Form 990-PF
Department of the Treasury

(096)

EXTENDED TO APRIL 15, 2020
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.

1905

2018

► Go to www.irs.gov/Form990PF for instructions and the latest information. Internal Revenue Service 2019 For calendar year 2018 or tax year beginning JUN 1, 2018 and ending MAY 31 A Employer identification number Name of foundation THE MARTHA AND MAX RUBINSTEIN FAMILY 14-1852996 FOUNDATION (GROSSMAN OFFICE) Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 617-773-0400 1266 FURNACE BROOK PARKWAY 408 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here 02169 QUINCY, MA G Check all that apply: D 1. Foreign organizations, check here Initial return Initial return of a former public charity Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization: If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year J Accounting method: Accrual If the foundation is in a 60-month termination under section 507(b)(1)(B), check here (from Part II, col. (c), line 16) Other (specify) 1,261,012. (Part I, column (d) must be on cash basis.) Analysis of Revenue and Expenses
(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) (d) Disbursements or charitable purposes (cash basis only) (b) Net investment (c) Adjusted net (a) Revenue and expenses per books income income N/A Contributions, gifts, grants, etc., received **经**公司等的 BIOS ZACANNED DEC 1 2 2019 COM Check X if the foundation is not required to attach Sch. 8 Interest on savings and temporary cash investments PARTITION OF THE PROPERTY OF T 33,038 STATEMENT 1 33,038. Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 36-238-348 27,263. 68. Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 455,957. 27,263. 12/4/2/2014 (2014) Capital gain net income (from Part IV, line 2) Veritor - Televie Net short-term capital gain Income modifications 10a and allowances **b** Less Cost of goods sold 7569 B 45 H 65 5 5 5 c Gross profit or (loss) 11 Other income 60,701. 60,301 Total. Add lines 1 through 11 0. 0. 0. Compensation of officers, directors, trustees, etc 775. 2,643. 1,132. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 412. 4,120. 3,708 STMT 2 **b** Accounting fees 14.211 9,947. STMT 4,264. c Other professional fees 17 Interest SO-SEM 404 313 91 Takes STMT 4 19 Depreciation and depletion $\overline{272}$. 636 908. 20_Occupancy Travel, conferences, and meetings 222 Printing and publications 267 187 80. STMT 5 Other expenses Total operating and administrative <u>6,</u>251. <u>23,</u>685. 17,434 expenses. Add lines 13 through 23 60,431. 60,431. Contributions, gifts, grants paid 8635 Total expenses and disbursements. 66,682. 84,116 17,434 Add lines 24 and 25 -Subtract-line-26 from-line-12; <u>-23,415</u> 8 Excess of revenue over expenses and disbursements 42,867. b Net investment income (if negative, enter -0-) A CHARLES AND A CONTRACTOR c Adjusted net income (if negative, enter -0-)

THE MARTHA AND MAX RUBINSTEIN FAMILY

14-1852996 FOUNDATION (GROSSMAN OFFICE) Form 990-PF (2018) Beginning of year Partil Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only End of year (a) Book Value (b) Book Value (c) Fair Market Value 11,280 13,562 13,562. 1 Cash - non-interest-bearing 2,532. 2,532. 2.532 2 Savings and temporary cash investments 3 Accounts receivable ► Less: allowance for doubtful accounts 4 Pledges receivable Less: allowance for doubtful accounts 5 Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons 7 Other notes and loans receivable Less: allowance for doubtful accounts 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments - U.S. and state government obligations b Investments - corporate stock c Investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans 1,154,300. 1,128,603. STMT 6 13 Investments - other 14 Land, buildings, and equipment basis Less accumulated depreciation 15 Other assets (describe ▶ 16 Total assets (to be completed by all filers - see the 1,168,112. 1,144,697. 1,261,012 instructions. Also, see page 1, item I) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable 22 Other liabilities (describe 23 Total liabilities (add lines 17 through 22) $\triangleright \overline{X}$ Foundations that follow SFAS 117, check here and complete lines 24 through 26, and lines 30 and 31. 1,168,112. 1,144,697 Balances 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted Fund Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg., and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 1,168,112. 1,144,697. 30 Total net assets or fund balances 1,144,697 1,168,112. 31 Total liabilities and net assets/fund balances Randill 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 1,168,112. (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 697. 4 ----4---Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) Trip met anache ar filled by breagant and afteres (less 4 months of Dort II solume /b) less 20 1 144 697

