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Form **990-PF**

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

OMB No 1545-0052

	Depa	utmen	it of the Treasury							n this form as					4	y I	J
			t of the Treasury venue Service							instructions					Open to P	ublic Ins	pection
	For	caler	ndar year 2015 (or tax year	r beginning	D	EC 1	, 201	<u>15</u>	, and e	nding	NOA					
			f foundation									A Emp	loyer ic	lentification	number		
				JUDIT	TH TOE	віи с	HARI	RITABLE									
	_		NDATION									+		<u> 98022</u>			
			and street (or PO b				street addre	ess)			Room/suite	B Tele	•				
		99-40 FLORENCE STREET 617-964-43															
		City or town, state or province, country, and ZIP or foreign postal code										ending, check	here				
		CHESTNUT HILL, MA 02467									4						
	G (Check	all that apply:	<u></u>	Initial retui		Į.			ormer public	charity	D 1 F	oreign c	rganizations	s, check here	,	
	Final return Amended return										Foreign organizations meeting the 85% test, check here and attach computation						
	H Check type of organization: X Section 501(c)(3) exempt private foundation																
	H (_	type of organiz			_									tus was term		
	<u></u>		ction 4947(a)(1						rivate found						(A), check h		
			arket value of all		end of year	J Acco	_		X Cash	L Acc	ruai				60-month te		on
		•\$	Part II, col. (c),		5 017	(Part I		specify)	be on cash	hacie I		una	er secu	วท 507(ช)(1))(B), check h	ere j	
			Analysis of R				1			T		 			(d) Die	burseme	
		41 (1	(The total of amo	unts in colu	ımns (b), (c), a	nd (d) may r	not	(a) Rever	nue and per books		nvestment ome) (0	Adjus (: Incoi		for charita		poses
410	_	1	Contributions,						9,929.	 		 			(Casii	74515 011	197
S		2			on is not required		R -		<u>, , , , , , , , , , , , , , , , , , , </u>	 		 					
3		3	Interest on saving			to attach och	" 		_ _	 		+-			 		
=		4	Dividends and			ne.			4,946.	 	4,946				STATE	MEN	т 1
Ī			Gross rents	intorost int	om socurino	,,,			<u> </u>	<u> </u>	<u> </u>	+			<u> </u>		
O		1 .	Net rental income	or (loss)				=		 		1					
SCANNED APR 2 0 2017	4.	6a	Net gain or (loss)	· · · -	assets not or	line 10			3,571.				Г	DE	NEW /5		
	Revenue	b	Gross sales price			4,006	i. —		- <u> </u>		 -	1		75	PEIVE	D	
	eve	7	Capital gain net in	 ncome (from							3,571		0				ပ္က
3	Œ	8	Net short-term	capital ga	ın								- I	APR	1020	17	သ တ
9		9	Income modific														<u>છ</u>
~		10a	Gross sales less r and allowances	eturns								<u> </u>		OCI	EN, L	 -	띄
		b	Less Cost of goo	ds sold	L										LIV, C	<u>' </u>	
		С	Gross profit or	(loss)						ļ		 					
		11	Other income				-			<u> </u>					ļ <u>.</u>		
		12	Total. Add line					1	<u>8,446.</u>	· 	8,517	-		<u> </u>	 		
		13	Compensation of			es, etc			0.	 	0	-		0.	 		0.
		14	Other employee				-					+-					
	S	ı	Pension plans,	empioyee	e benefits		-			 		 -			 		
	use		Legal fees Accounting fee	•					 -	 		+			ļ		
	xpe		Other profession				-			 		+-			 		
	ē		Interest	illal 1665			-					+-			 		
	ativ	18	Taxes		gr	гмт 2	,		382.		184	 		0.	 		35.
	istr	19	Depreciation ar	nd denletin		IMI Z	'		<u> </u>	<u>'</u>					 		
	Ę.		Occupancy	ia acpicae	, ,,							_			 -		
	Adr	21	Travel, confere	nces, and	meetinas					 		1			 		
	P	l .	Printing and pu		_							1			\vdash		
	g	ſ	Other expenses			гмт 3			2.		2	. —		0.			0.
	Operating and Administrative Expenses	l .	Total operating											<u></u>			
	per		expenses. Add	-			·		384	,	186			0.	L		35.
	O	25	Contributions,		-			1	1,630.			T				11,	630.
		26	Total expenses	s and disb	ursements												
			Add lines 24 ar	ıd 2 <u>5</u>				1	2,014.	,	186			0.		<u>11,</u>	665.
		27	Subtract line 26	6 from line	e 12:	-]										
		a	Excess of revenue	over exper	nses and disb	ursements			6,432.								
		b	Net investmen	t income ((if negative, er	nter -0-)	<u> </u>				8,331	•			<u> </u>		
		ہ ا	A 4!				1			1		1		Λ	1		

