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Form 990-PF

Do not ente

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.
 Go to www.irs.gov/Form990PF for instructions and the latest information.

2019
Open to Public Inspection

For c	atend	ar year 2019 or tax year beginning	•	, and ending	*	,
		oundation	ON, INC.	• •	A Employer identification	number'
		GREGORY FAMILY FOUNDATI MR. N. A. GREGORY	.UN, INC.	, e	13-3524895	
		d street (or P O box number if mail is not delivered to street ac	(dress)	Room/suite	B Telephone number	
		BOX 237		. ,	508-428-41	16
		wn, state or province, country, and ZIP or foreign po	, ,	C if exemption application is pe		
0	STE	RVILLE, MA 02655		3 t	, , , , , , , , , , , , , , , , , , , ,	, , ,
G,C	heck a	all that apply: ' Initial return'	Initial return of a fo	ormer public charity	D 1. Foreign organizations	, check here
٠.		Final return	Amended return			
		Address change	Name change	<u> </u>	Foreign organizations me check here and attach cor	mputation
H_C		type of organization: X Section 501(c)(3) ex		ŊΠ	E If private foundation stat	
1			Other taxable private founda		under section 507(b)(1)	(A), check here
		ket value of all assets at end of year 3. Accounting		Accrual '	F If the foundation is in a	
(m		· · · · · · · · · · · · · · · · · · ·	her (specify) nn (d), must be on cash bas	as)	under section 507(b)(1)	(B), check here ▶,
Pa		Analysis of Revenue and Expenses	(a) Revenue and	'	(a) Adjusted not	. (d) Disbursements
		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	(b) Net investment t income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received 🐪 📑	134,116.			
: 🚻	2	Chank I if the foundation is not required to attach Sch. B	Manual Strain Company In A			period and the second
•	3	Interest on savings and temporary cash investments) 5 050		`	
	4	Dividends and interest from securities	7,353.	. 7,353.	· -	STATEMENT 1
		Gross rents	ELIZIMAN SISTEM NISTEMAN KOM	1. 184.7. km. 3. 1866 7. 2074 2. 20		
	_	Not rontal income or (1000)				A TOTAL OF THE PARTY OF THE PAR
9		Net gain or (loss) from sale of assets not on line 10 Gross sales price for all				arishir kan birikir diplo
. 6		accots on line 6a Capital gain net income (from Part IV, line 2)		0.		
8		Net short-term capital gain			N	
		Income modifications		The state of the s	→ JUL	A PAVIS PARA
J+ .		Gross sales less returns and allowances			Andrew Complete Complete and the Complete Comple	
٠.,		Less Cost of goods sold			THE REPORT OF BELL ASSESSED. IN THE PARTY OF	
	C	Gross profit or (loss)	٠,			
	11	Other income *				
	12	Total. Add lines 1 through 11	141,469.	7,353.		CETAL SERVE
	13	Compensation of officers, directors, trustees, etc.	. 0.	0.		0.
	14	Other employee salaries and wages	¥ ,	,	• •	
	, -	Pension plans, employee benefits		. /	'	·
98	1	Legal fees	2 600:	3 600		
je d.		Accounting fees STMT 2 Other professional fees	3,600:	3,600.	 • • • • • • • • • • • • • • • • • • •	0.
, <u>,</u>	17	Interest	,	w.	,,,,	
ıtiye	18	Taxes STMT 3	213.	213.	1	0.
. · stre		Depreciation and depletion		1. 1.		
i.	20	Occupancy				
Adr	21	Travel, conferences, and meetings		,		A
þ	22	Printing and publications	,			1
. 6	23	Other expenses • STMT 4	150.	150.		. 0.
rati	24	Total operating and administrative ,	1			,7, t.
. 900		expenses. Add lines 13 through 23	3,963.	3,963.	And I was the same and	0.
, J		Contributions, gifts, grants paid	7,500.	A A SECONDARY OF THE PERSON OF	THE SECTION OF THE PROPERTY OF	7,500.
, •	26	Total expenses and disbursements. Add lines 24 and 25	11,463.	3,963.	· · · · ·	7,500.
	27	Subtract line 26 from line 12:	11,403.		Angest Coll Buildin overlight to at The	/ , 300 ·
٠,	l .	Coess of revenue over expenses and disbursements	130,006.	And Andrews Control of the Control o		
•		Net investment income (if negative, enter -0-)		3,390.	The state of the same of the s	Control of the second s
		Adjusted net income (if negative, enter -0-)			' N/A	

923501 12-17-19 LHA For Paperwork Reduction Act Notice, see instructions.

