

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



DLN: 93491316000046

OMB No 1545-0052

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

Department of the Treasury Internal Revenue Service

▶ 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>.

								Inspection
For	calen	dar year 2015, or tax year beginr	ning 07-0	01-2015	, an	nd ending 0	6-30-2016	
	e of found					A Employer ide	entification numb	er
c/c	Joseph (20-6076603		
		A GIMMA TRUSTEE street (or P O box number if mail is not delivered to si	reet address)	Room/suite		B Telephone nun	nber (see instruction	s)
8 (Outlook Di	rive	,					
Cıtv	or town	state or province, country, and ZIP or foreign postal co	ndo.			C If exemption	application is pendin	a check here
	en, CT 06		ode			• If exemption	application is perially	g, check here
								·
G Cr	neck all	<u> </u>	return of a led return	former public charity	′	D 1. Foreign or	ganizations, check h	ere •
		Address change Name				2. Foreign or	ganizations meeting	the 85%
						test, check	k here and attach co	mputation 🕨
		pe of organization					507(b)(1)(A), ched	
		4947(a)(1) nonexempt charitable trust t value of all assets at end JAccounting		ble private foundatio ✓ Cash		F 70 U 6 U		
		t value of all assets at end		→ Casii Accit	uai		ition is in a 60-mont n 507(b)(1)(B), ched	
				be on cash basıs)				•
Pa	rt I	Analysis of Revenue and Expens	es	Revenue and	<u> </u>			Disbursements
		(The total of amounts in columns (b), (c), and (d) in necessaily equal the amounts in column (a) (see	may not	expenses per	(b)	Net investment income	Adjusted net (c) income	for charitable purposes
		instructions))		(a) books	(-,			(d) (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach					
		schedule)		0	<u> </u>			
	2	Check ► 🔽 if the foundation is not require	d to					
		attach						
	_	Sch B		1		1		
	3	Interest on savings and temporary cash inv	es iments	5,449	-	5,449		
	4	Dividends and interest from securities Gross rents		3,443		3,449		
	5a b	Net rental income or (loss)						
<u>e</u>	6a	Net gain or (loss) from sale of assets not of	— 1 line 10	-789				
e K	b	, ,	Time 10					
Revenue	"	Gross sales price for all assets on line 6a 30,929						
4	7	Capital gain net income (from Part IV, line	2)			0		
	8	Net short-term capital gain						
	9	Income modifications						
	10a	Gross sales less returns and						
	ь	Less Cost of goods sold						
	, c	Gross profit or (loss) (attach schedule) .						
	11	Other income (attach schedule)		6,271		6,271		
		Total.Add lines 1 through 11		10,932		11,721		
	13	Compensation of officers, directors, trustee		0		11,721		
	14	Other employee salaries and wages						
ر.	15	Pension plans, employee benefits						
Se	16a	Legal fees (attach schedule)						
Expenses	b	Accounting fees (attach schedule)		5,250		2,625	C	2,625
	c	Other professional fees (attach schedule)		1,628		1,628		·
Administrative	17	Interest				, -		
rat	18							
nst.	19	Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion						
Ē	20	Occupancy						
Αď	21	Travel, conferences, and meetings						
and	22	Printing and publications						
	23	Other expenses (attach schedule)		130		30		100
tm	24	Total operating and administrative expense		-				
Operating		Add lines 13 through 23		7,008		4,283	C	2,725
Ор	25	Contributions, gifts, grants paid		· · · · · · · · · · · · · · · · · · ·		,		2,350
	26	Total expenses and disbursements. Add line		, ==				, ==
		25	- Z r unu	9,358		4,283	С	5,075
	27	Subtract line 26 from line 12						
	a	Excess of revenue over expenses and disbu		1,574				
	ь	Net investment income (If negative, enter -	•			7,438		
	ا د	Adjusted net income(if negative, enter -0 -)		i	I			i