| Part IV Capital Gains and | d Losses for Tax on In | vestment | Income | | | | | | |
|---|--|-------------------|--------------------------------------|-------------------------|----------------------------|---|-----------------------|-----------------------------|----------------------------------|
| | kind(s) of property sold (for exar ouse; or common stock, 200 shs | | te, | (b) P D | How ac - Purc - Dona | nase i ' | c) Date a (mo., da | | (d) Date sold (mo., day, yr.) |
| 1a PUBLICLY TRADED | SECURITIES | | | | | 7 q | ARIC | ນຮ | 05/31/19 |
| b PUBLICLY TRADED | SECURITIES | | | | | 7 P | ARIC | US | 05/31/19 |
| С | | | | | | | | | |
| _d | | | _ | ļ | | | | | |
| _e | | ī | | Ц, | | | _ | | <u> </u> |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cos plus e | st or other basis xpense of sale | | | | | in or (loss (f) minus | (g)) |
| a 286,169. | | | <u>253,66</u> | | | | | | 32,508. |
| b 169,788. | | | 175,03 | 3. | | | | | -5,245. |
| С | | - | | - | | | | | |
| <u>d</u> | | | | - | | | | - | |
| Complete only for agests showing a | our up column (h) and award by | the foundation | on 12/21/60 | | | | 0 (0- | | |
| Complete only for assets showing g | | | | \dashv | | | | ol. (h) gair ot less tha | |
| (i) FMV as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | | cess of col. (ı) col. (ı), ıf any | | | | Losses (| from col. | (h)) |
| | 40 01 120 700 | | (,,,, | | | | | | 32,508. |
| <u>a</u> | | | | _ | | | | | -5,245. |
| <u>b</u> | | - | | | | | | | 3,243. |
| c d | | | | | | | | | |
| e | | - | | | | | | | |
| | ∫ If gain, also ente | r in Port I. line | 7 | 7 | | | | | |
| 2 Capital gain net income or (net capital | Λ σ, | | | - } | 2 | | | | 27,263. |
| | • | | | | | | | | - |
| 3 Net short-term capital gain or (loss) a if gain, also enter in Part I, line 8, col | | iu (0). | | J | | | | | |
| If (loss), enter -0- in Part I, line 8 | | | | Ĵ | 3 | | | N/A | L |
| Part V Qualification Und | er Section 4940(e) for | Reduced | Tax on Net | Inve | estm | ent Inco | ne | | |
| (For optional use by domestic private for | undations subject to the section 4 | 4940(a) tax on | net investment in | come | .) | | | | |
| | | | | | | | | | |
| If section 4940(d)(2) applies, leave this p | part diank. | | | | | | | | |
| Was the foundation liable for the section | | | | iod? | | | | | Yes X No |
| If "Yes," the foundation doesn't qualify u | | | | | | | | | |
| 1 Enter the appropriate amount in each | h column for each year; see the ir | nstructions bef | ore making any ei | ntries | • | | | | 74 |
| (a) Base period years | (b) | | Not value of an | (c) | | | | Distri | (d) bution ratio |
| Calendar year (or tax year beginning i | | | Net value of no | | | | | col. (b) dı | vided by col. (c)) |
| 2017 | | 5,922. | | | | <u>9,261.</u> | | _ | .048858 |
| 2016 | | 8,860. | | | | $\frac{9,749}{4,669}$ | | | .041458 |
| 2015 | | 1,117. | | | | 4,668. 4,618. | | | .045794 |
| 2014 | | 2,637. | | | | $\frac{4}{9},818.$ | | | .041797 |
| 2013 | | 4,03/. | | | , 43 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | + + | | • 0 4 1 7 7 7 |
| O Taket of tipo 1 polymor (d) | | | | | | | , | | .233558 |
| 2 Total of line 1, column (d)3 Average distribution ratio for the 5-ye | nar hace nerved - duvide the total | on line 2 by F |) or by the numb | or of | veare | | 2 | | • 200000 |
| | | oir line 2 by 5. | o, or by the numb | er or | years | | 3 | | .046712 |
| the foundation has been in existence | ir iess man 5 years | | | | | | 1 | | .040/12 |
| 4. Futuration and visitor of managementality | una acceta for 2019 from Dart V | lina E | | | | | , | | 1,288,392. |
| 4 Enter the net value of noncharitable- | use assets for 2018 from Part A, | iiie 5 | | | | | 4 | | 1,200,392. |
| E. Maribanha lang 4 haraban 0 | | | | | | | 5 | | 60,183. |
| 5 Multiply line 4 by line 3 | | | | | | | " | | 00,103. |
| C. Fater 19/ of not investment income / | 19/ of Port Line 27h) | | | | | | 6 | | 429. |
| 6 Enter 1% of net investment income (| 170 UI FAIL I, IIIIE 270) | | | | | | • | | #47. |
| 7 Add lines 5 and 5 | | | | | | | 7 | | 60,612. |
| 7 Add lines 5 and 6 | | | | | | | | | 00,012. |
| 8 Enter qualifying distributions from Pa | art XII. line 4 | | | | | | 8 | | 66,682. |
| If line 8 is equal to or greater than lin | | a 1h and come | late that part your | nn a 1 | % tav : | ato | للخل | | |
| See the Part VI instructions. | IC 1, CHECK LIE DUX III MAIL VI, IIIIL | o io, anu comp | note that part usin | ıya I | /o ldX i | alt. | | | |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | _ | | | | | Carry 000-DE (0010) |

