Form 990-PF

พ้ Department of the Treasury

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.

$\overline{}$		gowronniagorr for mstr	uctions and the latest in	iormation.	Spell to rabile inspection	
For	calendar year 2019 or tax year beginning		, 2019, and end	ing	, 20	
Name	of foundation THE HAMERMESH FAMILY	Y CHARITABLE FO	UNDATION	A Employer ident	ufication number	
C/	O RICHARD G HAMERMESH			04-34931	47	
Numb	per and street (or P O box number if mail is not delivered to	o street address)	Room/suite	B Telephone number (see instructions)		
1	CHARLES ST. SOUTH		PH2C	(617) 4	13-0677	
City c	r town, state or province, country, and ZIP or foreign posta	al code				
				C If exemption appli pending, check he		
BC	STON, MA 02116					
GC	heck all that apply Initial return	Initial return o	of a former public chai	rity D 1 Foreign organiz	ations, check here	
	Final return	Amended ret	turn	2 Foreign organiz	zations meeting the	
	Address change	Name change	e		here and attach	
H C	heck type of organization X Section 501(c)(3) exempt private f	oundation	13		
	Section 4947(a)(1) nonexempt charitable trust	Other taxable pri	0 ivate foundation 0	t i	(b)(1)(A), check here	
I F	air market value of all assets at J Acco	unting method X Ca	ash Accrual	T 1_	is in a 60-month termination	
er		ther (specify)			(b)(1)(B), check here	
16		column (d), must be on ca	ash basis)			
Par	Analysis of Revenue and Expenses (The				(d) Disbursements	
	total of amounts in columns (b), (c), and (d)	expenses per	(b) Net investment income	(c) Adjusted net income	for charitable purposes	
	may not necessarily equal the amounts in column (a) (see instructions))	books	income	mcome	(cash basis only)	
T1		60,000.				
2	of the foundation is not mailted to				 	
3	attach Sch B	41.	41.	·· ···		
4		11,983.	11,983.			
- 1	a Gross rents					
	b Net rental income or (loss)					
- 1	a Net gain or (loss) from sale of assets not on line 10	9,844.				
	b Gross sales price for all 133, 900.		· · · · · · · · · · · · · · · · · · ·	DEC	FIVED	
8 ₇			9,844.	1111		
ᇫ 8	· · · · · · · · · · · · · · · · · · ·			16	1 0	
9				SEP SEP	2 1 2020	
	a Gross sales less returns			ш		
	b Less Cost of goods sold .			7000	1-01 117	
4	c Gross profit or (loss) (attach schedule)				LN, UI	
11	Other income (attach schedule)					
12	Total Add lines 1 through 11	81,868.	21,868.		 	
13	Compensation of officers, directors, trustees, etc	0.				
	Other employee salaries and wages			<u></u>		
ے داع	Danaira alama amalawa kanasia				1	
) 일 16	a Legal fees (attach schedule)			·		
֓֞֝֞֞֞֞֞֞֞֞֞֓֞֞֞֓֞֞֞֞֞֞֞֞֞֞֞֞֡֡	b Accounting fees (attach schedule)					
<u></u>	b Accounting fees (attach schedule)	6,165.	6,165.			
17	Interest				<u> </u>	
2012	Taxes (attach schedule) (see instructions)[2]	40.	40.	· -	 	
= 10	Depreciation (attach schedule) and depletion			_	†- 	
20 20	Occupancy				 	
۷21	Travel conferences and meetings				 	
	Printing and publications			 .		
0122	Other expenses (attach schedule)					
23 24	Other expenses (attach schedule)				 	
ام احم	Total operating and administrative expenses	6,205.	6,205.			
취	Add lines 13 through 23	132,450.	,		132,450.	
D 25	Contributions, gifts, grants paid	138,655.	6,205.		132,450.	
26	Total expenses and disbursements Add lines 24 and 25					
27	Subtract line 26 from line 12	-56,787.				
- 1	B Excess of revenue over expenses and disbursements	30,707.	15,663.		 	
	b Net investment income (if negative, enter -0-)				 	
	* Aduleted not income (if heasting exter O)	l l	ľ		i	

JSA For Paperwork Reduction Act Notice, see instructions 9E1410 1 000 JZ9858 567A 9/1/2020 11:33