Form **990-PF** (2015)

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

Part III Analysis of Changes in Net Assets or Fund Balance	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	56,310
2	Enter amount from Part I, line 27a	2	6,432
3	Other increases not included in line 2 (itemize)	3	0
4	Add lines 1, 2, and 3	4	62,742
5	Decreases not included in line 2 (itemize)	5	
<u>6</u>	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	62,742

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56,310

31 Total liabilities and net assets/fund balances

62,742

Page 3

Part IV Capital Gains and	Losses for Tax on Inves	tment	Income							
	ne kınd(s) of property sold (e.g., real ise; or common stock, 200 shs. ML			(b) How acquired P - Purchase D - Donation ((c) Date acquired (mo., day, yr.)		(d) Date sold (mo., day, yr.)	
1a 101 SHS AT&T									06/10/16	
b										
<u>c</u>										
d e °		 -		 						
(e) Gross sales price	(f) Depreciation allowed (or allowable)		it or other basis xpense of sale				(h) Gain or (loss) (e) plus (f) minus (g)			
a 4,006.			43	5.					3,571.	
b										
С										
d										
Complete only for assets showing gai	n in column (h) and owned by the fo	undation	on 12/21/60	-+				ol (h) goin	minus	
Complete only for assets showing gar	(j) Adjusted basis		cess of col. (I)	_		còl. (k), but r	ol. (h) gaın ıot less thaı	n -0-) or	
(i) F.M.V. as of 12/31/69	as of 12/31/69		col. (j), if any				Losses	(from col. (h))	
_a									3,571.	
b										
С										
d										
<u>e</u>				_ +		<u> </u>				
2 Capital gain net income or (net capital l	If gain, also enter in Pa			}	2				3,571.	
	((((((((((((((((((((<u></u>	
3 Net short-term capital gain or (loss) as if gain, also enter in Part I, line 8, colun).		1						
If (loss), enter -0- in Part I, line 8				<u> </u>	3			N/A		
	r Section 4940(e) for Re		·			ent Inco	me_			
(For optional use by domestic private foun	dations subject to the section 4940((a) tax on	net investment in	come.)					
If section 4940(d)(2) applies, leave this pa	rt blank.									
Was the foundation liable for the section 4	942 tay on the distributable amount	of any ve	ear in the hase nei	riod?					Yes X No	
If "Yes," the foundation does not qualify un			•	1100						
1 Enter the appropriate amount in each of				ntries.						
(a) Base period years	(b)			(c)				Distrib	(d) oution ratio	
Calendar year (or tax year beginning in)	Adjusted qualifying distribut		Net value of no	inchari					nded by col. (c))	
2014		<u>152.</u>				<u>,790.</u>			.140908	
<u>2013</u> 2012		371.				,531.			.115231	
2012		820. 065.				$\frac{731}{714}$.058012	
2010		089.				, 229		<u>.</u>	.087808	
		<u> </u>				7225				
2 Total of line 1, column (d)							2		.436978	
3 Average distribution ratio for the 5-year		e 2 by 5,	or by the number	of yea	rs					
the foundation has been in existence if	less than 5 years						3		.087396	
6 F-4- 41		_							150 101	
4 Enter the net value of noncharitable-us	e assets for 2015 from Part X, line 5	.					4	-	179,101.	
5 Multiply line 4 by line 3							_		15,653.	
3 manapiy iiile 4 by iiile 3							5		15,055.	
6 Enter 1% of net investment income (19	6 of Part I. line 27b)						6		83.	
	,,									
7 Add lines 5 and 6							7_		15,736.	
8 Enter qualifying distributions from Part	XII. line 4						8		11,665.	
If line 8 is equal to or greater than line		and comp	lete that nort uses	na 10/	tav rat	· o				
See the Part VI instructions.	, onest the box in Fait VI, init ID, o	and comp	note that half nom	iya i /	υ ιαλιαί					