THE MARTHA AND MAX RUBINSTEIN FAMILY

| | 990-PF (2018) FOUNDATION (GROSSMAN OFFICE) | | | <u> 1852996</u> | Page 4 |
|------|--|---------------------------------------|--|--------------------|---|
| ृRa⊩ | rt.VI Excise Tax Based on Investment Income (Section 4940(a | a), 4940(b), 4940(e), or 4 | 948 - | see instructi | ions) |
| 1a | Exempt operating foundations described in section 4940(d)(2), check here and ente | er "N/A" on line 1. | ************************************* | | |
| | Date of ruling or determination letter: (attach copy of letter if neces | | | | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check here | | 1 | | 429. |
| | of Part I, line 27b | | 48.5 | | 30% tx 33 |
| | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of | f Part I line 12 col (h) | | | |
| | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, other | | 2 | | 0. |
| 3 | Add lines 1 and 2 | o, unto o , | 3 | | 429. |
| - | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; othe | rs enter -0-) | 4 | | 0. |
| 5 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | 5, 011.0. | 5 | | 429. |
| _ | Credits/Payments | | (0) | FEBRUARY (\$4.5±** | 128643 |
| | 2018 estimated tax payments and 2017 overpayment credited to 2018 | 6a 5,535 | | | |
| | Exempt foreign organizations - tax withheld at source | 6b 0 | 2000en (2006) | | |
| | Tax paid with application for extension of time to file (Form 8868) | 6c 0 | | | |
| | Backup withholding erroneously withheld | 6d 0 | - X 2.3333X | | |
| | Total credits and payments. Add lines 6a through 6d | 5 | 7 | 5 | ,535. |
| 8 | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attach | ed | 8 | | 0. |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | ··· | 9 | | |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | | 10 | 5 | ,106. |
| | Enter the amount of line 10 to be: Credited to 2019 estimated tax | 5,106. Refunded | 11 | | 0. |
| | AT VII-A Statements Regarding Activities | | | A | |
| 4, | During the tax year, did the foundation attempt to influence any national, state, or local legislati | ion or did it narticinate or intervei | ie in | See Y | res No |
| | any political campaign? | ion of the figure of the form | | 1a | X |
| h | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes | s? See the instructions for the def | inition | 1b | X |
| U | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of a | | | | VAC BYOM |
| | distributed by the foundation in connection with the activities. | any materials positioned or | | | |
| | Did the foundation file Form 1120-POL for this year? | | | 10 | X |
| | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the ye | ar. | | - 25 25 C | 753 K - 777 |
| u | (1) On the foundation. \blacktriangleright \$ (2) On foundation managers. \blacktriangleright | | _ \ | | |
| | Enter the reimbursement (if any) paid by the foundation during the year for political expenditur | · · | _ | | |
| · | managers. > \$ | tan mpood on roomation | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS' | ? | | 2 | X |
| - | If "Yes," attach a detailed description of the activities. | | | #50 N | OF REE |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing inst | trument, articles of incorporation. | or | | |
| U | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | | | 3 | X |
| 42 | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | a c ~ | | 4a | X |
| | If "Yes," has it filed a tax return on Form 990-T for this year? | | N | I/A 4b | |
| | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | - | 5 | x |
| J | If "Yes," attach the statement required by General Instruction T | | | 2800 | # 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either | er: | | | |
| · | By language in the governing instrument, or | | | | |
| | By state legislation that effectively amends the governing instrument so that no mandatory d | directions that conflict with the sta | te law | | |
| | remain in the governing instrument? | | | منظ المستنشدية ا | X |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete | te Part II. col. (c). and Part XV | | | X |
| • | Side the territorial field at today posses in absolute at any time defining the year. If I toly building | | | 2000 | atha 1484 |
| Ra | Enter the states to which the foundation reports or with which it is registered. See instructions | s. > | | | |
| U | MA | · · | | | |
| h | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Atto | orney General (or designate) | | | |
| 0 | of each state as required by General Instruction G? If "No," attach explanation | donoral (or doorginato) | | 8b | X |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of sections. | on 4942(i)(3) or 4942(i)(5) for ca | lendar | 23727 | 悪巨河 フ |
| 3 | year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," complete | | | 9 | X X |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule I | | | 10 | X |
| -10 | one any persona personal despendicular continuators during the tax year. In 165, attach a schedule | and the number of the trade books | | Form 990- | |
| | | | | | (0) |

| Pa | art VII-A Statements Regarding Activities (continued) | | | |
|-----|--|--|--|---------------------------------------|
| Е— | - Constitution of the cons | | Yes | No |
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of | | | |
| • • | section 512(b)(13)? If "Yes," attach schedule. See instructions | 11 | | x |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? | | | |
| | If "Yes," attach statement, See instructions | 12 | | x |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | Х | |
| | Website address ► N/A | | | |
| 14 | The books are in care of ▶ THERESE BERGER Telephone no.▶ 617-7 | 73 - 0 | 400 | |
| 14. | Located at ▶ 1266 FURNACE BROOK PARKWAY SUITE 408, QUINCY, MA ZIP+4 ▶0 | | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here | | _ | $\overline{\Box}$ |
| | and enter the amount of tax-exempt interest received or accrued during the year | N | /A | |
| 16 | At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, | | Yes | No |
| | securities, or other financial account in a foreign country? | 16 | | х |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the | 1275 | 48 p. | |
| | foreign country | | | |
| Pa | art VIII-Ba 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 |
| 14 | During the year, did the foundation (either directly or indirectly): | | 200 | |
| - | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No | 7.33 | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) | | X-3/35 | |
| | a disqualified person? | 3 3 3 | ,,,,, | W 12-34 |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | 1 | 2 - 40 2 - 43 | 4.7.2 |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No | \$ 2 | | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available | 35 | 12 12. 12. 12 12. 12. 12. 12. 12. 12. 12. 12. 12. 12. | |
| | for the benefit or use of a disqualified person)? | | 1,000 | \$ |
| | (6) Agree to pay money or property to a government official? (Exception. Check "No" | | ور وراي کې معا | |
| | 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.) | 7 - 4.5 2 - 4.5 3 - 5 3 - | 2200 | |
| - | o 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 | 16 | | |
| | Organizations relying on a current notice regarding disaster assistance, check here | 2000 1000 1000 1000 1000 1000 1000 1000 | | |
| | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected | | | 10.4 |
| | before the first day of the tax year beginning in 2018? | 1c | | X |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation | | | 1433 |
| - | defined in section 4942(j)(3) or 4942(j)(5)): | | を認 | |
| | At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning | | | |
| | before 2018? $lacksquare$ Yes $lacksquare$ No | | | |
| | If "Yes," list the years > | 1 | | |
| ı | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect | 3.0 | | |
| | valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach | | 1 | |
| | statement - see instructions.) N/A | 2b | | |
| (| : If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | 77.79 | | |
| | - | 2572 33 | √ α ½ | |
| 3 | a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time | 4 3,6 | 1. J. A. 1. | |
| | during the year? | £ 33. | 200 | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| 1 | o If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after | | 1 2 3 | 3.2.7 3.5.7 |
| | 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 | 1.4.2.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1. | | |
| | 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, | | | 100 |
| | Form 4720, to determine if the foundation had excess business holdings in 2018.) N/A | 3b | | |
| 4: | a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | Х |
| | 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 2018? | 4b | | Х |
| | | orm 990 |)-PF | (2018) |