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E	art I	Balance Sheets Attached schedules and amounts in the	Beginning of year	E	nd of year
_		description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	470,846.	456,2	00. 456,200
	3	Accounts receivable			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
		Less allowance for doubtful accounts ▶			
ssets	8	Inventories for sale or use			
SS	9	Prepaid expenses and deferred charges			
Ä	10a	Investments - U S and state government obligations (attach schedule)			
	b	Investments - corporate stock (attach schedule)			
	С	Investments - corporate bonds (attach schedule)			
	11	Investments - land, buildings, and equipment basis			1
		Less accumulated depreciation (attach schedule)			
	12	Investments - mortgage loans			
	13	Investments - other (attach schedule)			4
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)			
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers - see the			
_		instructions Also, see page 1, item I)	470,846.	456,20	00. 456,200
	17	Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue		<u> </u>	
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
iab	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe)			
_	23	Total liabilities (add lines 17 through 22)	0.	 -	0.
ès		Foundations that follow FASB ASC 958, check here			
Š		and complete lines 24, 25, 29, and 30.	450.046	45.5.04	
Balances	24	Net assets without donor restrictions	470,846.	456,20	0.
	25	Net assets with donor restrictions		·	
Ind		Foundations that do not follow FASB ASC 958, check here			
Ţ	26	and complete lines 26 through 30			
P	26	Capital stock, trust principal, or current funds			
şţ	27	Paid-in or capital surplus, or land, bldg, and equipment fund			
SS	28	Retained earnings, accumulated income, endowment, or other funds	470.046	456.00	
Ę,	29	Total net assets or fund balances (see instructions)	470,846.	456,20	70.
Ze	27 28 29 30	Total liabilities and net assets/fund balances (see	470 046	456 20	20
_		instructions)	470,846.	456,20	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
		Analysis of Changes in Net Assets or Fund Bala			
1		al net assets or fund balances at beginning of year - Part			470,846.
_		-of-year figure reported on prior year's return)			
		er amount from Part I, line 27a			
		er increases not included in line 2 (itemize) ATCH 3			42,141. 4 456,200.
		lines 1, 2, and 3			5
5	Dec	reases not included in line 2 (itemize) ▶ If net assets or fund balances at end of year (line 4 minus	line 5) - Part II column (h)		6 456,200.
_6	1018	ir net assets of fund balances at end of year (line 4 minus	inie 5) - Part II, Column (b)	, iiile 29	430,200.

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(a) List and de		estment Income						
	escribe the kind(s) of property sold (for e		(b) How acquired P - Purchase	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)			
	brick warehouse, or common stock, 200	sns MLC Co)	D - Donation	(IIIO , day, yr)	(mo , day, yr)			
b PART IV SCHE	DODE		 					
C								
								