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	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	7 150	3 505	3 505
	2	Savings and temporary cash investments	7,150	3,505	3,505
	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 ▶			
S	8	Inventories for sale or use			
4ssets	9	Prepaid expenses and deferred charges			
As	10a	Investments—U S and state government obligations (attach schedule)			
	Ь	Investments—corporate stock (attach schedule)	85,790	82,751	143,218
	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)	124,401	132,661	131,442
	14	Land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe ►)			
	16	Total assets (to be completed by all filers—see the			
		instructions Also, see page 1, item I)	217,341	218,917	278,165
	17	Accounts payable and accrued expenses			
Ś	18	Grants payable			
Liabilities	19	Deferred revenue			
<u>=</u>	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe)			
	23	Total liabilities(add lines 17 through 22)		0	
s		Foundations that follow SFAS 117, check here			
Balance		and complete lines 24 through 26 and lines 30 and 31.			
<u>=</u>	24	Unrestricted			
	25	Temporarily restricted			
Fund	26	Permanently restricted			
		Foundations that do not follow SFAS 117, check here			
ŏ		and complete lines 27 through 31.			
Assets	27	Capital stock, trust principal, or current funds			
55	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds	217,341	· ·	
Net	30	Total net assets or fund balances (see instructions)	217,341		
	31	Total liabilities and net assets/fund balances(see instructions)	217,341	218,917	
Pa	rt 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 a	gree	
		with end-of-year figure reported on prior year's return)		1	217,341
2		Enter amount from Part I, line 27a			1,574
3		Other increases not included in line 2 (itemize)		3	2
4		Add lines 1, 2, and 3		4	218,917
5		Decreases not included in line 2 (itemize) ▶		5	
6		Total not assets or fund balances at end of year (line 4 minus line 5)—B	art II. column (b) I	ma 20 a	219 017

Part.	List and describe	the kind	d(s) of property sold (e g , r or common stock, 200 she	real estate	2,		How acquire P—Purchase D—Donation	2 (6)	Date acquired (mo , day, yr)	Date sold (d) (mo , day, yr)
1a	See Additional Data	Table								
b										
С										
d										
								+		
) Gross sales price		Depreciation allow (f) (or allowable)	ed			ther basis nse of sale			n or (loss) (f) minus (g)
а	See Additional Data	Table	,							
b										
С										
d										
								+		
	mnlete only for assets s	howing	gain in column (h) and owr	ed by the	foundation	on 1	2/31/69	+	Caine (Col	(h) gain minus
	F M V as of 12/31/69	nowing	Adjusted basis (j) as of 12/31/69	Ted by the	Exc	ess	of col (I) (J), If any	(1)	col (k), but no	ot less than -0-) o i (from col (h))
а	See Additional Data	Table					7			
b								\top		
С										
d										
e								+		
2	Capital gain net incor	me or (n	et capital loss)		also enter i , enter -0-			}	2	-789
3	Net short-term capita	al gain o	r (loss) as defined in secti	ons 1222	(5) and (6)					
	If gain, also enter in I in Part I, line 8 .	Part I, lı	ne 8, column (c) (see instr	ructions)	If (loss), er · · ·	nter -	· 0 -	} 3		
Part	V Qualification U	Jnder	Section 4940(e) for	Reduced	d Tax on	Net	Investm	ent I	ncome	
fsection	on 4940(d)(2) applies, l	leave th	·							┌ Yes ┌ No
f"Yes,	" the foundation does no	ot qualıf	n 4942 tax on the distribuy under section 4940(e) [Oo not con	nplete this	part				Tes NO
1 E N		unt in ea	ach column for each year, s	see instru	ctions bero	re m	aking any en	tries		
	(a) period years Calendar or tax year beginning in)	Adju	(b) sted qualifying distributions	Net valu	(c) ue of nonchan	ıtable-	use assets		(d) Distributio (col (b) divideo	n ratio
	2014									
	2013									
	2012									
	2011									
	Z010	2 (4)								
2 3	A verage distribution	ratio for	the 5-year base period—d	livide the t	otal on line	e 2 b	F	3		
4	•		dation has been in existend Aritable-use assets for 201		•		-	4		
4					•					
5			ncomo (19/ of Dart I line)				F	5		
6			ncome (1% of Part I, line 2	,				6		
7								7		
8			from Part XII, line 4				L	8		
	If line 8 is equal to or the Part VI instruction	_	than line 7, check the box	(In Part V	I, line 1b, a	and c	omplete tha	t part	usıng a 1% ta	x rate See

8a Enter the states to which the foundation reports or with which it is registered (see instructions)

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.