Page 6

| Partiviles Statements Regarding Activities for Which Fo | orm 4/20 May be Re | equirea (continu | ued) | |
|---|---|-----------------------------|--|-------------------------------|
| 5a During the year, did the foundation pay or incur any amount to: | | | | Yes No |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section | 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? | | Y6 | es 🔀 No 🥞 | |
| (3) Provide a grant to an individual for travel, study, or other similar purposes? | 1 | Ye | es 🗶 No 📳 | |
| (4) Provide a grant to an organization other than a charitable, etc., organization | described in section | | | |
| 4945(d)(4)(A)? See instructions | | Ye | es 🗶 No | 2.0 |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, | or educational purposes, or fo | | | |
| the prevention of cruelty to children or animals? | | | es 🗶 No | |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und | | n Regulations | /- | |
| section 53.4945 or in a current notice regarding disaster assistance? See instru | | | N/A | 5b |
| Organizations relying on a current notice regarding disaster assistance, check h | | | | |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from | | | | 36 |
| expenditure responsibility for the grant? | N | /A Y | es 📖 No 🎏 | |
| If "Yes," attach the statement required by Regulations section 53.4945-5(d). | | | \sim . | |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to p | ay premiums on | — | | |
| a personal benefit contract? | | Ye | es X No | |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a pr | ersonal benefit contract? | | - | 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 sl | | Y(| es X No | |
| b If "Yes," did the foundation receive any proceeds or have any net income attribu | | | N/A | 7b |
| 8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$ | 1,000,000 in remuneration or | | ∵ | |
| excess parachute payment(s) during the year? Part VIII Information About Officers, Directors, Truste | os Foundation Man | | es X No | |
| Paid Employees, and Contractors | es, i vulluation Mai | iagers, riigiliy | | |
| 1 List all officers, directors, trustees, and foundation managers and th | eir compensation. | | | |
| | (b) Title, and average hours per week devoted | (c) Compensation | (d) Contributions to employee benefit plans | (e) Expense |
| (a) Name and address | hòurs per week devoted to position | (If not paid, enter -0-) | and deferred compensation | account, other allowances |
| L.SETH STADFELD | TRUSTEE | United 6 7 | compensation | unomanos |
| 19 PAMET ROAD 46 Merchant Are, | | | | |
| YARMOUTH, MA 02673 02675 | 1.50 | 0. | 0. | 0. |
| | | | | |
| | | | | |
| | • | | | |
| | | | | |
| | | | | ~ |
| | | 1 | | |
| | | | | |
| | | | | |
| | | | | |
| 2 Compensation of five highest-paid employees (other than those incl | | enter "NONE." | (d) Constitution | |
| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred | (e) Expense account, other |
| | devoted to position | ,-,, | compensation | allowances |
| NONE | | 1 | | |
| | · · · · · · · · · · · · · · · · · · · | | | |
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| | | | - | - |
| | | | | |
| Table I number of other employees and over \$50,000 | | I | <u> </u> | 0 |
| Total number of other employees paid over \$50,000 | | | Form | 990-PF (2018) |
| , | | | FUIIII | (2010) |

| Part VIII Information About Officers, Directors, Trustees, Foundation Management Paid Employees, and Contractors (continued) | anagers, Highly | |
|--|---------------------|--------------------------|
| 3 Five highest-paid independent contractors for professional services. If none, enter "NONE | u | |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | , , , , | |
| | | |
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| | | |
| | <u> </u> | |
| | | |
| Total number of others receiving over \$50,000 for professional services | <u> </u> | · <u> </u> |
| Part IX-A: Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical infor number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | mation such as the | Expenses |
| 1 N/A | | |
| | | |
| | | 0. |
| 2 | | |
| | | |
| | | |
| 3 | | |
| | | |
| | | |
| 4 | | |
| | | |
| Dest IV D. C. | | |
| Part IX-B Summary of Program-Related Investments | T | A 4 |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 ar | 10 2. | Amount |
| 1 <u>N/A</u> | | |
| | | 0. |
| | | <u> </u> |
| 2 | | |
| | | |
| All other program-related investments. See instructions. | | · · · · · · |
| 3 | | |
| · | | |
| | | |
| | | |
| | | |
| | | |
| Total. Add lines 1 through 3 | | 0. |
| | Fo | orm 990-PF (2018) |

Form 990-PF (2018)

14-1852996 Page 8

| 112 | art X Minimum investment Heturn (All domestic foundations must complete this part. Foreign four | ndations, s | see instructions) |
|----------|---|--------------|--|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes. | | |
| a | Average monthly fair market value of securities | 1a | 1,293,059. |
| b | Average of monthly cash balances | 1b | 14,953. |
| C | Fair market value of all other assets | 1c | |
| đ | Total (add lines 1a, b, and c) | 1d | 1,308,012. |
| е | | | |
| | 1c (attach detailed explanation) 1e 0 • | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 | Subtract line 2 from line 1d | 3 | 1,308,012. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 19,620. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 1,288,392. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 64,420. |
| ĮP. | art{XII Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations ar | nd certain | |
| | foreign organizations, check here 🕨 🔃 and do not complete this part.) | | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 64,420. |
| 2a | Tax on investment income for 2018 from Part VI, line 5 | | |
| b | Income tax for 2018. (This does not include the tax from Part VI.) | | |
| C | Add lines 2a and 2b | 2c | 429. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 63,991. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 63,991. |
| 6 | Deduction from distributable amount (see instructions) | 6 | 0. |
| 7_ | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 | 63,991. |
| ĮP, | art XIII Qualifying Distributions (see instructions) | | |
| <u>-</u> | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
| ' a | Expenses, contributions, gifts, etc total from Part I, column (d), line 26 | 1a | 66,682. |
| b | Program-related investments - total from Part IX-B | 1b | 0. |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | |
| a | | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | ······································ |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 | 4 | 66,682. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment | | |
| • | income. Enter 1% of Part I, line 27b | 5 | 429. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 66,253. |
| • | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of | ualifies for | |
| | 4940(e) reduction of tax in those years. | | |
| _ | | | 222 55 |

Form **990-PF** (2018)