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_	n 990-PF (2015) FOUNDATION 0 Int VI		6198 see ir			age 4
_	Exempt operating foundations described in section 4940(d)(2), check here \(\bigs\) and enter "N/A" on line 1.					
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1			1	67.
_	of Part I, line 27b					
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).					
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0.
	Add lines 1 and 2	3			1	67 .
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			1	67.
6	Credits/Payments:					
a	2015 estimated tax payments and 2014 overpayment credited to 2015					
	Exempt foreign organizations - tax withheld at source 6b					
	Tax paid with application for extension of time to file (Form 8868) 6c					
	Backup withholding erroneously withheld 6d 6d	ŀ				
7	Total credits and payments. Add lines 6a through 6d	7				0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	9			1	67.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
11	Enter the amount of line 10 to be: Credited to 2016 estimated tax ▶ Refunded ▶	11				
Pa	rt 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				Yes	No
	any political campaign?			1a		<u>X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?			1b		<u>X</u> _
	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 ,					
C	Did the foundation file Form 1120-POL for this year?			1c		_X_
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
	(1) On the foundation. \blacktriangleright \$ 0. (2) On foundation managers. \blacktriangleright \$ 0.					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers. ▶ \$ 0 .					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		<u>X</u> _
	If "Yes," attach a detailed description of the activities					
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		<u>X</u>
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		<u>X</u> _
	If "Yes," has it filed a tax return on Form 990-T for this year?	N	/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		_X_
	If "Yes," attach the statement required by General Instruction T.					
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 legislation.	W			_	
	remain in the governing instrument?			6	<u>X</u>	
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)					
_	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		<u>X</u> _
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendary 1945 (1) and 1945 (1) an	ıar		_		7.7
46	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) DE	
			FO	IIII AA	ノープト	(2015)

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	sit 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		<u> X</u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12		<u> X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ► ALAN D. TOBIN Telephone no. ► 617-96		<u> 388</u>	
	Located at ▶ 99-40 FLORENCE STREET, CHESTNUT HILL, MA ZIP+4 ▶02	<u>467</u>		
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	N	/A	
16	, , , , , , , , , , , , , , , , , , , ,		Yes	No
	securities, or other financial account in a foreign country?	16	L	<u>X</u>
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
D.	foreign country Art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
1 6			Yes	No
4.	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	-	163	140
18	During the year did the foundation (either directly or indirectly): (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available		,	
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	If the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)		\	
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)? N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
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		X
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?			
	If "Yes," list the years \blacktriangleright			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.) N/A	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.]
_	<u> </u>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			İ
þ	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,			
4.	Form 4720, to determine if the foundation had excess business holdings in 2015) N/A	3b	 -	17.
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	 	X
0	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?	1		
		4b	0-PF	(2015)
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ALAN D. & JUDITH TOBIN CHARITABLE

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Part VII-B Statements Regarding Activities for Which	Form 4720 May Be F	Required (continu	ued)		
5a During the year did the foundation pay or incur any amount to:			`	1	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Ye	s X No		
(2) Influence the outcome of any specific public election (see section 4955); (or to carry on, directly or indire				
any voter registration drive?		Ye	s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	3?	Ye	s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	on described in section				
4945(d)(4)(A)? (see instructions)		Ye	s X No	İ	
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or f	for			
the prevention of cruelty to children or animals?	,		s X No	-	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described i	·		ľ	
section 53.4945 or in a current notice regarding disaster assistance (see instri	•	iii riogulationo	N/A	5b	
Organizations relying on a current notice regarding disaster assistance check l				-	
		ınad			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption to					
expenditure responsibility for the grant?		I/A LY	s L No		
If "Yes," attach the statement required by Regulations section 53.494	• •				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			1	
a personal benefit contract?		Ye	s X No	_	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?		ļ. 	6b	X
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?	Y6	es 🗶 No		
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? N/A 7					
Part VIII Information About Officers, Directors, Trust	tees, Foundation Ma	magers, Highly	/		
Paid Employees, and Contractors					
1 List all officers, directors, trustees, foundation managers and their	compensation.	<u>,</u>			
A Name and all the	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense count, other
(a) Name and address	to position	(If not paid, enter -0-)	and deferred compensation	acc	llowances
ALAN D. TOBIN	TRUSTEE				
13733 RIVOLI DRIVE					
PALM BEACH GARDENS, FL 33410	0.00	0.	o.		0.
JUDITH TOBIN	TRUSTEE				
13733 RIVOLI DRIVE	TROOTED				
PALM BEACH GARDENS, FL 33410	0.00	0.	0.	}	0.
FADM DEACH GARDENS, FD 33410	0.00	- ·		<u> </u>	
	_				
		 			