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (los ((e) plus (f) minu				
<u>a</u>								
<u>b</u>			ļ					
<u>c</u>								
d			 					
Complete only for accets	Showing goin in column (h) and award	by the foundation on 12/31/69						
Complete only for assets	showing gain in column (h) and owned	T		Gains (Col (h) ga (k), but not less th				
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	Ç01	Losses (from col				
_a	 		ļ					
b			 					
<u>c</u>		 						
e			<u> </u>					
2 Capital gain net income	e or (net capital loss) {	ain, also enter in Part I, line 7 pss), enter -0- in Part I, line 7	2		9,844.			
If gain, also enter in F	gain or (loss) as defined in sections Part I, line 8, column (c) See ins	tructions If (loss), enter -0- in			•			
Part V Qualification	Under Section 4940(e) for Rec		3		0.			
f "Yes," the foundation does 1 Enter the appropriate a	the section 4942 tax on the distrib n't qualify under section 4940(e) D mount in each column for each yea	oo not complete this part ar, see the instructions before maki			Yes X No			
Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying disInbutions	(c) Net value of nonchantable-use assets	(a) (b) (c) (d) Base pend years Distribution ratio					
2018	157,488.			Distribution rat				
2017	<u> </u>	550,201.	<u> </u>	Distribution rat (col (b) divided by				
2016	68,233.	550,201. 491,876.		Distribution rat (col (b) divided by (col (c))			
2015	68,233. 63,066.			Distribution rat (col (b) divided by (col (c)) 0.286237			
2014	63,066. 91,413.			Distribution rat (col (b) divided by (col (c)) 0.286237			
	63,066.			Distribution rat (col (b) divided by (col (c)) 0.286237			
	63,066. 91,413. 105,335.	491,876.	2	Distribution rat (col (b) divided by (col (c)) 0.286237			
3 Average distribution rat	63,066. 91,413. 105,335.	491,876.		Distribution rat (col (b) divided by (col (c)) 0.286237 0.138720			
3 Average distribution rat the number of years the	63,066. 91,413. 105,335. (d)	491,876.	2	Distribution rat (col (b) divided by (col (c)) 0.286237 0.138720 0.424957			
Average distribution rat the number of years theEnter the net value of n	63, 066. 91, 413. 105, 335. (d)	e the total on line 2 by 5 0, or by fless than 5 years	2 3	Distribution rat (col (b) divided by (20. (c) 20. 286237 20. 138720 20. 424957 20. 084991			
 Average distribution rat the number of years the Enter the net value of n Multiply line 4 by line 3 	63, 066. 91, 413. 105, 335. (d)	e the total on line 2 by 5 0, or by fless than 5 years	2 3 4	Distribution rat (col (b) divided by (0.286237 0.138720 0.424957 0.084991			
 Average distribution rat the number of years the Enter the net value of n Multiply line 4 by line 3 Enter 1% of net investment 	63, 066. 91, 413. 105, 335. (d)	e the total on line 2 by 5 0, or by if less than 5 years	2 3 4 5	Distribution rat (col (b) divided by (20. (c) 20. 286237 20. 138720 20. 424957 20. 084991 451, 198. 38, 348.			
 Average distribution rat the number of years the Enter the net value of n Multiply line 4 by line 3 Enter 1% of net investm Add lines 5 and 6 Enter qualifying distribu 	63, 066. 91, 413. 105, 335. (d)	e the total on line 2 by 5 0, or by if less than 5 years	2 3 4 5 6 7	Distribution rat (col (b) divided by (20. (c) 20. 286237 20. 138720 20. 424957 20. 084991 451, 198. 38, 348. 157. 38, 505. 32, 450.			

Form	990-PF (2019) THE HAMERMESH FAMILY CHARITABLE FOUNDATION 04-3	3493147	7	Page 4
Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - s	ee instr	uction	ıs)
1a	Exempt operating foundations described in section 4940(d)(2), check here 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			157.
	here \blacktriangleright X and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of			
	Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			
3	Add lines 1 and 2			157.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0			157.
6	Credits/Payments Credits/Payments			
а	2019 estimated tax payments and 2018 overpayment credited to 2019 6a			
b	Exempt foreign organizations - tax withheld at source			
С	Tax paid with application for extension of time to file (Form 8868) 6c			
d	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d			0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			157.
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be Credited to 2020 estimated tax ▶ Refunded ▶ 11			
Par	t VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did	ıt	Yes	No
	participate or intervene in any political campaign?			Х
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			
	instructions for the definition			Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materia			
	published or distributed by the foundation in connection with the activities			
c	Did the foundation file Form 1120-POL for this year?	1c		Х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation > \$(2) On foundation managers > \$			
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers \$	1	l	l
	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	· -	_	
	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, article			
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	. I .		X
			<u> </u>	X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4b		X
	If "Yes," has it filed a tax return on Form 990-T for this year?		_	X
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	-		
	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 language in the governing instrument, or By language in the governing instrument so that no mandatory directions the	.	1	1
	By state legislation that effectively amends the governing instrument so that no mandatory directions the second in the sec		x	
	conflict with the state law remain in the governing instrument?		<u> </u>	
	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 X\	· -		_
	Enter the states to which the foundation reports or with which it is registered. See instructions.		ĺ	ĺ
		_		
	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney Gener		x	
	(or designate) of each state as required by General Instruction G ² If "No," attach explanation		 `` -	
	is the foundation claiming status as a private operating foundation within the meaning of section $4942(j)(3)$ of			
		"	1	I
	4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV If "Yes			v
	4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes complete Part XIV			X
	****	. 9	х	Х