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)?

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

▶NY

If "Yes," complete Part XIV

and addresses

8h

9

10

Yes

No

No

Par	rt VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person ha	d		
	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	Yes	
	Website address ►N/A			
14	The books are in care of ▶JOSEPH A GIMMA TRUSTEE Telephone no ▶(2)	33)866	-0673	
	Located at ►8 OUTLOOK DRIVE DARIEN CT ZIP+4 ►06820			
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			
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 ▶			
Pal	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required	$\overline{}$	T.,	T
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	-	Yes	No
Ia	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?	_		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes V N (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	0	i	i
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	i		i
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	i	i	i
	(5) Transfer any income or assets to a disqualified person (or make any of either available			i
	for the benefit or use of a disqualified person)?	0		
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	į	İ	Ì
	ıf 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)	ا ه		ļ
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)?	. 1b		1
	Organizations relying on a current notice regarding disaster assistance check here	ı	ı	I
с	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,	1		1
	that were not corrected before the first day of the tax year beginning in 2015?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
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?	o 	1	
b	If "Yes," list the years > 20, 20, 20, 20 Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to all years listed, answer "No" and attach statement—see instructions)	2b		No
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	▶ 20, 20, 20			
3а	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at			
	any time during the year?	o 		
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)	3b		
4 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

Pal	Statements Rega	arding Activities for	Which Form 4720	мау ве кеquirea (со	ntınued	1)	
5a	During the year did the foundatio	n pay or incur any amoun	t to				
	(1) Carry on propaganda, or othe	rwise attempt to influence	e legislation (section 49	45(e)) [?]	✓ 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 individu	ıal for travel, study, or oth	ner sımılar purposes?	☐ Yes	✓ No		
	(4) Provide a grant to an organiz	ation other than a charita	ble, etc , organization de	scribed .	·		
	in section 4945(d)(4)(A)? (s	ee instructions)		Yes	✓ No		
	(5) Provide for any purpose othe	r than religious, charitable	e, scientific, literary, or	•	·		
	educational purposes, or for	the prevention of cruelty t	co children or animals?.	· · · · · Tyes	✓ No		
b	If any answer is "Yes" to 5a(1)-	(5), dıd any of the transac	tions fail to qualify under	the exceptions described	ın		
	Regulations section 53 4945 or	ın a current notice regard	ıng dısaster assıstance	(see instructions)?	[5b	
	Organizations relying on a currer	nt notice regarding disast	er assistance check here	e	• [
						1	1
С	If the answer is "Yes" to questio	* **	· ·				
	tax because it maintained expen			· · · · · · T Yes	∏ No │	ļ	ļ
	If "Yes," attach the statement requ	· -					
6a	Did the foundation, during the ye	•		premiums on			
	a personal benefit contract?			· · · ·	▼ No	ļ	ļ
b	Did the foundation, during the ye	ar, pay premiums, directly	y or indirectly, on a perso	onal benefit contract?		6b	No
_	If "Yes" to 6b, file Form 8870				_		
	At any time during the tax year,	·		1 103	'' i	-	ļ
b	If yes, did the foundation receive	, ,				7b	
Pai	it VIIII and Contractors	it Officers, Directors	s, Trustees, Founda	ition Managers, High	ly Paid	Employ	yees,
1	List all officers, directors, trustee	es, foundation managers a	and their compensation (see instructions).			
		Title, and average	(c) Compensation(If	(d)			
	(a) Name and address	hours per week	not paid, enter	Contributions to employee benefit plans		xpense a ther allo	
		(b) devoted to position	-0-)	and deferred compensatio	1	rener ano	wances
losep	h A Gimma	Trustee	0		0		0
	itlook Drive	1 0					
	en, CT 06820	d ampleyage (at hout han i	these included on line 1	and instructions). If none	ontor "N	ONE "	
	Compensation of five highest-paid	d employees (other than	those included on line 1-	Contributions to		ONE.	
Nar	(a) me and address of each employee	Title, and aver		employee henefi	_ I	xpense a	ccount,
IVGI	more than \$50,000	(b) devoted to posi	` ' '	plans and deferre	d (e) d	ther allo	wances
				(d) compensation			
Tota	I number of other employees paid	over \$50,000		 ▶			