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2017 | (¢) 2017 | (d) 2018 |
|--|-------------------------------|---|---|---------------------------------|
| Distributable amount for 2018 from Part XI, line 7 | | · | | 63,991. |
| 2 Undistributed income, if any, as of the end of 2018 | | | | 1 |
| a Enter amount for 2017 only | | | 60,431. | |
| b Total for prior years: | | 0. | | |
| 3 Excess distributions carryover, if any, to 2018: | | <u> </u> | | |
| a From 2013 | | | | |
| b From 2014 | notes that in the contract of | Lighter in L | | tori taanki arootoorii |
| c From 2015 | | | | l I |
| d From 2016 | | 1 | | · • |
| c From 201/ | | | | |
| f Total of lines 3a through e | υ. | | | |
| 4 Qualifying distributions for 2018 from | | | | |
| Part XII, line 4: > \$ 66,682. | | | | ļ |
| a Applied to 2017, but not more than line 2a | | | 60,431. | ! |
| 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. | THE LEE MARCHER CO. | r 601 (0) - 10 (0) | |
| d Applied to 2018 distributable amount | | | | 6,251. |
| e Remaining amount distributed out of corpus | 0. | | , N | |
| 5 Excess distributions carryover applied to 2018 | 0. | | | 0. |
| (If no amount appoint in column (ii), the same afmitted must be shown in column (ii)) | | | ij i dir | ' |
| 6 Enter the net total of each column as | | | | |
| indicated below: | | | 1 1 10 | |
| à Corpus Add lines 3f, 4c, and 4e. Subtract line 5 | 0. | | | |
| 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 | | 0. | | |
| amount - see instructions | | ٧. | | |
| e Undistributed income for 2017. Subtract line | | | 0. | |
| 4a from line 2a. Taxable amount - see instr. | | | | |
| f Undistributed income for 2018. Subtract lines 4d and 5 from line 1. This amount must | | | | |
| be distributed in 2019 | | | | 57,740. |
| 7 Amounts treated as distributions out of | _ | migrativities pounds allanos resoules s | анууна женин т | _ : , , _ 3 |
| corpus to satisfy requirements imposed by | | | | |
| section 170(h)(1)(F) or 4942(g)(3) (Election | | | | |
| may be required - see instructions) | 0. | | | |
| 8 Excess distributions carryover from 2013 | _ | | | |
| not applied on line 5 or line 7 | 0. | 1111 I MII I I | 1 1111061 | .11.00 |
| 9 Excess distributions carryover to 2010. | | | COMPONENT COLOR | 1111 1 1 ₇₇₇ 1100000 |
| Subtract lines 7 and 8 from line 6a | 0. | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2014 | | | | |
| <u>b</u> Excess from 2015 | | | | |
| ¢ Excess from 2016 | | | | |
| d Excess from 2017 | | , | , | ' ' |
| e Excess from 2018 | | | | |
| 823581 12-11-18 | | | | Form 990-PF (2018) |

823581 12-11-18

THE MARTHA AND MAX RUBINSTEIN FAMILY Form 990-PF (2018) FOUNDATION (GROSSMAN OFFICE) 14-1852996 Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling 4942(1)(3) 4942(1)(5) b Check box to indicate whether the foundation is a private operating foundation described in section Tax year Prior 3 years 2 a Enter the lesser of the adjusted net (b) 2017 (a) 2018 (c) 2016 (d) 2015 (e) Total income from Part I or the minimum investment return from Part X for each year listed **b** 85% of line 2a c Qualifying distributions from Part XII, line 4 for each year listed d Amounts included in line 2c not used directly for active conduct of exempt activities e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon; a "Assets" alternative test - enter: (1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year c "Support" alternative test - enter: (1) Total support other than gross investment income (interest, dividends, rents, payments of 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 [PartiXV■ Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. NONE Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here X if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. a The name, address, and telephone number or email address of the person to whom applications should be addressed: b The form in which applications should be submitted and information and materials they should include: c Any submission deadlines: d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

823601 12-11-18

Page 11

Supplementary Information (continued) 3 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 Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient a Paid during the year NONE PUBLIC CHARITY MEDICAL ALZHEIMER'S ASSOCIATION 500. AMERICAN CANCER SOCIETY NONE PUBLIC CHARITY MEDICAL RESEARCH 500. PUBLIC CHARITY MEDICAL RESEARCH AMERICAN DIABETES ASSOCIATION NONE 750. AMERICAN FRIENDS OF HEBREW UNIVERSITY EDUCATION EDUCATION 2,250. NONE PUBLIC CHARITY MEDICAL RESEARCH AMERICAN HEART ASSOCIATION 750. ▶ 3a SEE CONTINUATION SHEET(S) 60,431. Total **b** Approved for future payment NONE **▶** 3b Total Form 990-PF (2018) Form 990-PF (2018) Part XVI-A

| FOUNDATION | (GROSSMAN | OFFICE) | |
|------------|-----------|---------|--|
| | | | |

Analysis of Income-Producing Activities

| Enter gross amounts unless otherwise indicated. | Unrelat | ed business income | | ded by section 512, 513, or 514 | (e) |
|--|-----------------|--------------------------|-------------------------------|---------------------------------|--|
| | (a) Business | (b) Amount | (C) Exclu- sion code | (d) Amount | Related or exempt |
| 1 Program service revenue: | code | , , , , , , | Code | 7 11100111 | TOTAL OF THE STATE |
| a | | | | | |
| b | | | 3 | | |
| <u> </u> | | | - | | |
| d | <u> </u> | | | | |
| e | | - | | | , |
| 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 | | | 14 | | |
| 5 Net rental income or (loss) from real estate: | 9-1 | | 9 70 | | |
| 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 | | | | ļ | |
| than inventory | | | 18 | 27,263. | |
| 9 Net income or (loss) from special events | | | | | |
| 10 Gross profit or (loss) from sales of inventory | | | ļ | | |
| 11 Other revenue: | | | | | |
| a | | | - | | |
| b | | | | · | |
| c | | | 1 | | |
| d | | <u> </u> | | | |
| 6 | | 0 | | 60,301. | 0. |
| 12 Subtotal. Add loss 12 solumns (b), (d), and (e) | TO SERVER | | | 13 | |
| 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) | | | | 13 _ | 00,301. |
| | 4ba Aaaa | mulichment of Ev | | Durana | |
| Relationship of Activities to | the Acco | impusiument of Ex | s mp. | rurposes | |
| Line No. Explain below how each activity for which incor | | | contri | outed importantly to the accor | nplishment of |
| the foundation's exempt purposes (other than b | y providing fu | inds for such purposes). | | | |
| N/A | | | | | |
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| 823621 12-11-18 | | | | | Form 990-PF (2018) |

