12-09
е	CAPITAL GAINS DIVI	DENDS		Р			
(€	e) Gross sales price	Depreciation allowe (f) (or allowable)		t or other basis expense of sale	(h		n or (loss) (f) minus (g)
а	37	,726		40,245	5		-2,519
b	26	,482		23,32	7		3,155
С	83	,137		96,733	3		-13,596
d	45	,237		43,286	5		1,951
e		119					119
Со	mplete only for assets sho	owing gain in column (h) and owne	d by the foundation	n on 12/31/69	G	ains (Col	(h) gain minus
(i)	F M V as of 12/31/69	A djusted basis (j) as of 12/31/69		cess of col (ı) r col (j), ıf any		(k), bùt no	ot less than -0-) <b>or</b> (from col (h))
а							-2,519
b							3,155
С							-13,596
d							1,951
e							119
3	If gain, also enter in Pai	gain or (loss) square (loss) gain or (loss) as defined in section rt I, line 8, column (c) (see instru	ctions) If (loss), e	)	2		-10,890
Part	<u> </u>	der Section 4940(e) for R		Net Investme	<u> </u>	me	
(For opt If secti Was the	cional use by domestic privon 4940(d)(2) applies, lea	vate foundations subject to the serve this part blank	ection 4940(a) tax able amount of any	on net investment	ıncome )		⊤Yes <b>√</b> No
		qualify under section 4940(e)  Do t in each column for each year, so	•	•	rios.		
		e in each column for each year, so	e mstructions ben	T I I I I I I I I I I I I I I I I I I I	163		
	(a) e period years Calendar or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	(c) Net value of noncha		(col	(d) Distributio (b) divided	
	2014	13,032		261,953			0 049749
	2013	13,716		257,777			0 053209
	2012	11,687		250,172			0 046716
	2011	16,467		258,748			0 063641
	Z010	20,790 d)		272,090	2		0 076409
2 3	A verage distribution rat	tio for the 5-year base period—div foundation has been in existence	ıde the total on lın	ne 2 by 5, or by	3		0 289724 0 057945
4	Enter the net value of n	oncharitable-use assets for 2015	from Part X, line 5	5	4		247,589
5	Multiply line 4 by line 3			[	5		14,347
6	Enter 1% of net investr	nent income (1% of Part I, line 2	7b)		6		0
7	Add lines 5 and 6			🗁	7		14 347