	_				
	_				
		10005		<u> </u>	
2 Compensation of five highest-paid employees (other than those in		enter "NONE."	(d) Contributions to	T .	1 Evenence
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e	e) Expense count, other
	devoted to position	(G) companion	compensation	a	llowances
NONE					
	7			}	
		 		1	
	1				
		 		†	
	-				
		 		+	
	-	1			
	<u></u>	1	<u> </u>		
Total number of other employees paid over \$50,000					0

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ALAN D. & JUDITH TOBIN CHARITABLE

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Part VIII Information About Officers, Directors, Trustees, Foun Paid Employees, and Contractors (continued)	dation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, er	iter "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 Part IX-A Summary of Direct Charitable Activities		▶ 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant st number of organizations and other beneficiaries served, conferences convened, research papers p	atistical information such as the produced, etc.	Expenses
2		
3		
4		-
Part IX-B Summary of Program-Related Investments	1410	
Describe the two largest program-related investments made by the foundation during the tax year 1 N/A	on lines 1 and 2.	Amount
2		
All other program-related investments. See instructions. 3		
Total Add long 1 through 2		

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Form **990-PF** (2015)

FOUNDATION

Part X. Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes; 179,068. a Average monthly fair market value of securities 1a 2,760. b Average of monthly cash balances 1b c Fair market value of all other assets 1c 181,828. d Total (add lines 1a, b, and c) 1d e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) 1e 2 Acquisition indebtedness applicable to line 1 assets 2 Subtract line 2 from line 1d 181 ,828. 3 3 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 2.727. 179,101. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 8,955. Minimum investment return. Enter 5% of line 5 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.) 8,955. Minimum investment return from Part X, line 6 167 Tax on investment income for 2015 from Part VI, line 5 b Income tax for 2015. (This does not include the tax from Part VI.) 167. c Add lines 2a and 2b 2¢ 8,788. 3 Distributable amount before adjustments. Subtract line 2c from line 1 3 Recoveries of amounts treated as qualifying distributions 4 8,788. Add lines 3 and 4 5 Deduction from distributable amount (see instructions) 6 8,788. Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 7 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 11,665. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a b Program-related investments - total from Part IX-B 16 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 3 Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required) 3a **b** Cash distribution test (attach the required schedule) 3b 11, 665. Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b 5 Adjusted qualifying distributions. Subtract line 5 from line 4 6 665.

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

Form **990-PF** (2015)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				8,788.
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only			0.	
b Total for prior years:				
,	1	0.		
3 Excess distributions carryover, if any, to 201	5:			
a From 2010 6, 10	7.			
b From 2011 1,799	9.		Ę	
c From 2012				
d From 2013 15,828	3.			
e From 2014 18,488				
f Total of lines 3a through e	42,222.			
4 Qualifying distributions for 2015 from				
Part XII, line 4: ► \$ 11,665	5.			
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				8,788.
e Remaining amount distributed out of corpus	2,877.			
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amour must be shown in column (a))	0 •			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	45,099.			
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 mus	t			
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	6,107.			
9 Excess distributions carryover to 2016.				
Subtract lines 7 and 8 from line 6a	38,992.			
O Analysis of line 9:				
a Excess from 2011 1,795	<u>9.</u>			
b Excess from 2012				
c Excess from 2013 15,821				
d Excess from 2014 18, 481				
e Excess from 2015 2,87	/			<u> </u>