Form 990-PF (2015)

5

5

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

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

Distributable Amount

(see instructions) (Section 4942(1)(3) and (1)(5) private operating foundations and certain foreign organizations

Part XI 1

check here ► and do not complete this part.)

2a Tax on investment income for 2015 from Part VI, line 5. Income tax for 2015 (This does not include the tax from Part VI). . .

Distributable amount before adjustments Subtract line 2c from line 1.

3 4 Recoveries of amounts treated as qualifying distributions.

5

6 7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . .

Part XII **Qualifying Distributions** (see instructions)

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

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

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

Amounts set aside for specific charitable projects that satisfy the

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

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

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

2a

2b

2 За 3b

4

5

1

2c

3

4

5

6

7

1a

1h

4

5

149

5.075 5,075

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for Form 990-PF (2015)

Page 8

4,274

280,635

14,032

14,032

149

13,883

13.883

13,883

5,075

0 Ω

	m 990-PF (2015)				Page 9
P	art XIII Undistributed Income (see instru	ctions)			
		(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1	Distributable amount for 2015 from Part XI, line 7	Сограз	rears prior to 2014	2014	13,883
	Undistributed income, if any, as of the end of 2015				,
a	Enter amount for 2014 only			0	
b			0		
3	Excess distributions carryover, if any, to 2015				
a	From 2010				
b	4.405				
c	From 2012 2,741				
d	From 2013 2,343				
е	From 2014				
f	Total of lines 3a through e	14,648			
4	Qualifying distributions for 2015 from Part				
	XII, line 4 🕨 \$				
а	Applied to 2014, but not more than line 2a			0	
b	Applied to undistributed income of prior years				
	(Election required—see instructions)				
C	Treated as distributions out of corpus (Election				
ام	required—see instructions)				5,075
	Applied to 2015 distributable amount	0			3,075
	Remaining amount distributed out of corpus	8,808			8,808
9	Excess distributions carryover applied to 2015	0,000			0,000
	(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	5,840			
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				
d	Subtract line 6c from line 6b Taxable amount				
	—see instructions		0		
е	Undistributed income for 2014 Subtract line				
	4a from line 2a Taxable amount—see			0	
f	Undistributed income for 2016 Subtract				
•	lines 4d and 5 from line 1. This amount must				
	be distributed in 2015				(
7	A mounts treated as distributions out of				
	corpus to satisfy requirements imposed by				
	section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)				
R	Excess distributions carryover from 2010 not				
	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2016.				
	Subtract lines 7 and 8 from line 6a	5,840			
10	Analysis of line 9				
а					
b					
	Excess from 2013 2,343				
d					
e	Excess from 2015			-	orm 990-PF (2015
				F(ハー・フラリーピア (ノリー5)

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

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

Darien, CT 06820 (203) 853-1040

factors N/A

SEE ATTACHED EXHIBIT A

c Any submission deadlines

Form 990-PF (2015)

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	A mount		
a Paid during the year	Of Substantial Contributor					
Click it for Cassie 576 Post Road Darien, CT 06820	None	PC	Unrestricted, to promote seat belt and automobile safety	350		
Juvenile Diabetes Research Foundation Int'l 20 Batterson Park Road Farmington, CT 06032	None	PC	Unrestricted, to support endowment and maintenace funds	1,000		
Semper Fi Fund 825 College Blvd Suite 102 PMB 609 Oceanside,CA 92057	None	PC	Unrestricted, to support educational and general assistance programs in support of wounded veterans	1,000		
Total			▶ 3a	2,350		
b Approved for future payment						
Total			▶ 3b			