Pai	t 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		Х
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		Х
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 ▶ RICHARD G. HAMERMESH Telephone no ▶ 617-413-	-067	7	
	Located at ▶1 CHARLES STREET SOUTH UNIT PH2C BOSTON, MA ZIP+4 ▶ 02116			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			T
	and enter the amount of tax-exempt interest received or accrued during the year		,	_
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of		_	
	the foreign country			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required	<u> </u>		Ь
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	l —	Yes	No
4.0	During the year, did the foundation (either directly or indirectly)			 •
14]
	to properly make and a continuous of properly make any amount of properly make any and a continuous of properly make any any and a continuous of properly make any			ĺ
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?			
	Single-similar position in the			
	(v) I diffish goods, scrittees, or facilities to (or accept them from) a disqualified personner.			l
	(), very compensation to, or pay or commence the dispersion of a confermed 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)?			
	the senior of the disease percent, i			
	(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, in terminating within 50 days /			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in	4.		Х
	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	_1b		<u> </u>
	Organizations relying on a current notice regarding disaster assistance, check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	4-		х
_	were not corrected before the first day of the tax year beginning in 2019?	1c		<u> </u>
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 2019, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2019?			
	If "Yes," list the years			
D	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	26		х
	all years listed, answer "No" and attach statement - see instructions)	_2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
_	P	- 1		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or	j		
	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 Form 4720, Schedule C, to determine if the	_		١,,
	foundation had excess business holdings in 2019)	3b		X
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			.,
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b	DE	<u> </u>

Pai	rt VII-B Statements Regar	ding Activities	for Which Form	4720 May Be Red	uired (continued)			
5a	During the year, did the foundation	pay or incur any amo	unt to				Yes	No
	(1) Carry on propaganda, or otherw	rise attempt to influe	nce legislation (section	on 4945(e))?	. Yes X N	•		
	(2) Influence the outcome of any	specific public ele	ction (see section	4955), or to carry or	 1.			
	directly or indirectly, any voter r		•	•		。		
	(3) Provide a grant to an individual							
	(4) Provide a grant to an organiz	•	* *			_		
	section 4945(d)(4)(A)? See instr		_			,		
	(5) Provide for any purpose other							
	purposes, or for the prevention	-		-		_		
.	If any answer is "Yes" to 5a(1)-(5	=				· i		
ь	Regulations section 53 4945 or in a					I		х
		-	-			5b		
	Organizations relying on a current r					`\-\		
С	If the answer is "Yes" to question	• •		•				
	because it maintained expenditure responsibility for the grant? Yes X No							
	If "Yes," attach the statement require		• • •					
6a	Did the foundation, during the ye	•	•				i l	
	on a personal benefit contract?				. Yes X N			.,
b	Did the foundation, during the year,	pay premiums, direc	ctly or indirectly, on a	personal benefit contra	ict?	. 6b		X
	If "Yes" to 6b, file Form 8870					İ		
7a	At any time during the tax year, was					•		
b	If "Yes," did the foundation receive:	any proceeds or have	e any net income attr	butable to the transacti	on?	· 7b		
8	Is the foundation subject to the sect	tion 4960 tax on payi	ment(s) of more tha	n \$1,000,000 in				
_	remuneration or excess parachute p	ayment(s) during the	year?	 	. Yes N			
Par	t VIII Information About C	micers, Director	s, Trustees, Fou	indation Managers	s, Highly Paid Em	pioyees,		
1	List all officers, directors, truste	ees, and foundation			See instructions.			_
	(a) Name and address		(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	(e) Expens		
	_ 		devoted to position	enter -0-)	and deferred compensation	other all	owance	<u> </u>
ATCH	1 4		}	0	0			^
AICE	1 4	······································		0.	0.			0.
	·							
_								
	Compensation of five highest- "NONE."	paid employees	(other than thos	e included on line		ions). If no	one, e	enter
(2)	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	(e) Expens		
(4)	ivaline and address of each employee paid	more triair \$50,000	devoted to position	(c) Compensation	plans and deferred compensation	other all	owance	s
	NONE							
		····		 -				
				··-·				
							_	
				ļ				
					·			
Total	number of other employees paid	over \$50,000	<u> </u>	· · · · · · · · · · · · · · · · · · ·	<u> ▶</u>		- n-	
						Form 990	I-PF (20191

Form 990-PF (2019)