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or any foundation manager or substantial contributor **Amount** status of contribution Name and address (home or business) recipient a Paid during the year A WIDER CIRCLE NONE PUBLIC CHARITY CHARITABLE 4808 MORELAND LANE SUITE 802 500. BETHESDA, MD 20814 AICPA NONE PUBLIC CHARITY CHARITABLE P O BOX 10069 NEWARK, NJ 07101 55. AMERICAN PARKINSONS DISEASE NONE PUBLIC CHARITY CHARITABLE ASSOCIATION 311 VILLAGE GREEN PLYMOUTH, MA 02360 200. BOSTON MARATHON JIMMY FUND WALK NONE PUBLIC CHARITY CHARITABLE 210 NAHANTON ST NEWTON CENTER, MA 02459 100. BRAIN ANEURYSM FOUNDATION PUBLIC CHARITY CHARITABLE NONE 269 HANOVER ST. HANOVER MA 02339 200. SEE CONTINUATION SHEET(S) Total ➤ 3a 11.630. b Approved for future payment NONE Total

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

Enter gross amounts unless otherwise indicated.	Unrelated b	usiness income		ded by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
	tode		1000		
a	-				
b					
d					
e					
1					
g Fees and contracts from government agencies					
2 Membership dues and assessments					_
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities		· · · · · · · · · · · · · · · · · · ·			4,946.
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					3,571.
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue:					
a					
b					·
c					
d	· · · · · · · · · · · · · · · · · · ·				
e					
2 Subtotal. Add columns (b), (d), and (e)			0.	0.	8,517 8,517
3 Total. Add line 12, columns (b), (d), and (e)				13	<u>8,517</u>
See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities	A				

Line No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).
3	INVESTMENT INCOME
4	INVESTMENT INCOME
8	INVESTMENT INCOME
<u> </u>	
-	

Form **990-PF** (2015)

Part XVII	Information Regarding Trans Exempt Organizations	sfers To a	and Transactions a	and Relations	nips With Nonchar	itable)	
1 'Did the oi	rganization directly or indirectly engage in any	of the followin	g with any other organization	on described in section	on 501(c) of		Yes	No
	(other than section 501(c)(3) organizations) or		·				_	
	from the reporting foundation to a noncharital						l	
(1) Cash						1a(1)		X
(2) Othe	r assets					1a(2)		X
b Other trans	nsactions:							
(1) Sales	s of assets to a noncharitable exempt organizat	tion				1b(1)		<u>X</u>
	hases of assets from a noncharitable exempt o	rganization				1b(2)		<u>X</u>
	al of facilities, equipment, or other assets					1b(3)		<u>X</u>
	bursement arrangements			1b(4)		<u>X</u>		
	s or loan guarantees					1b(5)		_ <u>X</u> _
	ormance of services or membership or fundrais			1b(6)		<u>X</u>		
	of facilities, equipment, mailing lists, other asse wer to any of the above is "Yes," complete the f			waya ahayi tha fair m	perket value of the goods o	ther acc	ote	
or service	es given by the reporting foundation. If the four the the value of the goods, other assets, or serv	ndation receiv					, GIS,	
(a) Line no			e exempt organization	(d) Description	of transfers, transactions, and s	haring ar	rangeme	ents
		N/A						
								
				 				
						-		
		-		<u> </u>				
						-		
	ndation directly or indirectly affiliated with, or r 501(c) of the Code (other than section 501(c)			izations described		☐ Yes	X	No
b If "Yes," co	omplete the following schedule.		T	·				
	(a) Name of organization		(b) Type of organization		c) Description of relationsh	iib		
	N/A						-	
				 				
								
		 -		-			_	
	penalties of perjury, I declare that I have examined the elief, it is true, correct, and complete. Declaration of pri				han any knowledge May	the IRS	discuss	this
Here	01 -11		14/11/10	To.	sho	wn below Yes	(see ins	tr)?
1 2	nature of officer or trustee		Date	Title	SI & E	∠ Yes		J No I
	Print/Type preparer's name	Preparer's s		Date	Check If PTIN			
		,		- 4.5	self- employed			
Paid	JANET SCOTT	JANET	SCOTT	04/02/17	· · · · · · · · · · · · · · · · · · ·	301	539	
Preparer	Firm's name ► WALTER & SHU			, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	Firm's EIN ▶ 04-32			
Use Only		,	- • • •				- •	
	Firm's address ▶ 501 PROVIDE	NCE HI	GHWAY					
	NORWOOD, MA				Phone no. (617)	447	<u>-27</u>	00
						rm 99		