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

13,191

Pai	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 49	940(e),	or 4948—see pa	ige 18 of t	he inst	ructio	ns)	
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1	<b>-</b>						
	Date of ruling or determination letter			$\cup$				
	(attach copy of letter if necessary-see instructions)							
b	Domestic foundations that meet the section 4940(e) requirements in Part V,			] 1				0
	here ► Tand enter 1% of Part I, line 27b · · · · · · · · · · · · · · · · · · ·							
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizal Part I, line 12, col (b)	ations e	nter 4% of					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foun enter -0-)	ndations	s only Others	2				0
3	Add lines 1 and 2			3				0
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable four enter -0-)	ndation	s only Others	4				0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, e	nter -0		5				0
6	Credits/Payments		_					
а	2015 estimated tax payments and 2014 overpayment credited to 2015	6a						
b	Exempt foreign organizations—tax withheld at source	6b						
С	Tax paid with application for extension of time to file (Form 8868). $\cdot$ .	<b>6</b> c						
d	Backup withholding erroneously withheld	6d		_  [				
7	Total credits and payments Add lines 6a through 6d			7				0
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here	2220 1	s attached	8				
9	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> .		•	9				0
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amoun	t overp	oaid 🕨	10				
11	Enter the amount of line 10 to be Credited to 2015 estimated tax		Ref unded P	11				
	t VII-A Statements Regarding Activities						ı	
1a	During the tax year, did the foundation attempt to influence any national, state	e, or loc	al legislation or	did			Yes	No
	it participate or intervene in any political campaign?					1a		No
b	Did it spend more than \$100 during the year (either directly or indirectly) for p for definition)?			Instruction	ns	1b		No
	If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities	and co	pies of any matei	rıals				
	published or distributed by the foundation in connection with the activities							
	Did the foundation file <b>Form 1120-POL</b> for this year?					<b>1</b> c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) impos		,					
	(1) On the foundation $\blacktriangleright$ \$ 0 (2) On foundation managers			<u>0</u>				
е	Enter the reimbursement (if any) paid by the foundation during the year for poli	itical ex	kpenditure tax ir	nposed				
_	on foundation managers ▶ \$0		the IDCO			_		
2	Has the foundation engaged in any activities that have not previously been rep	portea t	to the IRS? .					No
_	If "Yes," attach a detailed description of the activities	<b>.</b>						
3	Has the foundation made any changes, not previously reported to the IRS, in it of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a confe</i>	-	-	•		3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more d		-			4a		No
ь	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	_	•		•	4b		-110
5	Was there a liquidation, termination, dissolution, or substantial contraction dui					5		No
	If "Yes," attach the statement required by General Instruction T		,					
6	Are the requirements of section 508(e) (relating to sections 4941 through 49-	45) sat	tisfied either					
	By language in the governing instrument, or						`	
	$\bullet \;\;$ By state legislation that effectively amends the governing instrument so th	at no m	nandatory direct	ions			] .	
	that conflict with the state law remain in the governing instrument?					6		No
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 (s $ ightharpoonup NY$	see ins	tructions)					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 99							
	General (or designate) of each state as required by General Instruction G? If $^\prime$					<b>8</b> b	Yes	
9	Is the foundation claiming status as a private operating foundation within the r							
	or 4942(J)(5) for calendar year 2015 or the taxable year beginning in 2015 (s			XIV)?				
	If "Yes," complete Part XIV					9		No
10	Did any persons become substantial contributors during the tax year? If "Yes,"			ng their nan	nes	4.0		<b>N</b> 1
	and addresses				• •	10		No

Par	t VII-A Statements Regarding Activities (continued)			age -
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?	13		
	Website address ►N/A			
14	The books are in care of ►MYRON GARFINKLE  Telephone no ►(508)	) 693-	1403	
	Located at ▶39 SARITA WALKER ROAD WEST TISBURY MA ZIP+4 ▶02575			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here		▶ ┌	-
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over		Yes	No
	a bank, securities, or other financial account in a foreign country?	16		No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ▶			
Pai	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
la	During the year did the foundation (either directly or indirectly)  (1) Engage in the sale or exchange or leaving of property with a disqualified person?			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?  Yes Vo	 		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)  a disqualified person?			
	(2) Europe goods converse or facilities to (exponent them from ) a discussified person?	 		
	1 les 14 les	 		
	(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)?			
	for the benefit or use of a disqualified person)?	 		
	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 Vo			
b	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations	i i		
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
	Γ		ı ı	ı
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,			
_	that were not corrected before the first day of the tax year beginning in 2015?	1c		No
2	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	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 ▶ 2008 , 20 , 20 , 20			
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 )	2b	Yes	
С	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			
٥.	▶ 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?			
h	any time during the year?	I   		
U	or disqualified persons after May 26, 1969, <b>(2)</b> 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 )	3b		
<b>4</b> a	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