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Pai	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign foundations,	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities	1a 45	58,069.
	Average of monthly cash balances	1b	
	Fair market value of all other assets (see instructions).	1c	
d	Total (add lines 1a, b, and c)	1d 45	58,069.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d.		58,069.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see		
•	instructions)	4	6,871.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.		51,198.
6	Minimum investment return. Enter 5% of line 5	6	22,560.
Pai	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four and certain foreign organizations, check here ▶ and do not complete this part)	ndations	
1	Minimum investment return from Part X, line 6	1 2	22,560.
2 a	Tax on investment income for 2019 from Part VI, line 5 2a 157.		
	Income tax for 2019 (This does not include the tax from Part VI). 2b		
	Add lines 2a and 2b	2c	157.
3	Distributable amount before adjustments Subtract line 2c from line 1		22,403.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5 2	22,403.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
•	line 1	7 2	22,403.
Par	t XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a 13	32,450.
b	Program-related investments - total from Part IX-B	1b	
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		
а	Suitability test (prior IRS approval required)	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		32,450.
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 See instructions.	5	157.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		32,293.
-	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca		oundation
	qualifies for the section 4940(e) reduction of tax in those years	-	

Page 9

Part XIII Undistributed Income (see ins	tructions)			
Distributable amount for 2019 from Part XI	(a) Corpus	(b) Years pnor to 2018	(c) 2018	(d) 2019
line 7	·			22,403.
2 Undistributed income, if any, as of the end of 2019				
a Enter amount for 2018 only.				
b Total for pnor years 20 17 ,20 16 ,20 15				
3 Excess distributions carryover, if any, to 2019		_		
a From 2014	<u>.</u>			
b From 2015 31,322	•			
c From 2016 63,158	•			
d From 2017	<u>. </u>		;	
e From 2018 130, 402				
f Total of lines 3a through e	434,423.			
4 Qualifying distributions for 2019 from Part XII line 4 ▶ \$ 132,450.	•			
a Applied to 2018, but not more than line 2a				
b Applied to undistributed income of prior years (Election required - see instructions)				
c Treated as distributions out of corpus (Election required - see instructions)				
d Applied to 2019 distributable amount				22,403.
e Remaining amount distributed out of corpus	110 047			
5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a))	•			
6 Enter the net total of each column as indicated below:	1			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	544,470.			
b Prior years' undistributed income Subtract		j		
line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b Taxable amount - see instructions				
e Undistributed income for 2018 Subtract line 4a from line 2a Taxable amount - see instructions				
f Undistributed income for 2019 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				
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)				
8 Excess distributions carryover from 2014 not	l I			
applied on line 5 or line 7 (see instructions)	1 105 540 1			
9 Excess distributions carryover to 2020.	438 902			
Subtract lines 7 and 8 from line 6a				
a Excess from 2015 91,522.	.			
b Excess from 2016				
c Excess from 2017				
d Excess from 2018 130, 402 .	1			
e Excess from 2019 110,047.	1			
	<u> </u>			Form 990-PF (2019)

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

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Page **11**

Part XV Supplementary Information (d	continued)			
Part XV Supplementary Information (d 3 Grants and Contributions Paid Duri Recipient Name and address (home or business)	ing the Year or App	roved for	Future Payment	
Recipient	If recipient is an individual,	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager	status of	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	recipient		
a raio during the year		İ		
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—				132,450.
Total		· · · · · ·	▶ 3a	132,430.
b Approved for future payment				
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				1
				1
		}		1
		1		
Total		. .	<u> ▶</u> 3b_	

Page **12**

Part XVI-A Analysis of Income-Prod	ucing Act	ivities			
Enter gross amounts unless otherwise indicated	Unrel (a)	ated business income (b)	Excluded by	y section 512, 513, or 514 (d)	(e) Related or exempt
1 Program service revenue	Business code	Amount	Exclusion code	Amount	function income (See instructions)
a					
b					
с					
d	_				
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments -		41.			
4 Dividends and interest from securities		11,983.	14		
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		9,844.	18		
9 Net income or (loss) from special events		<u> </u>			
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a		·			
b			 		
C	<u> </u>				
d					
e		21 860			
12 Subtotal Add columns (b), (d), and (e)		21,868.			21,868.
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calci				13	21,000.
Part XVI-B Relationship of Activities		complishment of Ex	omnt Dur	20000	
Explain below how each activity accomplishment of the foundation	•				
					
		· · · · · · · · · · · · · · · · · · ·			
		<u> </u>			
			· · · · · · · · · · · · · · · · · · ·		
					