823621 12-11-18

Form 990-PF (2018) FOUNDATION (GROSSMAN OFFICE) 14-1852996

Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

| | Exempt Organ | 124110115 | | | | | | | |
|-------------|---|------------------------------|---------------------------------------|---|--|---------------------------------------|----------------------------------|--------------|---------------|
| 1 Did | the organization directly or indi | rectly engage in any of | the following | with any other organization | described in secti | on 501(c) | | Yes | No |
| (oth | er than section 501(c)(3) organ | uzations) or in section ! | 527, relating t | o political organizations? | | , , | | | |
| | sfers from the reporting founda | • | | | | | | | |
| | Cash | | | | | | 1a(1) | ************ | <u> </u> |
| | Other assets | | | | | | 1a(2) | | X |
| | er transactions; | | | | | | 10(2) | | - |
| | | hlo ovomot organization | n | | | | 1b(1) | | , |
| ٠, | Sales of assets to a noncharita | • = | | | | | | | X |
| | Purchases of assets from a nor | | janizanon | | | | 1b(2) | | X |
| ٠,, | Rental of facilities, equipment, | or other assets | | | | | 1b(3) | | X |
| | Reimbursement arrangements | | | | | | 1b(4) | | |
| | Loans or loan guarantees | | | | | | 1b(5) | | X |
| | Performance of services or me | • | _ | | | | 1b(6) | | <u>X</u> |
| | ring of facilities, equipment, ma | | | | | | 1c | | |
| | e answer to any of the above is | | | | | | | ets, | |
| | ervices given by the reporting for | | | iess than fair market value | in any transaction | or snaring arrangement | , snow in | | |
| | (b) Amount involved | | | exempt organization | (d) December | | 4 -> | | |
| (a) Line no | <u> </u> | N/A | ionichan habie t | skempt organization | (u) Description | of transfers, transactions, ar | ia sharing arra | ingemen | us |
| | + | N/A | | | + | | | | |
| | | | | | + | | | | |
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| 00 loth | ne foundation directly or indirec | the affiliated with or rol | lated to one o | r more toy evennt ergeniz | tions described | | | | |
| | ection 501(c) (other than sectio | • | - | ii mure tax-exempt organiza | ations described | | Yes | ¥ | ΠNο |
| | • • • | | 1011 527 * | | | | 165 | _ 11 | _ INU |
| <u> </u> | es," complete the following sch (a) Name of org | | 1 | (b) Type of organization | | (c) Description of relation | nshin | | |
| | N/A | janization | - | (b) Type of organization | | (c) Description of Telatio | папр | | |
| | N/A | | | | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | | | |
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| | - | | - | | | | | | |
| | | | · · | | | | | | |
| <u></u> | Under penalties of perjury, I declare t | that I have examined this re | iturn, including a | ccompanying schedules and stat | tements, and to the bes | st of my knowledge | | | |
| Sign | and belief, it is true, correct, and com | | | | | is any knowledge | May the IRS o return with the | prepare | er e |
| Here | $\searrow M$ | | | | 10/28 | */16 | shown below X Yes | | - I |
| | Signature of officer or trustee | <u> </u> | | Date | Title | /// | 12 162 | | JNo |
| | Print/Type preparer's na | | Preparer's sur | | Date- | Check If PTI | N | | |
| | . I mo typo proparor 3 no | ···· / | | 1114 | . / / | self- employed | •• | | |
| Paid | RUSSELL LI | ситмам \ | // X | 17 MA | 10/22/19 | | 01060 | 51 Q | |
| Prepa | | | Vun. | - ' - - - - - - - - - | | Firm's EIN ► 11- | 19863 | 23 210 | |
| Use C | 11111101111110 | COM DUP | | | • | FILITIS EIN PLIT | | <u>.</u> J | |
| | Firm's address ▶ 53 | ርጥልጥፑ ርጥጋ | - RET | | | | | | |
| | | STATE SIR | | | | Phone no. (617 | ነ ደበ7 | _50 | 0.0 |
| | <u> </u> | DION, MA U | 2103 | - | | Tritolie IIO. (OI/ | Form 99 0 | | |
| | | | | | | | | | |

| Part XV _i Supplementary Information 3 Grants and Contributions Paid During the Y | | - | | |
|---|--|-------------------------|--|--------|
| Recipient | If recipient is an individual, | Coundation. | Durance of grant or | |
| Name and address (home or business) | show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| | or substantial contributor | recipient | | |
| AMERICAN MACULAR DEGENERATION | NONE | PUBLIC CHARITY | MEDICAL RESEARCH | 500 |
| AMERICAN PARKINSON DISEASE FOUNDATION | NONE | PUBLIC CHARITY | MEDICAL RESEARCH | 2,000 |
| AMERICAN SUPPORT FOR ISRAEL | NONE | PUBLIC CHARITY | RELIGIOUS, EDUCATIONAL, ETC | 500 |
| AMERICANS FOR PEACE AND TOLERANCE | NONE | PUBLIC CHARITY | CULTURAL AND SIMILAR ACTIVITIES | 500 |
| ANGELS IN AMERICA | NONE | PUBLIC CHARITY | CULTURAL & OTHER SIMILAR ACTIVITIES | 500 |
| BEVERLY HOSPITAL | NONE | HOSPITAL | MEDICAL | 1,000 |
| BIRTHRIGHT ISRAEL FOUNDATION | NONE | PRIVATE CHARITY | CULTURAL & SIMILAR ACTIVITIES | 1,000 |
| BOSTON UNIVERSITY MEDICAL CENTER | NONE | PUBLIC CHARITY | MEDICAL CARE | 500 |
| BOWDOIN COLLEGE | NONE | EDUCATION | EDUCATION | 2,000 |
| CANCER RESEARCH FOUNDATIONN, INC | NONE | PUBLIC CHARITY | MEDICAL RESEARCH | 500 |
| Total from continuation sheets | | | | 55,681 |