	rt VIII-B Statements Reg					
5a	During the year did the foundation	on pay or incur any amoun	t to			
	(1) Carry on propaganda, or other	erwise attempt to influence	e legislation (section 49	45(e)) <sup>?</sup>	√ No	
	(2) Influence the outcome of an	y specific public election (	see section 4955), or to	·	i i	j
	on, directly or indirectly, any	, , ,	•	<u> </u>	No	
	(3) Provide a grant to an individ	ual for travel, study, or oth	ner sımılar purposes?	⊤ Yes [	i i	
	(4) Provide a grant to an organiz			· ·		
	in section 4945(d)(4)(A)? (s		· · · · ·		_ No	
	(5) Provide for any purpose other			i i i i i i i i i i i i i i i i i i i	<b>V NO</b>	
	educational purposes, or for	- ·		_ v /		
h	If any answer is "Yes" to 5a(1)-			, ,	✓ No     	
	Regulations section 53 4945 or	•	• •	•		
	Organizations relying on a curre	=	=		55	
	organizations relying on a carre	ne notice regarding disast	er abbistance eneek ner		┌ ' '	I
С	If the answer is "Yes" to question	on 5a(4), does the foundat	ion claim exemption fron	n the		
	tax because it maintained exper	nditure responsibility for th	ne grant?	Г Yes [	_ <sub>No</sub>	
	If "Yes," attach the statement req			, ,	j	j
<b>6</b> a	Did the foundation, during the ye	· -	• •	premiums on		
	a personal benefit contract?			· · · · Tyes	No	
b	Did the foundation, during the ye	ear, pay premiums, directly	or indirectly, on a perso	· · ·	· i i	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 shel	ter transaction?	No	
b	If yes, did the foundation receive	e any proceeds or have an	y net income attributable	' '	i i	Ì
	Information Abou	ut Officers, Directors	, Trustees, Founda	tion Managers, Highly	Paid Emp	loyees,
	and Contractors					
1	List all officers, directors, truste	es, foundation managers a	ind their compensation (		1	
	(a) Name and address	Title, and average	(c) Compensation(If	(d) Contributions to	Expens	e account,
	(a) Name and address	hours per week (b) devoted to position	not paid, enter -0-)	employee benefit plans	(e) other a	llowances
4YR O	DN GARFINKLE	TRUSTEE	-	and deferred compensation		
	SARITA WALKER ROAD				<b>.</b> I	0
		0 00	0	0		0
/ I N E	EYARD HAVEN, MA 02575	<del></del>	0	C		0
		0 00				
	EYARD HAVEN, MA 02575	0 00	those included on line 1-	-see instructions). If none, e	nter "NONE."	,
2	EYARD HAVEN, MA 02575  Compensation of five highest-pal  (a) me and address of each employee	o 00  Id employees (other than to be a compared by the compare	those included on line 1- age ek (c) Compensation	-see instructions). If none, e	enter "NONE."	e account,
2	EYARD HAVEN, MA 02575  Compensation of five highest-pai  (a)	0 00  id employees (other than to the standard average)	those included on line 1- age ek (c) Compensation	-see instructions). If none, e  Contributions to employee benefit	enter "NONE."	e account,
<b>2</b> Nan	EYARD HAVEN, MA 02575  Compensation of five highest-pal  (a) me and address of each employee more than \$50,000	o 00  Id employees (other than to be a compared by the compare	those included on line 1- age ek (c) Compensation	-see instructions). If none, e  Contributions to employee benefit plans and deferred	enter "NONE."	e account,
2	EYARD HAVEN, MA 02575  Compensation of five highest-pal  (a) me and address of each employee more than \$50,000	o 00  Id employees (other than to be a compared by the compare	those included on line 1- age ek (c) Compensation	-see instructions). If none, e  Contributions to employee benefit plans and deferred	enter "NONE."	e account,
<b>2</b> Nan	EYARD HAVEN, MA 02575  Compensation of five highest-pal  (a) me and address of each employee more than \$50,000	o 00  Id employees (other than to be a compared by the compare	those included on line 1- age ek (c) Compensation	-see instructions). If none, e  Contributions to employee benefit plans and deferred	enter "NONE."	e account,
<b>2</b> Nan	EYARD HAVEN, MA 02575  Compensation of five highest-pal  (a) me and address of each employee more than \$50,000	o 00  Id employees (other than to be a compared by the compare	those included on line 1- age ek (c) Compensation	-see instructions). If none, e  Contributions to employee benefit plans and deferred	enter "NONE."	e account,
<b>2</b> Nan	EYARD HAVEN, MA 02575  Compensation of five highest-pal  (a) me and address of each employee more than \$50,000	o 00  Id employees (other than to be a compared by the compare	those included on line 1- age ek (c) Compensation	-see instructions). If none, e  Contributions to employee benefit plans and deferred	enter "NONE."	e account,
<b>2</b> Nan	EYARD HAVEN, MA 02575  Compensation of five highest-pal  (a) me and address of each employee more than \$50,000	o 00  Id employees (other than to be a compared by the compare	those included on line 1- age ek (c) Compensation	-see instructions). If none, e  Contributions to employee benefit plans and deferred	enter "NONE."	e account,
<b>2</b> Nan	EYARD HAVEN, MA 02575  Compensation of five highest-pal  (a) me and address of each employee more than \$50,000	o 00  Id employees (other than to be a compared of the compare	those included on line 1- age ek (c) Compensation	-see instructions). If none, e  Contributions to employee benefit plans and deferred	enter "NONE."	e account,
<b>2</b> Nan	EYARD HAVEN, MA 02575  Compensation of five highest-pal  (a) me and address of each employee more than \$50,000	o 00  Id employees (other than to be a compared of the compare	those included on line 1- age ek (c) Compensation	-see instructions). If none, e  Contributions to employee benefit plans and deferred	enter "NONE."	e account,
<b>2</b> Nan	EYARD HAVEN, MA 02575  Compensation of five highest-pal  (a) me and address of each employee more than \$50,000	o 00  Id employees (other than to be a compared of the compare	those included on line 1- age ek (c) Compensation	-see instructions). If none, e  Contributions to employee benefit plans and deferred	enter "NONE."	e account,
Nan	EYARD HAVEN, MA 02575  Compensation of five highest-pal  (a) me and address of each employee more than \$50,000	Title, and aver hours per wee (b) devoted to posi	those included on line 1- age ek tion (c) Compensation	-see instructions). If none, e Contributions to employee benefit plans and deferred (d) compensation	enter "NONE."	e account,