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Form 990-PF (2019) THE HAMERMESH FAMILY CHARITABLE FOUNDATION 04-3493147 Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt **Organizations** Did the organization directly or indirectly engage in any of the following with any other organization described No in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of Х Х b Other transactions Χ X 1b(2) Х 1b(3) X X 1b(5) Х 16(6) c Sharing of facilities, equipment, mailing lists, other assets, or paid employees........... d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (b) Amount involved (a) Line no (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and shanng arrangements N/A N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations b If "Yes," complete the following schedule (a) Name of organization (b) Type of organization (c) Description of relationship Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Sign the IRS discuss this return TRUSTEE RICHARD G HAMERN 09/01/2020 the preparer Here Signatu e of officer or trustee Title See instructions X Yes

Form 990-PF (2019)

P01795935

Check

09/01/2020 self-employed

Phone no

02476

If PTIN

781-646-4000

Firm's EIN > 04-3566902

Paid

Preparer

Use Only

t/Type preparer's name

JHARID T PRATT CPA, MST

Firm's name

Firm's address

► ABBOTT PRATT &

ARLINGTON,

ONE CHESTNUT STREET

ASSOCIATES,

Schedule B

(Form 990, 990-EZ, or 990-PF)

Schedule of Contributors

OMB No 1545-0047

► Attach to Form 990, Form 990-EZ, or Form 990-PF. Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for the latest information.

Employer identification number Name of the organization THE HAMERMESH FAMILY CHARITABLE FOUNDATION C/O RICHARD G HAMERMESH 04-3493147

511
Section:
501(c)() (enter number) organization
4947(a)(1) nonexempt charitable trust not treated as a private foundation
527 political organization
X 501(c)(3) exempt private foundation
4947(a)(1) nonexempt charitable trust treated as a private foundation
501(c)(3) taxable private foundation
vered by the General Rule or a Special Rule. (8), or (10) organization can check boxes for both the General Rule and a Special Rule See
ling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 property) from any one contributor. Complete Parts I and II. See instructions for determining a stributions.
escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the ctions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line that received from any one contributor, during the year, total contributions of the greater of (1) the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II
escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one e year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, all purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III
escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one eyear, contributions exclusively for religious, charitable, etc., purposes, but no such more than \$1,000. If this box is checked, enter here the total contributions that were received exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the to this organization because it received nonexclusively religious, charitable, etc., contributions are during the year
n't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

JSA

9E1251 1 000

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization THE HAMERMESH FAMILY CHARITABLE FOUNDATION

	C/O RICHARD G HAMERMESH		04-3493147
Part I	Contributors (see instructions). Use duplicate cop	oies of Part I if additional space is ne	eeded
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	RICHARD AND LORIE HAMERMESH 1 CHARLES ST. SOUTH UNIT PH2C BOSTON, MA 02116	\$60,000.	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)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Employer identification number 04-3493147

Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed (a) No. (c) (d) (b) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions) (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions) (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions) (a) No. (c) (d) (b) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions) (a) No. (c) (b) (d) from FMV (or estimate) Date received Description of noncash property given Part I (See instructions)

Employer identification number

Name of organization THE HAMERMESH FAMILY CHARITABLE FOUNDATION

04-3493147 C/O RICHARD G HAMERMESH Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this information once See instructions) ▶ \$ Use duplicate copies of Part III if additional space is needed (a) No from (c) Use of gift (b) Purpose of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (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 (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 (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

ATTACHMENT 1

FEES
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990PF.
FORM

NET INVESTMENT INCOME	6,165.	6,165.
REVENUE AND EXPENSES PER BOOKS	6,165.	6,165.
DESCRIPTION	INVESTMENT FEES-MORGAN STANLEY	TOTALS

THE HAMERMESH FAMILY CHARITABLE FOUNDATION

TAXES	
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FORM	

NET INVESTMENT INCOME	5.	40.
REVENUE AND EXPENSES PER BOOKS	35.	40.
		TOTALS
DESCRIPTION	FOREIGN TAX PAID STATE TAX	

04-3493147

2019 FORM 990-PF THE HAMERMESH FAMILY CHARITABLE FOUNDATION 04-3493147

ATTACHMENT 3

FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION

AMOUNT

UNREALIZED GAINS

42,141.

TOTAL

42,141.