Part XVI-A Analysis of Income-Produc	cing Activitie	s			
Enter gross amounts unless otherwise indicated	Unrelated bu	usiness income	Excluded by section	n 512, 513, or 514	(e) Related or exempt
1 Program service revenue	(a) Business code	(b) A mount	(c) Exclusion code	(d) A mount	function income (See instructions)
a					
b					
c					
d					
e					
f					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					1
4 Dividends and interest from securities					5,449
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					-789
9 Net income or (loss) from special events					765
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a OTHER INVESTMENT INCOME					6,227
b FEDERAL TAX REFUND					44
c					
d					
e 12 Subtotal Add columns (b), (d), and (e)					10.02
13 Total. Add line 12, columns (b), (d), and (e)				 13	10,932
(See worksheet in line 13 instructions to verify	calculations)				
Part XVI-B Relationship of Activities t		-			
Line No. Explain below how each activity for whethe accomplishment of the foundation instructions)					

(2) Other assets	1a(1) 1a(2) 1b(1) 1b(2) 1b(3)	Yes	No No No
section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of (1) Cash	1a(2) 1b(1) 1b(2) 1b(3)	Yes	No No
a Transfers from the reporting foundation to a noncharitable exempt organization of (1) Cash	1a(2) 1b(1) 1b(2) 1b(3)		No
(1) Cash. (2) Other assets. (3) Other transactions (1) Sales of assets to a noncharitable exempt organization. (2) Purchases of assets from a noncharitable exempt organization. (3) Rental of facilities, equipment, or other assets. (4) Reimbursement arrangements. (5) Loans or loan guarantees. (6) Performance of services or membership or fundraising solicitations. c Sharing of facilities, equipment, mailing lists, other assets, or paid employees. d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.	1a(2) 1b(1) 1b(2) 1b(3)		No
(2) Other assets. b Other transactions (1) Sales of assets to a noncharitable exempt organization. (2) Purchases of assets from a noncharitable exempt organization. (3) Rental of facilities, equipment, or other assets. (4) Reimbursement arrangements. (5) Loans or loan guarantees. (6)Performance of services or membership or fundraising solicitations. c Sharing of facilities, equipment, mailing lists, other assets, or paid employees. d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair mark of the goods, other assets, or services given by the reporting foundation If the foundation received less than fair market in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received	1a(2) 1b(1) 1b(2) 1b(3)		No
to ther transactions (1) Sales of assets to a noncharitable exempt organization. (2) Purchases of assets from a noncharitable exempt organization. (3) Rental of facilities, equipment, or other assets. (4) Reimbursement arrangements. (5) Loans or loan guarantees. (6) Performance of services or membership or fundraising solicitations. c Sharing of facilities, equipment, mailing lists, other assets, or paid employees. d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair marked of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.	1b(1) 1b(2) 1b(3)		
(1) Sales of assets to a noncharitable exempt organization. (2) Purchases of assets from a noncharitable exempt organization. (3) Rental of facilities, equipment, or other assets. (4) Reimbursement arrangements. (5) Loans or loan guarantees. (6) Performance of services or membership or fundraising solicitations. (6) Performance of facilities, equipment, mailing lists, other assets, or paid employees. d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair mark of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.	1b(2) 1b(3)		No
(2) Purchases of assets from a noncharitable exempt organization. (3) Rental of facilities, equipment, or other assets. (4) Reimbursement arrangements. (5) Loans or loan guarantees. (6) Performance of services or membership or fundraising solicitations. (6) Performance of facilities, equipment, mailing lists, other assets, or paid employees. d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair mark of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.	1b(2) 1b(3)		No
(3) Rental of facilities, equipment, or other assets. (4) Reimbursement arrangements. (5) Loans or loan guarantees. (6) Performance of services or membership or fundraising solicitations. c Sharing of facilities, equipment, mailing lists, other assets, or paid employees. d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair mark of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.	1b(3)		-
(4) Reimbursement arrangements			No
(5) Loans or loan guarantees			No
(6)Performance of services or membership or fundraising solicitations	1b(4)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1b(5)		No
d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair mark of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received	1b(6)		No
of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received	1c		No
	t value d		nts
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?	·	es	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and state the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) information of which preparer has any knowledge Sign May the		ed on	all
below	e prepare	er shov	٧n
' Signature of officer or trustee Date ' Title (see ins	ıstr)? 🗸	Yes [No
Print/Type preparer's name Preparer's Signature Date Check if self-employed ▶ ☐ PTIN POO	08485	55	
Paid Firm's name ► R L DEPANFILIS & COMPANY LLC Use Firm's EIN ►			
Only Firm's address 13 BYINGTON PLACE NORWALK, CT 06850 Phone no (203) 853-1040			