Form **990-PF** (2015)

Page 8

13,191

13,191

Form 990-PF (2015)

1a

1b

2

Form 990-PF (2015)

1

2

3 3 251,359 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see 4 3,770

Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 5 Distributable Amount

5 247,589 12,379 Part XI (see instructions) (Section 4942(1)(3) and (1)(5) private operating foundations and certain foreign organizations

check here ► and do not complete this part.) 1 1 12,379

**2**a Tax on investment income for 2015 from Part VI, line 5. . . . . . Income tax for 2015 (This does not include the tax from Part VI). . . 2b 2c 3 Distributable amount before adjustments Subtract line 2c from line 1. . . . . . . . . . . . . . . . 3 4 4 Recoveries of amounts treated as qualifying distributions. . . . . . . . . .

12,379 5 5 12,379

6 6 7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . 7 12,379 Part XII **Qualifying Distributions** (see instructions)

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes

A mounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Expenses, contributions, qifts, etc —total from Part I, column (d), line 26. . . . . . . . . . . . .

the section 4940(e) reduction of tax in those years

Amounts set aside for specific charitable projects that satisfy the За 3b Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 4 13,191

5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment 5

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

	m 990-PF (2015)				Page <b>S</b>
Р	art XIII Undistributed Income (see instruc	tions)			
		(a) Corpus	(b) Years prior to 2014	(c) 2014	<b>(d)</b> 2015
1	Distributable amount for 2015 from Part XI, line 7	'	'		12,379
2	Undistributed income, if any, as of the end of 2015				
а	Enter amount for 2014 only			95	
b	Total for prior years 2008, 20, 20		1,828		
3	Excess distributions carryover, if any, to 2015				
а	From 2010				
b	From 2011				
c	From 2012				
d	From 2013				
	From 2014	0.5			
	Total of lines 3a through e	95			
4	Qualifying distributions for 2015 from Part				
_	XII, line 4  \$ 13,191			95	
	Applied to 2014, but not more than line 2a		0		
D	Applied to undistributed income of prior years (Election required—see instructions)		Ĭ		
c	Treated as distributions out of corpus (Election	0			
	required—see instructions)				
d	Applied to 2015 distributable amount				12,379
e	Remaining amount distributed out of corpus	717			
5	Excess distributions carryover applied to 2015	0			(
	(If an amount appears in column (d), the				
_	same amount must be shown in column (a) )				
6	Enter the net total of each column as indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	812			
	Prior years' undistributed income Subtract				
_	line 4b from line 2b		1,828		
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		О		
d	Subtract line 6c from line 6b Taxable amount				
<u> </u>	—see instructions		1,828		
е	Undistributed income for 2014 Subtract line				
	4a from line 2a Taxable amount—see			0	
	Instructions			9	
т	Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must				
	be distributed in 2015				(
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			
۰	Excess distributions carryover from 2010 not				
٥	applied on line 5 or line 7 (see instructions)	0			
9	Excess distributions carryover to 2016.				
	Subtract lines 7 and 8 from line 6a	812			
	Analysis of line 9				
	Excess from 2011				
	Excess from 2012				
	Excess from 2013 95				
d	Excess from 2014				
	LACC33 HUIII ZUIJ			Forn	n <b>990-PF</b> (2015
				1 0111	(2013