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES	ERS, DIRECTORS, AND TRUSTEES		ATTACH	ATTACHMENT 4	
NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES	
RICHARD G. HAMERMESH 1 CHARLES ST. SOUTH PH2C BOSTON, MA 02116	TRUSTEE 0.	Ö	.0	.0	
LORIE A. HAMERMESH 1 CHARLES ST. SOUTH PH2C BOSTON, MA 02116	TRUSTEE 0.	.0	.0	·o	•
	GRAND TOTALS	0.	0.	0	

2019 FORM 990-PF THE HAMERMESH FAMILY CHARITABLE FOUNDATION 04-3493147

ATTACHMENT 5

FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

RICHARD HAMERMESH 1 CHARLES ST. SOUTH UNIT PH2C BOSTON, MA 02116

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ATTACHMENT 6

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

AMOUNT	7,500	24,900	2,400	5, 000	2,500	200
PURPOSE OF GRANT OR CONTRIBUTION	CHARITABLE	CHARITABLE)	CHARITABLE	CHARITABLE	CHARITABLE	CHARITABLE
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	NONE CHARITABLE	NONE CHARITABLE	NONE CHARITABLE	NONE CHARITABLE	NONE CHARITABLE	NONE CHARITABLE
RECIPIENT NAME AND ADDRESS	SCHOOL OF THE MUSEUM OF FINE ARTS 230 THE FENWAY BOSTON, MA 02115	TEMPLE SHALOM OF NEWTON 175 WEST NEWTON STREET WEST NEWTON, MA 02465	MARTHA'S VINEYARD HEBREW CENTER 130 CENTER STREET VINEYARD HAVEN, MA 02568	ENDEAVOR GLOBAL 900 BROADWAY STE 301 NEW YORK, NY 10003	JOEY FUND / CYSTIC FIBROSIS 55 CAMBRIDGE PARKWAY CAMBRIDGE, MA 02141	NATIONAL MS SOCIETY 101A 1ST AVE WALTHAM, MA 02451

04-3493147

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 6 (CONT'D)		AMOUNT	3,000.			250			. 500.				2, 000			200			005			
		PURPOSE OF GRANT OR CONTRIBUTION	CHARITABLE			CHARITABLE			CHARITABLE				CHARITABLE			CHARITABLE			CHARTIABLE			
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND	FOUNDATION STATUS OF RECIPIENT	NONE	CHARITABLE		NONE	CHARITABLE		NONE	CHARITABLE			NONE	CHARITABLE		NONE	CHARITABLE		NONE	CHARITABLE		
		RECIPIENT NAME AND ADDRESS	PLANNED PARENTHOOD	208 MAIN STREET STE 101	MILEORD, MA 01757	AMERICAN INSTITUTE FOR CANCER RESEARCH	1759 R STREET NW	WASHINGTON, DC 20009	HABITAT FOR HUMANITY	270 PEACHTREE STREET NW	STE 1300	ATLANTA, GA 30303	INSTITUTE OF CONTEMPORARY ART	25 HARBOR SHORE DRIVE	BOSTON, MA 02210	EASTER SEALS	484 MAIN STREET	WORCESTER, MA 01608	AMERICAN HEART ASSOCIATION	7272 GREENVILLE AVENUE	DALLAS, TX 75231	

V 19-6 5F

ATTACHMENT 6 (CONT'D)

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

JEWISH FAMILY AND CHILDREN'S SERVICES NONE 1,000 1430 MAIN STREET CHARITABLE 1,000 WALTHAM, MA 02451 NONE CHARITABLE 220 SOUTH PLEASANT STREET CHARITABLE CHARITABLE

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ATTACHMENT 6 (CONT'D)

AMOUNT	15,000	20,000	10,000	7,000	7,000	250
PURPOSE OF GRANT OR CONTRIBUTION	CHARITABLE	CHARITABLE	CHARITABLE	CHARITABLE	CHARITABLE	CHARITABLE
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	NONE CHARITABLE	NONE CHARITABLE	NONE CHARITABLE	NONE CHARITABLE	NONE CHARITABLE	NONE CHARITABLE
RECIPIENT NAME AND ADDRESS	PANCREATIC CANCER ACTION NETWORK 1500 ROSECRANS AVE SUITE 200 MANHATTAN BEACH, CA 90266	HARVARD BUSINESS SCHOOL PO BOX 412275 BOSTON, MA 02241	COOLIDGE CORNER THEATRE 290 HARVARD ST BROOKLINE, MA 02446	MUSCULAR DYSTROPHY ASSOCIATION 33 LYMAN ST WESTBOROUGH, MA 01581	MULTIPLE MYELOMA RESEARCH FOUNDATION 338 MAIN AVE #5 NORWALK, CT 06851	NEW ENGLAND CONSERVATORY 290 HUNTINGTON AVE BOSTON, MA 02115