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d						
	List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co)			(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)	
FPA CRESCENT PORTI	FOLIO		Р	2010-04-13	2015-07-13	
INTREPID CAPITAL FU	JND		Р		2015-12-10	
INTREPID CAPITAL FU	DND		Р		2015-12-10	
PRINCIPAL GLOBAL D	IVERSIFIED		Р	2013-04-15	2015-07-13	
RMR GROUP, INC			Р	2015-12-15	2016-03-15	
NAVIOS MARITIME PI	TNRS LP		Р	2011-11-01	2016-03-15	
SMEAD VALUE FUND			Р	2015-12-10	2016-05-11	
RMR GROUP CASH-IN	-LIEU		Р	2015-12-15	2015-12-21	
Form 990PF Part IV - Capit	al Gains and Losses for Ta	x on Invest	ment Income -	Columns e - h		
(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale				
1,975		1,550		4		
14,050		15,864		-1,81		
1,624		1,747		-12		
8,975			9,308	-333		
38			24	1		
240			2,570	-2,33		
575			653	-7:		
3			2	1		
Form 990PF Part IV - Capit	al Gains and Losses for Ta	x on Invest	ment Income -	Columns i - I		
Complete only for assets show	ung gain in column (h) and owned b	y the foundation	on on 12/31/69		(h) gain minus it less than -0-) or	
(i) F M V as of 12/31/69	A djusted basıs (j) as of 12/31/69		ess of col (I) col (j), if any		(from col (h))	
					425	
					-1,814	
					-123	
					-333	
					14	
					-2,330	
					-78	
					1	

Citie Cidii iilo piiii. De iio i iilocale			
TY 2015 Accounting Fees School	edule		
Name:	Joseph and Licia (c/o Joseph Gimma	Gimma Foundation	

DLN: 93491316000046

2,625

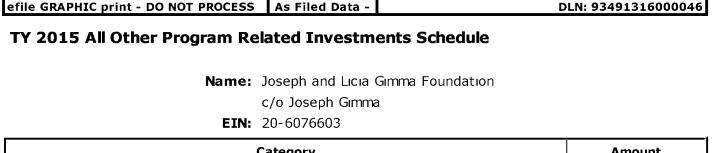
efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

ACCOUNTING FEES

	EIN: 20-6	5076603		
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes

2,625

5,250



Category Amount

NONE

lefile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93491316000046 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. TY 2015 Depreciation Schedule **Name:** Joseph and Licia Gimma Foundation c/o Joseph Gimma

EIN: 20-6076603

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 9349131600004						
TY 2015 Investments Corporate Stock Schedule						
	Joseph and Licia Gimma c/o Joseph Gimma 20-6076603	a Foundation				
Name of Stoc	k	End of Year Book Value	End of Year Fair Market Value			
CORPORATE EQUITIES -						
STIFEL NICOLAUS		82,751	143,218			

effie GRAPHIC Print - DO NOT PROCESS	AS Filed Data -	DLN: 93491316000046				
TY 2015 Investments - Other Schedule						
Name:	Joseph and Licia Gimma Found	dation				
EIN:	c/o Joseph Gimma 20-6076603					