	m 990-PF (2015)			NATE A SUSSESSES	0)	Page <b>1</b> 0
	Part XIV Private Operating Founda	•		<del>'''</del>	9)	
la	If the foundation has received a ruling or dete foundation, and the ruling is effective for 2015			. •		
	Check box to indicate whether the organization	n is a private opera	ting foundation de		4942(J)(3) or	4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for each	(a) 2015	<b>(b)</b> 2014	(c) 2013	(d) 2012	(-)
	year listed					
b	85% of line 2a					
С	Qualifying distributions from Part XII, line 4 for each year listed					
d	A mounts included in line 2c not used directly for active conduct of exempt activities					
е	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					
а	"Assets" alternative test—enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	of minimum investment return shown in					
_	Part X, line 6 for each year listed "Support" alternative test—enter					
Č	(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					
Đ.	art XV Supplementary Information	(Complete this	part only if th	e organization	had \$5,000 o	r more in
	assets at any time during the				α. ψο,σσσ σ.	
L	Information Regarding Foundation Managers:					
а	List any managers of the foundation who have before the close of any tax year (but only if th					ation
b	List any managers of the foundation who own :		•		large portion of the	9
	ownership of a partnership or other entity) of v	which the foundation	n has a 10% or gre	eater interest		
2	Information Regarding Contribution, Grant, G	ift, Loan, Scholarsh	ip, etc., Programs:			
	Check here ►  if the foundation only makes unsolicited requests for funds If the foundation other conditions, complete items 2a, b, c, and	on makes gifts, grar		_		
а	The name, address, and telephone number or	email address of th	e person to whom	applications shoul	d be addressed	
	The form in which applications should be sub-	mitted and informat	ion and materials t	they should include	<u> </u>	
	The form in which applications should be sub-	mitted and informat	ion and materials (	they should include	:	
c	: Any submission deadlines					
_						
d	I Any restrictions or limitations on awards, suc	th as by deographic	al areas : charitabl	e fields, kinds of in	stitutions, or other	-
-	factors	== =, goograpine				

Form 990-PF (2015)

Part XV Supplementary Information(continued)

3 Grants and Contributions Paid		roved for Fi	uture Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	
Name and address (home or business)  a Paid during the year  See Additional Data TableSee Additional Data Table	or substantial contributor	recipient		
<b>Total</b>			▶ 3a	11,725
a Approved for factore payment				
Total	<del></del>		▶ 3b	0