ATTACHMENT 6 (CONT'D)

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

	PURPOSE OF GRANT OR CONTRIBUTION AMOUNT	CHARITABLE 500	CHARITABLE 250	CHARITABLE 5,000	2,000	CHARITABLE S00	CHARITABLE 500
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND	FOUNDATION STATUS OF RECIPIENT	NONE CHARITABLE	NONE CHARITABLE	NONE CHARITABLE	NONE CHARITABLE	NONE CHARITABLE	NONE CHARITABLE
	RECIPIENT NAME AND ADDRESS	WGBH 1 GUEST ST BOSTON, MA 021385	FRIENDS OF PUBLIC GARDEN 69 BEACON ST BOSTON, MA 02108	MARTHA'S VINEYARD COMMUNITY SERVICES 111 EDGARTOWN ROAD OAK BLUFFS, MA 02557	VOTER REGISTRATION PROJECT 120 BROADWAY NEW YORK, NY 10271	FACING HISTORY AND OURSELVES 16 HURD ROAD BROOKLINE, MA 02445	AMERICAN RED CROSS 1033 MASSACHUSETTS AVE BOSTON, MA 02118

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FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

200 200 250 250 250 500 AMOUNT ATTACHMENT 6 (CONT'D) PURPOSE OF GRANT OR CONTRIBUTION CHARITABLE CHARITABLE CHARITABLE CHARITABLE CHARITABLE CHARITABLE - RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR FOUNDATION STATUS OF RECIPIENT NONE CHARITABLE NONE CHARITABLE NONE CHARITABLE NONE CHARITABLE NONE CHARITABLE NONE CHARITABLE MULTIPLE SCLEROSIS FOUNDATION BOSTON JEWISH FILM FESTIVAL RECIPIENT NAME AND ADDRESS FORT LAUDERDALE, FL 33309 SUMMER SEARCH DEPARTMENT SAN FRANCISCO, CA 94139 DOCTORS WITHOUT BORDERS UC BERKELEY FOUNDATION 1001 WATERTOWN STREET WEST NEWTON, MA 02465 6520 N ANDREWS AVE NEW YORK, NY 10005 BERKELEY, CA 94720 NEW YORK, NY 1006 2080 ADDISON ST FLOOR 13 STE 13 120 WALL STREET SUMMER SEARCH PO BOX 39000 40 RECTOR ST 16TH FLOOR 2ND FLOOR SPC 4200 AMFAR

PAGE 30 ATTACHMENT 6

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04-3493147

THE HAMERMESH FAMILY CHARITABLE FOUNDAT

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 6 (CONT'D)

1,250 200 2,000 1,000 1,250 AMOUNT PURPOSE OF GRANT OR CONTRIBUTION CHARITABLE CHARITABLE CHARITABLE CHARITABLE CHARITABLE RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR FOUNDATION STATUS OF RECIPIENT NONE CHARITABLE NONE CHARITABLE NONE CHARITABLE NONE CHARITABLE NONE CHARITABLE CENTER FOR INDIVIDUAL DOCUMENTATION INTERNATIONAL RESCUE COMMITTEE HOSPICE NATIONAL FOUNDATION RECIPIENT NAME AND ADDRESS 122 E 42ND ST STE 12 WASHINGTON, DC 20036 NEW YORK, NY 10168 WESTPORT, CT 06881 YOUTH BUILD BOSTON ROXBURY, MA 02119 1 EXPERIENCE CAMPS BOSTON, MA 02117 PO BOX 170116 1707 L ST NW 27 CENTRE ST PO BOX 5121 STE 220

TOTAL CONTRIBUTIONS PAID

132,450

PAGE 31 ATTACHMENT 6

2019 FORM 990-PF THE HAMERMESH FAMILY CHARITABLE FOUNDATION 04-3493147
FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Kind of Property		Description				P or D	Date	Date sold
Gross sale	Depreciation	Cost or	FMV	Adı basıs	Excess of	<u> </u>	acquired Gain	
price less expenses of sale	allowed/ allowable	other basis	as of 12/31/69	as of 12/31/69	FMV over adj basis	_	or (loss)	
133,900.		MORGAN STANI 124,067.	LEY 4301 LT	COVERED			VAR 9,844.	12/31/2019
TOTAL GAIN(LC	oss)			• • • • • • • • • • • • • • • • • • • •		=	9,844.	
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