DI N. 02401216000046

131,442

132,661

ofile CDADUIC maint DO NOT DDOCESS As Filed Date

MUTUAL FUNDS GENEOS WEALTH MGT

EIN: 20-60/6603				
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value	
	· · · · · · · · · · · · · · · · · · ·			

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

FEES & REGISTRATIONS

BANK FEES

100

30

Name: Joseph and Licia Gimma Foundation c/o Joseph Gimma

EIN: 20-6076603

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes

30

DLN: 93491316000046

100

TY 2015 Other Income Schedule						
Name:	Joseph and Licia Gimma Foundation c/o Joseph Gimma					
EIN:	20-6076603					

DLN: 93491316000046

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income		
OTHER INVESTMENT INCOME	6,227	6,227			
TAX REFUND	44	44			

efile GRAPHIC print - DO NOT PROCESS	AS Filed Data -	DLN: 93491316000046					
TY 2015 Other Increases Schedule							
	Joseph and Licia Gimma Foundation	on					
	c/o Joseph Gimma						

DI N. 0240424 C00004C

effice CDA DUTC regist DO NOT DDOCECC As Filed Date

ROUNDING

Description	Amount
EIN: 20-6076603	

Y 2015 Other	r Professional	Fees Schedule	

Name: Joseph and Licia Gimma Foundation

Income

1,628

c/o Joseph Gimma

1,628

EIN: 20-6076603

Category Amount Net Investment Adj

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

INVESTMENT ADVISORY FEES

nent Adjusted Net Disbu Income C

Disbursements for Charitable Purposes

DLN: 93491316000046

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491316000046 TY 2015 Taxes Schedule						
Name: Joseph and Licia Gimma Foundation c/o Joseph Gimma EIN: 20-6076603						
Category	An	nount	Net Inve Inco		Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL TAXES ON						

INVESTMENT INCOME

JOSEPH AND LICIA GIMMA FOUNDATION GRANT GUIDELINES

Grant proposals will not be considered unless they have been invited by the Trustees of the Foundation.

GENERAL OVERVIEW

Like most donors, the Joseph and Licia Gimma Foundation has limited resources, and we will not be able to fund all the excellent programs seeking support.

GRANT PROPOSALS

Grant proposals will not be considered unless they have been invited by the Trustees of the Foundation. Grant seekers should place a premium on brevity. Grant proposals must be in writing, and must include the following:

Organization Background: Description of the organization's history and mission; most recent annual report; annual budget; funding sources for overall operating expenses; documentation of tax-exempt status: 501(o)(3) letter from the Internal Revenue Service or evidence of de facto tax-exempt status as local, state or federal government entity: IRS Form 990 from the previous year.

Project Purpose: The project's overall objective and how the Joseph and Licia Gimma Foundation support will enable the organization to fulfill the objective.

Project Details: The project's key elements and time frame. Population to be served (demographic, geographic location, etc.).

Problem(s) Addressed: Specific needs addressed through project activities, including a description of how the needs are quantified.

Rationale: Discussion of why the Joseph and Licia Gimma Foundation should support the project. How the proposed project advances the philanthropic priorities of the Joseph and Licia Gimma Foundation.

Participants: Names and titles of persons who will oversee/implement project: names and titles of persons who will have fiscal authority over grant fund expenditures.

Linkage to Similar Initiatives: How the project links to similar efforts planned or under way, or to other programs dealing with complementary needs in the targeted area.

Budget: Detailed Budget. Names of other contributors and how much they will underwrite. How the project will be implemented and sustained if the Joseph and Licia Gimma Foundation does not fund the full amount requested. Plans for sustaining the project after the grant term expires.

Outcomes: Specific outcomes the project is expected to achieve. Expected impact on program.

Evaluation: How results will be measured and attributed to actions undertaken through the project. How results will be sustained. Detailed description of how the project will be evaluated, including participants and cost.

Accountability: How the organization will account to the Joseph and Licia Gimma Foundation for grant fund expenditures.

FOUNDATION CONTACT

Joseph and Licia Gimma Foundation Joseph Gimma 8 Outlook Drive Darien, Connecticut 06820