Enter gross	amounts unless otherwise indicated	Unrelated bu	siness income	Excluded by section	512, 513, or 514	<b>(e)</b> Related or exempt
<b>1</b> Program	n service revenue	(a) Business code	<b>(b)</b> A mount	(c) Exclusion code	(d) A mount	function income (See
a NONE						instructions )
f						
_	and contracts from government agencies					
3 Interes	rship dues and assessmentst on savings and temporary cash ments					
	ids and interest from securities			14	1,907	
5 Net ren	tal income or (loss) from real estate					
	financed property					
	ebt-financed property					
propert	Ital Income or (loss) from personal					
	nvestment income (loss) from sales of assets other than					
	ory			18	-10,890	
	ome or (loss) from special events profit or (loss) from sales of inventory					
<b>11</b> Otherr	evenue <b>a</b>					
	<del></del>					
	al Add columns (b), (d), and (e).		C	)	-8,983	(
	dd line 12, columns (b), (d), and (e)			1	13	-8,983
(See w		calculations )				
	orksheet in line 13 instructions to verify		alishment of F	evemnt Durnne	<u> </u>	
	Relationship of Activities to Explain below how each activity for wh the accomplishment of the foundation's instructions )	the Accomp	oorted in column (	(e) of Part XVI-A co	ontributed importa	
Part XVI	Explain below how each activities for wh the accomplishment of the foundation's	the Accomp	oorted in column (	(e) of Part XVI-A co	ontributed importa	
Part XVI	Explain below how each activities for wh the accomplishment of the foundation's	the Accomp	oorted in column (	(e) of Part XVI-A co	ontributed importa	
Part XVI	Explain below how each activities for wh the accomplishment of the foundation's	the Accomp	oorted in column (	(e) of Part XVI-A co	ontributed importa	
Part XVI	Explain below how each activities for wh the accomplishment of the foundation's	the Accomp	oorted in column (	(e) of Part XVI-A co	ontributed importa	
Part XVI	Explain below how each activities for wh the accomplishment of the foundation's	the Accomp	oorted in column (	(e) of Part XVI-A co	ontributed importa	
Part XVI	Explain below how each activities for wh the accomplishment of the foundation's	the Accomp	oorted in column (	(e) of Part XVI-A co	ontributed importa	
Part XVI	Explain below how each activities for wh the accomplishment of the foundation's	the Accomp	oorted in column (	(e) of Part XVI-A co	ontributed importa	
Part XVI	Explain below how each activities for wh the accomplishment of the foundation's	the Accomp	oorted in column (	(e) of Part XVI-A co	ontributed importa	
Part XVI	Explain below how each activities for wh the accomplishment of the foundation's	the Accomp	oorted in column (	(e) of Part XVI-A co	ontributed importa	
Part XVI	Explain below how each activities for wh the accomplishment of the foundation's	the Accomp	oorted in column (	(e) of Part XVI-A co	ontributed importa	
Part XVI	Explain below how each activities for wh the accomplishment of the foundation's	the Accomp	ported in column (	(e) of Part XVI-A co	ontributed importa	
Part XVI	Explain below how each activities for wh the accomplishment of the foundation's	the Accomp	ported in column (	(e) of Part XVI-A co	ontributed importa	
Part XVI	Explain below how each activities for wh the accomplishment of the foundation's	the Accomp	ported in column (	(e) of Part XVI-A co	ontributed importa	
Part XVI	Explain below how each activities for wh the accomplishment of the foundation's	the Accomp	ported in column (	(e) of Part XVI-A co	ontributed importa	
Part XVI	Explain below how each activities for wh the accomplishment of the foundation's	the Accomp	ported in column (	(e) of Part XVI-A co	ontributed importa	
Part XVI	Explain below how each activities for wh the accomplishment of the foundation's	the Accomp	ported in column (	(e) of Part XVI-A co	ontributed importa	
Part XVI	Explain below how each activities for wh the accomplishment of the foundation's	the Accomp	ported in column (	(e) of Part XVI-A co	ontributed importa	
Part XVI	Explain below how each activities for wh the accomplishment of the foundation's	the Accomp	ported in column (	(e) of Part XVI-A co	ontributed importa	
Part XVI	Explain below how each activities for wh the accomplishment of the foundation's	the Accomp	ported in column (	(e) of Part XVI-A co	ontributed importa	
Part XVI	Explain below how each activities for wh the accomplishment of the foundation's	the Accomp	ported in column (	(e) of Part XVI-A co	ontributed importa	