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Y				
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		ļ
BRIGHAM & WOMENS HOSPITAL	NONE	PUBLIC CHARITY	CHARITABLE	
75 FRANCIS ST.				
BOSTON, MA 02115				100.
CROHNS & COLITIS FOUNDATION OF	NONE	PUBLIC CHARITY	CHARITABLE	
AMERICA				}
280 HILLSIDE AVE NEEDHAM MA 02494				_250.
Madamar, Inc. 02474				
EXHALE TO INHALE 650 AMSTERDAM AVE	NONE	PUBLIC CHARITY	CHARITABLE	
NEW YORK CITY, NY 10025				400.
FRENCHMANS CREEK CHARITIES FOUNDATION	NONE	PUBLIC CHARITY	CHARTTABLE	
13495 TOURNAMENT DRIVE		TODDIC CIMICITI		
PALM BEACH GARDENS, FL 33411		<u> </u>		1,000.
ISRAEL TENNIS CENTERS FOUNDATION	NONE	PUBLIC CHARITY	CHARITABLE	
3275 WEST HILLSBORO BLVD				
DEERFIELD BEACH, FL 33442		 		100.
	,			
JEWISH FAMILY AND CHILDRENS SERVICES	NONE	PUBLIC CHARITY	CHHARITABLE	
5841 CORPORATE WAY WEST PALM BEACH, FL 33407				200.
JEWISH FEDERATION OF PALM BEACH	NONE	PUBLIC CHARITY	CHARITABLE	
COUNTY 4601 COMMUNITY DRIVE				
WEST PALM BEACH, FL 33417				300.
	į			
JUPITER MEDICAL CENTER	NONE	PUBLIC CHARITY	CHARITABLE	
1210 SOUTH OLD DIXIE HIGHWAY				
JUPITER FL 33410	 	 		1,000.
NEW YORK UNIVERSITY SCHOOL OF LAW	NONE	PUBLIC CHARITY	CHARITABLE	
P O BOX 6706				100
HAGERSTOWN, MD 21741	 	 	 	100.
NORTHEASTERN HILLEL	NONE	PUBLIC CHARITY	CHARITABLE	
716 COLUMBUS AVE. BOSTON MA 02120				100.
Total from continuation sheets				10,575,

Plomontony Information

Part XV Supplementary Information				
3 Grants and Contributions Paid During the				
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
NORTHEASTERN UNIVERSITY	NONE	PUBLIC CHARITY	CHARITABLE	
716 COLUMBUS AVE.				
BOSTON, MA 02120				1,000
OCEAN COMMUNITY YMCA	NONE	PUBLIC CHARITY	CHARITARI.F	
30 OAK ST	NONE	FOBBIC CHARTII	CHARTTABLE	
WESTERLY, RI 02891				100
PMC JIMMY FUND	NONE	PUBLIC CHARITY	CHARITABLE	
79 ANTRIM ST. CAMBRIDGE MA 02139				100
PUBLIC CHARITYSALISBURY HISTORICAL	NONE	PUBLIC CHARITY	CHARITABLE	
SOCIETY				
P O BOX 263				
SALISBURY, NH 03268				200
WHEELOCK COLLEGE	NONE	PUBLIC CHARITY	CHARITABLE	
200 THE RIVERWAY				
BOSTON, MA 02215				100
HABITAT FOR HUMANITY		PUBLIC CHARITY	CHARITABLE	
P O BOX 449				
AMERICUS, GA 31709				25
MASSACHUSETTS SOCIETY OF CPA'S		PUBLIC CHARITY	CHARITABLE	
105 CHAUNCEY ST				
BOSTON, MA 02111				100
BOSTON EYE PAIN FOUNDATION		PUBLIC CHARITY	CHARITABLE	
629 HAMMOND ST				
CHESTNUT HILL, MA 02467				200
WOUNDED WARRIOR PROJECT		PUBLIC CHARITY	CHARTTABLE	
150 CAMBRIDGE PARK DRIVE		TODDIC CHARITI		
CAMBRIDGE, MA 02180				100
NAME				
AMERICAN HEART ASSOCIATION 13685 RIVOLI DRIVE		PUBLIC CHARITY	CHARITABLE	
PALM BEACH GARDENS, FL 33410		<u> </u>		50
Total from continuation sheets				