| 3 Grants and Contributions Paid During the Ye | | | | |
|--|---|------------------------|-------------------------------------|--------|
| Recipient | If recipient is an individual, show any relationship to | Foundation | Purpose of grant or contribution | Amount |
| Name and address (home or business) | any foundation manager or substantial contributor | status of recipient | CONTRIBUTION | , |
| APE COD SYNAGOGUE | NONE | RELIGIOUS | FOR RELIGIOUS | |
| REE COD DIMAGGOD | | | ENDEAVORS | 2,00 |
| APE SYMPHONY & CONSERVATORY | NONE | PRIVATE CHARITY | EDUCACTIONAL | 50 |
| | | | | |
| CHABAD LUBAVITCH OF THE NORTH SHORE | NONE | | TO PROMOTE RELIGIOUS ACTIVITY | 75 |
| COLBY COLLEGE-RESEARCH FUND | NONE | EDUCATION | EDUCATION | 1,5(|
| • | | | | |
| COMBINED JEWISH PHILANTHROPIES | NONE | RELIGIOUS | CULTURAL & OTHER SIMILAR ACTIVITIES | |
| COMMITTEE FOR ACCURACY IN MIDDLE EAST REPORTING IN AMERICA | NONE | PUBLIC CHARITY | EDUCATIONAL | 51 |
| ROHN'S & COLITIS FOUNDATION | NONE | PUBLIC CHARITY | MEDICAL RESEARCH | 5 |
| | | | | |
| EPILEPSY FOUNDATION | NONE | PUBLIC CHARITY | MEDICAL | 51 |
| HEBREW COLLEGE | NONE | PUBLIC CHARITY | EDUCATION | 1,5 |
| HEBREW SENIOR LIFE | NONE | PUBLIC CHARITY | ELDER CARE | 5 |

| Part XV Supplementary Information | 1 | | | |
|--|---|--|----------------------------------|--------|
| 3 Grants and Contributions Paid During the Y | ear (Continuation) | , | 1 | |
| Recipient | If recipient is an individual, show any relationship to | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | any foundation manager or substantial contributor | recipient | Contribution | |
| | | | | |
| iebrew union college | NONE | PUBLIC CHARITY | EDUCATION | ı |
| | | | | 1,250 |
| | | | | |
| JACK SOBLE MEMORIAL FUND | NONE | PUBLIC CHARITY | CULTURAL & OTHER | |
| | | | SIMILAR ACTIVITIES | 1,000 |
| | | | | |
| JEWISH COMMUNITY CENTER OF THE NORTH | NONE | PUBLIC CHARITY | CULTURAL & OTHER | |
| SHORE | | | SIMILAR ACTIVITIES | 1,000. |
| | | | | |
| JEWISH COMMUNITY CRISIS RELIEF | NONE | PUBLIC CHARITY | ASSISTANCE TO NEEDY | |
| | | | FAMILIES | 1,250. |
| | | | | |
| JEWISH FAMILY & CHILDREN'S SERVICE- | NONE | PUBLIC CHARITY | VISITOR PROGRAM | |
| FRENDLY VISITOR PROGRAM | | | | 1,000. |
| | | | | |
| JEWISH FAMILY & CHILDREN'S | NONE | PUBLIC CHARITY | FAMILY SUPPORT | 1 500 |
| SERVICE-PARKINSONS FAMILY SUPPORT | | | | 1,500 |
| - | | | ÷ | |
| JEWISH FAMILY & CHILDREN'S SERVICES | NONE | PUBLIC CHARITY | CULTURAL & OTHER | 750 |
| OF THE NORTH SHORE | | | SIMILAR ACTIVITIES | 750 |
| | | | | |
| JEWISH THEOLOGICAL SEMINARY | NONE | EDUCATION | EDUCATION | 1,500 |
| | | | | 1,300 |
| | | | | |
| KESHET | NONE | PRIVATE CHARITY | RELIGIOUS, EDUCATIONAL, ETC | 500 |
| | | | , 220 | 330 |
| | | | | |
| LIGHTHOUSE FOR THE BLIND | NONE | PUBLIC CHARITY | EDUCATION | 500 |
| lotal from continuation sheets | l | . 1 | <u> </u> | |