Form 990-P			Page <b>1</b>	<u>13</u>
Part XVI	II Information Regarding Transfers To and Transactions and Relati Noncharitable Exempt Organizations	onships With		
	organization directly or indirectly engage in any of the following with any other organization 501(c) of the Code (other than section $501(c)(3)$ organizations) or in section $527$ , relatin		Yes No	0
organıza	ations?			
<b>a</b> Transfer	rs from the reporting foundation to a noncharitable exempt organization of			
	sh	<u>1a(1)</u>	No	<u> </u>
	ner assets	<u>1a(2)</u>	No	<u> </u>
	ransactions			
	es of assets to a noncharitable exempt organization		No.	_
	rchases of assets from a noncharitable exempt organization		No.	_
	ntal of facilities, equipment, or other assets		No.	_
• •	mbursement arrangements		No No	_
	ormance of services or membership or fundraising solicitations	1b(6)	No.	_
	of facilities, equipment, mailing lists, other assets, or paid employees.	1b(0)	No.	
-	nswer to any of the above is "Yes," complete the following schedule Column (b) should alv			<del>-</del>
	oundation directly or indirectly affiliated with, or related to, one or more tax-exempt organization of the Code (others than 1972).			 
✓No	ed in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  " complete the following schedule  (a) Name of organization (b) Type of organization	(c) Description of relationship	es	
	(-, ///	(-,		_
the	nder penalties of perjury, I declare that I have examined this return, including accompanying e best of my knowledge and belief, it is true, correct, and complete Declaration of preparer formation of which preparer has any knowledge  ******  Signature of officer or trustee  Date  Title	_	sed on all	
Paid	MASOTTI MASOTTI LLC  Preparer's Signature  2016-11-14 emplo	k if self- pyed ▶	389	_
Prepare: Use	MASOTTI & MASOTTI LLC	s EIN ▶ 06-0769038		
Only	Firm's address ►  1100 SUMMER STREET SUITE 401 STAMFORD, CT  06905  Phon	e np (203)323-1191		-

Form 990PF Part XV Line 3 - Gr	ants and Contributions	Paid During	the Year or Approved for F	uture 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	A mount
a Paid during the year				
AMERICAN DIABETES ASSOCIATION 1701 NORTH BEAUREGARD STREET ALEXANDRIA,VA 22311	NONE	501(C)(3)	SUPPORT TO THOSE AFFECTED BY DIABETES	250
BIODIVERSITY WORKS PO BOX 557 EDGARTOWN,MA 02539	NONE	501(C)(3)	CONSERVATION OF BIODIVERSITY	500
DEVOTED TO CHILDREN FOUNDATION 1 WATERLOO CIRCLE PARK CITY, MA 84060	NONE	501(C)(3)	HOMES FOR ORPHANED & ABANDONED CHILDREN	250
FRIENDS OF FAMILY PLANNING 517 STATE ROAD VINEYARD HAVEN,MA 02568	NONE	501(C)(3)	PUBLIC EDUCATION	100
FRIENDS OF MVY RADIO PO BOX 1729 VINEYARD HAVEN, MA 02568	NONE	501(C)(3)	PRESENTS NEW MUSIC ARTISTRY	1,000
GREENWICH SCHOLARSHIP ASSOCIATION 1 LAFAYETTE COURT GREENWICH,MA 06830	NONE	501(C)(3)	NEED-BASED FIRST YEAR COLLEGE SCHOLARSHIPS	1,000
ISLAND ELDERLY HOUSING INC 60B VILLAGE ROAD VINEYARD HAVEN,MA 02568	NONE	501(C)(3)	HOUSING TO LOWINCOME ELDERLY & DISABLED	250
FRIENDS OF NOSARA 1780 TIMARU COURT RENO,NV 89523	NONE	501(C)(3)	NATURE CONSERVATION IN COSTA RICA	500
KIEVE-WAVUS EDUCATION INC 42 I42 NOBLEBORO,MA 04555	NONE	501(C)(3)	EMPOWERS PEOPLE TO CONTRIBUTE TO SOCIETY	1,000
MARTHA'S VINEYARD CENTER FOR LIVING SENIOR PO BOX 1729 VINEYARD HAVEN, MA 02568	NONE	501(C)(3)	DAY CARE FOR SENIORS	100
MARTHA'S VINEYARD PRESERVATION TRUST PO BOX 5277 EDGARTOWN, MA 02539	NONE	501(C)(3)	PRESERVATION & RESTORATION OF THE LANDMARKS OF MARTHA'S VINEYARD	500
MV COMMUNITY SERVICES 111 EDGARTOWN ROAD VINEYARD HAVEN, MA 02568	NONE	501(C)(3)	EDUCATION & COMMUNITY OUTREACH	500
RED STOCKING FUND PO BOX 600 EDGARTOWN, MA 02539	NONE	501(C)(3)	FOOD FOR LOW INCOME FAMILIES	500
WILD TOMORROW FUND 413 WEST 48TH ST 3F NEW YORK,NY 10036	NONE	501(C)(3)	PROTECTING WILDLIFE FROM EXTINCTION	200
SHERRIF'S MEADOW FOUNDATION 57 DAVID AVE VINEYARD HAVEN, MA 02568	NONE	501(C)(3)	NATURE CONSERVATION	500
Total			▶ 3a	11,725