Part XV Supplementary Informatio				г
3 Grants and Contributions Paid During the ' Recipient	If recipient is an individual,			
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
name and address (nome of business)	or substantial contributor	recipient		
COLBY COLLEGE		PUBLIC CHARITY	CHARITABLE	
5100 MAYFLOWER DRIVE WATERVILLE ME 04901				100
THOMPSON ISLAND OUTWARD BOUND		PUBLIC CHARITY	CHARITABLE	
BOX 127 BOSTON, MA 02127				100
RELAY FOR LIFE		PUBLIC CHARITY	CHARITABLE	
325 WASHINGTON ST EASTON, MA 02357				150
EMOTON, MA 02337				
JEROME GOLDEN CENTER FOUNDATION		PUBLIC CHARITY	CHARITABLE	
1041 45TH ST PALM BEACH GARDENS FL 33407				250
THE BEACH GRADING, ID 33407				
HEBREW SENIOR LIFE		PUBLIC CHARITY	CHARITABLE	
1200 CENTRE ST ROSLINDALE, MA 02131				200
ROSLINDALE, MA V2131				200
ONE MISSION		PUBLIC CHARITY	CHARITABLE	
10 WILDALE CIRCLE				100
NEEDHAM, MA 02494				100
BIDMC MELANOMA RESEARCH		PUBLIC CHARITY	CHARITABLE	
330 BROOKLINE AVE BOSTON, MA 02215				100
BOSTON, MA UZZIS				100
BETH ISRAEL HOSPITAL DEVELOPMENT OFFICE		PUBLIC CHARITY	CHARITABLE	
330 BROOKLINE AVE				
BOSTON, MA 02215				
AMERICAN ACADEMY OF OPHTHALMOLOGY		PUBLIC CHARITY	CHARITABLE	
655 BEACH ST				
SAN FRANCISCO, CA 94120				100
MGH ENDOWMENT FUND		PUBLIC CHARITY	CHARITARI.E	
125 NASHUA ST		TODDIC CRARIII		
BOSTON, MA 02119 Total from continuation sheets				1,500

04-6198022

Part XV Supplementary Information 3 Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Foundation Purpose of grant or show any relationship to Amount contribution status of any foundation manager Name and address (home or business) recipient or substantial contributor CJP BIRTHRIGHT PUBLIC CHARITY CHARITABLE 125 HIGH ST BOSTON MA 02110 2,000. TEMPLE JUDEA PUBLIC CHARITY CHARITABLE 4311 HOOD RD 100. PALM BEACH GARDENS, FL 33410 PUBLIC CHARITY CHARITABLE BROOKLINE PUBLIC LIBRARY 361 WASHINGTON ST 100. BROOKLINE, MA 02495 COLON CANCER COALITION PUBLIC CHARITY CHARITABLE 501 PROVIDENCE HWY 150. NORWOOD, MA 02062 CHARITABLE Total from continuation sheets

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.lrs.gov/form990 .

OMB No 1545-0047

Name of the organization

ALAN D. & JUDITH TOBIN CHARITABLE FOUNDATION

Employer identification number

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	X 501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions						
-	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor Complete Parts I and II. See instructions for determining a contributor's total contributions						
Special Rules							
sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 or, 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, line 1. Complete Parts I and II						
year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the itions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for cruelty to children or animals. Complete Parts I, II, and III						
year, contributions is checked, enter h purpose. Do not co	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the secclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year						
but it must answer "No" on	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

Name of organization

ALAN D. & JUDITH TOBIN CHARITABLE

FOUNDATION

Employer identification number

Part Contributors (see instructions) Use duplicate copies of Part I if additional space is need	Part I C	Contributors (see instructions	s) Use duplicate copies of Part Lif additional space is need	ed.
---	----------	--------------------------------	--	-----

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ALAN D TOBIN 13733 RIVOLI DRIVE PALM BEACH GARDENS, FL 33410	\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
523452 10-2	9.45	Schedule B /Form	990, 990-E7, or 990-PF) (2015)