THE MARTHA AND MAX RUBINSTEIN FAMILY FOUNDATION (GROSSMAN OFFICE) 14-1852996

| 3 Grants and Contributions Paid During the Y | | | | |
|---|---|-----------------------|--|--------|
| Recipient | If recipient is an individual, show any relationship to | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | any foundation manager or substantial contributor | recipient | CONTRIBUTION | |
| | | | | |
| MARILYN & MIKE GROSSMAN FOUNDATION | NONE | PRIVATE FOUNDATION | RELIGIOUS, EDUCATIONAL, ETC | 1,51 |
| | | | | |
| MASORTI FOUNDATION FOR CONSERVATIVE JUDAISM IN ISRAEL | NONE | RELIGIOUS | FOR RELIGIOUS ENDEAVORS | 25 |
| | | | | |
| MAYYIM HAYYIM | NONE | RELIGIOUS | EDUCATIONAL | 1,25 |
| | , | | | |
| MICHAEL J. FOX FNDN FOR PARKINSON'S RESEARCH | NONE | PUBLIC CHARITY | MEDICAL RESEARCH | 1,50 |
| | | | | |
| MIT - ARTHUR H. SCHIEN MEMORIAL FUND | NONE | PUBLIC CHARITY | CULTURAL & OTHER SIMILAR ACTIVITIES | 75 |
| | | | | |
| NATIONAL FOUNDATION FOR CANCER RESEARCH | NONE | PUBLIC CHARITY | MEDICAL RESEARCH | 75 |
| | | | | |
| NATIONAL MULTIPLE SCLEROSIS SOCIETY | NONE | PUBLIC CHARITY | MEDICAL RESEARCH | 1,50 |
| | | | | |
| NATIONAL PARKINSON FOUNDATION INC | NONE | PUBLIC CHARITY | MEDICAL RESEARCH | 50 |
| | | | | |
| NEW ENGLAND HEBREW ACADEMY | NONE | SCHOOL | EDUCATION | 1,75 |
| | | | | |
| NEW ISRAEL FUND | NONE | RELIGIOUS | RELIGIOUS PLURALISM | 25 |

| 3 Grants and Contributions Paid During the | Tear (Continuation) | | | |
|--|---|---------------------|----------------------------|--------|
| Recipient | If recipient is an individual, show any relationship to | Foundation | Purpose of grant or | Amount |
| Name and address (home or business) | any foundation manager or substantial contributor | status of recipient | contribution | |
| | | | | |
| ORTH SHORE COMMUNITY COLLEGE | NONE | EDUCATION | EDUCATION | 75 |
| | | | | , , , |
| ORTH SUBURBAN JEWISH COMMUNITY | NONE | PUBLIC CHARITY | CULTURAL AND OTHER | |
| ENTER | | | SIMILAR ACTIVITIES | 1,20 |
| | | DUDY TO GUADITAV | MEDICAL RESEARCM | |
| ARKINSONS DISEASE FOUNDATION | NONE | PUBLIC CHARITY | MEDICAL RESEARCM | 50 |
| | | | | |
| PARKINSONS SUPPORT NETWORK OF CAPE | NONE | PUBLIC CHARITY | MEDICAL RESEARCH | 1,47 |
| | | | | |
| TEMPLE ALIYAH | NONE | RELIGIOUS | FOR RELIGIOUS ENDEAVORS | |
| | | | ;LISTTOTAL 1500 | 2,50 |
| remple b'nai abraham | NONE | RELIGIOUS | FOR RELIGIOUS | |
| TEMPLE B NAI ABRARAM | NONE | REDIGIOUS | ENDEAVORS | 7,00 |
| | | | | |
| THE ABRAHAM FUND INITIATIVES | NONE | PUBLIC CHARITY | EDUCATION | 5(|
| | | | | : |
| THE RASHI SCHOOL | NONE | EDUCATION | EDUCATION | 2,00 |
| - | - | | | |
| YAD CHESSED FUND | NONE | RELIGIOUS | FOR RELIGIOUS | |
| | | | ENDEAVORS | 1,50 |
| | | | | |
| | | | | |

| FORM 990-PF | DIVIDENDS | AND INTER | EST FROM SECUR | RITIES STATEMENT 1 | |
|--|-----------------|------------------------------|-----------------------------------|-----------------------------------|-------------------------------|
| SOURCE | GROSS AMOUNT | CAPITAL GAINS DIVIDEND | REVENUE | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME |
| CAPITAL GAIN DISTRIBUTION DIVIDEND INCOME - | 2,346. | | 0. 2,346. | 2,346. | |
| NORTHWESTERN MUTUAL LIFE INTEREST INCOME - | 30,691. | | 0. 30,691. | 30,691. | |
| CITIZENS MM PLUS | 1. | | 0. 1. | 1. | |
| TO PART I, LINE 4 | 33,038. | | 33,038. | 33,038. | |
| FORM 990-PF | | ACCOUNTI | NG FEES | S | PATEMENT 2 |
| DESCRIPTION | | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| ACCOUNTING | | 4,120. | 3,708. | | 412. |
| TO FORM 990-PF, PG 1 | L, LN 16B | 4,120. | 3,708. | | 412. |
| - | | | | | |
| FORM 990-PF | PO | HER PROFES | SIONAL FEES | S' | PATEMENT 3 |
| DESCRIPTION | | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| MANAGEMENT FEES | | 14,211. | 9,947. | | 4,264. |
| TO FORM 990-PF, PG 1 | L, LN 16C | 14,211. | 9,947. | | 4,264. |
| | _ | | | | |

| FORM 990-PF | TAXES | | STATEMENT 4 | |
|--|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| COMM. OF MASSFILING FEE FOREIGN TAX ON DIVIDENDS PAYROLL TAXES | 35. 67. 302. | 67. | | 0. 0. 91. |
| TO FORM 990-PF, PG 1, LN 18 | 404. | 313. | | 91. |
| FORM 990-PF | OTHER EXPENSES | | STATEMENT 5 | |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| OFFICE EXPENSES TELEPHONE MISCELLANEOUS EXPENSES | 53. 85. 129. | 60. | | 16. 25. 39. |
| TO FORM 990-PF, PG 1, LN 23 | 267. | 187. | | 80. |

| FORM 990-PF OTHER | INVESTMENTS | | STATEMENT 6 |
|---------------------------------------|---------------------|------------|----------------------|
| DESCRIPTION | VALUATION METHOD | BOOK VALUE | FAIR MARKET VALUE |
| NORTHWESTERN MUTUAL LIFE | COST | 1,128,603. | 1,244,918. |
| TOTAL TO FORM 990-PF, PART II, LINE 1 | .3 | 1,128,603. | 1,244,918. |