Recipient	f recipient is an individual,	Foundation	Purpose of grant or	A mount
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	status of recipient	contribution	
<b>a</b> Paid during the year				
HOSPICE OF MARTHA'S VINEYARD 79 BEACH ROAD VINEYARD HAVEN,MA 02568	NONE	501(C)(3)	HOSPICE CARE	500
THE ISLAND FOOD PANTRY PO BOX 1874 VINEYARD HAVEN,MA 02568	NONE	501(C)(3)	FOOD TO LOW INCOME FAMILIES	500
THE MARTHA'S VINEYARD FILM SOCIETY PO BOX 592 CHILMARK,MA 02535	NONE	501(C)(3)	COMMUNITY OUTREACH	1,000
THE NATURE CONSERVANCY 99 BEDFORD ST 5TH FLOOR BOSTON,MA 02111	NONE	501(C)(3)	NATURE CONSERVATION	250
THE POLLY HILL ARBORETUM 809 STATE ROAD WEST TISBURY,MA 02575	NONE	501(C)(3)	NATURE CONSERVATION & BOTANICAL CENTER	500
THE TRUSTEES OF RESERVATIONS 572 ESSEX STREET BEVERLY,MA 01915	NONE	501(C)(3)	LAND CONSERVATION	500
TISBURY WATERWAYS INC PO BOX 2557 VINEYARD HAVEN,MA 02568	NONE	501(C)(3)	CLEAN WATER CONSERVATION	125
VINEYARD CONSERVATION SOCIETY PO BOX 2189 VINEYARD HAVEN,MA 02568	NONE	501(C)(3)	SOCIETY AWARENESS ON CONSERVATION AGAINST EXPLOITATION	500
SERVING HANDS PO BOX 4685 VINEYARD HAVEN,MA 02568	NONE	501(C)(3)	GROCERIES FOR PEOPLE IN NEED	250
OLIVIA HART 31 DOCK STREET EDGARTOWN,MA 02539	NONE		HARDSHIP FOR HEART TRANSPLANT	250
COMMUNITY SOLAR GREENHOUSE (COMSOG) 114 NEW YORK AVE VINEYARD HAVEN,MA 02568	NONE	501(C)(3)	COMMUNITY GREENHOUSE INITIATIVE	200

cine divaring print bottor redector	A3 Tilled Data		DEN 33431320003230
TY 2015 Accounting Fees Scho	edule		
Name:	HENRY & ANN GA	RFINKLE FOUNDATION	INC
ETNI.	12 6161752		

DI N: 93491320003256

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ACCOUNTING

<b>EIN:</b> 13-6161752				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes

1,600

	715 1 1164 5414		
TY 2015 Investments Corpora	ate Stock Sche	dule	
Name:	HENRY & ANN GA	RFINKLE FOUNDATION	INC
FTN:	13-6161752		

DLN: 93491320003256

215,042

186,352

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SEE ATTACHED SCHEDULE

<b>EIN:</b> 13-6161752		
Name of Stock	End of Year Book Value	End of Year Fair Market Value

Description Revenue and Expenses Net Investment Adjusted Net Income

572

894

per Books

**EIN:** 13-6161752

Income

Name: HENRY & ANN GARFINKLE FOUNDATION INC.

DLN: 93491320003256

Disbursements for

**Charitable Purposes** 

572

894

TY 2015 Other Expenses Schedule

BANK SERVICE CHARGE

ADMINISTRATIVE

INVESTMENT ADVISORY FEES

**EIN:** 13-6161752

**Amount Net Investment** Category **Adjusted Net** 

2,726

Disbursements for

DLN: 93491320003256

Charitable **Purposes** 

Income Income

2,726

TY 2015 Taxes Schedule	
<b>Name:</b> HENF	Y & ANN GARFINKLE FOUNDATION INC

DLN: 93491320003256

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FEDERAL AND STATE TAX

E	IN: 13-6161	./52		
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes

465