Name of organization

Employer identification number

ALAN D. & JUDITH TOBIN CHARITABLE

FOUNDATION

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1 1	25 SHS TJX COS. PUBLICLY TRADED STOCK		
-		\$9,929.	11/23/16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
 		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-	,	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
 		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
 		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3453 10-28-15		\$Schedule B (Form 6	990, 990-EZ, or 990-PF)

Employer identification number

	. & JUDITH TOBIN CHARITA	ABLE	0.4 6100000
FOUNDA Part III	Exclusively religious, charitable, etc., contrib the year from any one contributor. Complete coll completing Part III, enter the total of exclusively religious, of	umps (a) through (e) and the following	ction 501(c)(7), (8), or (10) that total more than \$1,000 for line entry. For organizations or 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
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
}_		(e) Transfer of gift	
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	`	(e) Transfer of gift	
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
.			
-		(e) Transfer of gift	
_	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee
-			
[-			

FORM 990-PF DI	VIDENDS	AND INTER	EST	FROM SECUR	ITIES	ST	ATEMENT	1
	ROSS MOUNT	CAPITAL GAINS DIVIDEND		(A) REVENUE PER BOOKS	(B) NET INVES MENT INCO		(C) ADJUSTI NET INCO	
FIDELITY	4,946.		0.	4,946.	4,94	6.	4,9	46.
TO PART I, LINE 4	4,946.		0.	4,946.	4,94	16.	4,9	46.
FORM 990-PF		TAX	ES			ST	ATEMENT	2
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) T INVEST- NT INCOME	(C) ADJUSTEI NET INCOM		(D) CHARITA PURPOS	
STATE TAX FOREIGN TAX FEDERAL TAX		35. 184. 163.		0. 184. 0.		0.		35. 0. 0.
TO FORM 990-PF, PG 1, L	N 18	382.		184.		0.		35.
FORM 990-PF		OTHER E	XPE	NSES		ST	ATEMENT	3
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) T INVEST- NT INCOME	(C) ADJUSTEI NET INCOM		(D) CHARITA PURPOS	
SERVICE CHARGES	-	2.		2.		0.		0.
TO FORM 990-PF, PG 1, L	N 23 =	2.		2.		0.		0.
FORM 990-PF		CORPORAT	E S	TOCK		ST	ATEMENT	4
DESCRIPTION				вос	K VALUE	FA	IR MARKE VALUE	т
500 SHS A T & T 140 SHS VERIZON COMMUNI 168 SHS DAIMLER AG 150 SHS IBM 100 SHS VODAFONE 320 SHS VIACOM, CL A	CATIONS	;			2,154. 1,123. 1,861. 2,374. 126. 5,642.		19,3 8,0 11,1 24,3 1,1 13,3	84. 55. 33. 49.

ALAN D. & JUDITH TOBIN CHARITABLE FOUNDA		04-6198022
13600 SHS VIACOM CL B	13,443.	14,992.
48 SHS WALMART DE MEXICO	119.	887.
320 SHS CBS CL A	3,708.	19,859.
900 SHS LEUCADIA NATIONAL	7,872.	19,818.
88 SHS COMCAST CORP	583.	6,117.
400 SHS CBS CL B	4,299.	24,288.
500 SHS TEVA PHARMACEUTICAL	3,200.	3,770.
100 SHS OSHKOSH TRUCK CORP	4,848.	7,000.
90 SHS CRIMSON WINE GROUP	232.	855.
125 SHS TJX COS	9,929.	9,792.
TOTAL TO FORM 990-PF, PART II, LINE 10B	61,513.	184,718.

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION STATEMENT PART XV, LINES 2A THROUGH 2D

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NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

ALAN D. TOBIN 99-40 FLORENCE STREET CHESTNUT HILL, MA 02467

TELEPHONE NUMBER

617-964-4388

FORM AND CONTENT OF APPLICATIONS

NO SPECIFIC APPLICATION FORM IS NECESSARY. COMPLETE INFORMATION ON THE CHARITABLE PURPOSE IS REQUIRED.

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

NO RESTRICTIONS, EXCEPT THAT IT MUST BE FROM A TAX-EXEMPT CHARITABLE ORGANIZATION