		August Jacks	Beginning of year	. End o	funor
P	<u>irt</u>	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
\neg			· '- <i>'</i>		
- {		Cash - non-interest-bearing	4,800.	7,187.	7,187.
		Savings and temporary cash investments	**	4	
	3	Accounts receivable			
		Less: allowance for doubtful accounts	k .		
	4	Pledges receivable ►			
ı		Less; allowance for doubtful accounts		•	
	5	Grants receivable	•		7
i		Receivables due from officers, directors, trustees, and other			, ,
	•	disqualified persons	•		, , , , , , , , , , , , , , , , , , ,
	7	Other notes and Inans rereivable			
- 1	'	Less: allowance for doubtful accounts	CARLEST - A PART OF THE SALE OF THE		
٠,		Inventories for sale or use			-
ets	0			 	
133	9.	Prepaid expenses and deferred charges			
``		Investments - U.S. and state government obligations	100 555	150 500	
		Investments - corporate stock STMT 6	123,755.	168,508.	224,926.
٠, ا	C	Investments - corporate bonds	With the state of	•	* ,'
•	11	Investments - land, buildings, and equipment basis			A The State of the
		Less accumulated depreciation		•	
•	12 ·	Investments - mortgage loans		,	,
•	13	Investments - other	1 -	,	
_	,	l and, buildings, and equipment basis		The state of the s	
•		Less accumulated depreciation			1,000,000,000,000,000,000,000,000,000,0
	15	Other assets (describe >)	,		, ,
		Total assets (to be completed by all filers - see the			
	10		128,555.	175,695.	222 112
_	4-	instructions. Also, see page 1, item I)	120,333.	1/3,093.	232,113.
	1	Accounts payable and accrued expenses		<u> </u>	
		Grants payable	·	4	
8	19	Deferred revenue			
Ē	20	Loans from officers, directors, trustees, and other disqualified persons	315.	315.	
āb	21	Mortgages and other notes payable		*	可以抵押权的 的
_	22	Other liabilities (describe .		<u> </u>	
	İ	* • •		• • •	
_	23	Total liabilities (add lines 17 through 22)	315.	315.	
,	-	Foundations that follow FASB ASC 958, check here	,		
		and complete lines 24, 25, 29, and 30.	l .	4.5	
92	24	Net assets without donor restrictions		'	
ā		Net assets with donor restrictions			
Fund Ba		Foundations that do not follow FASB ASC 958, check here			
Ę		and complete lines 26 through 30.	'		
	26	Capital stock, trust principal, or current funds	0.	0.	
90.		Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
set	27		128,240.	.175,380.	
Assets	28	Retained earnings, accumulated income, endowment, or other funds			
Net	29	Total net assets or fund balances	128,240.	175,380:	
_			100 555	175 605	
_	30	Total liabilities and net assets/fund balances	128,555.	175,695.	
%	art	Analysis of Changes in Net Assets or Fund B	alances 4	• • • •	
				· · · ·	
1		I net assets or fund balances at beginning of year - Part II, column (a), line	29	1	
	•	st agree with end-of-year figure reported on prior year's return)	•	<u> </u>	128,240.
2		r amount from Part I, line 27a	•	· 2	130,006.
3	Oth	er increases not included in line 2 (itemize) 2019 CHECKS	CLEARED IN 2	020 3	7,500.
4	Add	lines 1, 2, and 3	4	4	265,746.
. 5	`Dec	reases not included in line 2 (itemize)	' SEE S'	FATEMENT 5 5	90,366.
6		I net assets or fund balances at end of year (line 4 minus line 5) - Part II, o		. 6	175,380.
_		, ,	T 1		Form 990-PF (2019)

Form 990-PF (2019) C/O MR. N. A. GREGORY 13-3524895 Page 3 Part IV Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase (a) List and describe the kind(s) of property sold (for example, real estate, (c) Date acquired (d) Date sold (mo., day, yr.) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) (mo., day, yr.) D - Donation 12 NONE b (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale ((e) plus (f) minus (g)) Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. (I) Gains (Col. (h) gain minus col. (k), but not less than -0-) or (j) Adjusted basis (k) Excess of col. (i) Losses (from col. (h)) (i) FMV as of 12/31/69 as of 12/31/69 over col. (j), if any h If gain, also enter in Part I, line 7 2 Capital gain net income or (net capital loss) If (loss), enter -0- in Part I, line 7 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8 Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.) If section 4940(d)(2) applies, leave this part blank. Yes X No Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part. Enter the appropriate amount in each column for each year; see the instructions before making any entries. (d) Distribution ratio (a) Base period years Adjusted qualifying distributions Net value of noncharitable-use assets Calendar year (or tax year beginning in) (col. (b) divided by col. (c)) 20,700. 186,270 .111129 2018 20,200. 137,163. .147270 2017 43,075 192,909. .223292 2016 32,100. 211,474. .151792 2015 9,100. 222,902. .040825 2014 .674308 2 Total of line 1, column (d) Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years .134862 4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5 113,111. 15,254. 5 Multiply line 4 by line 3 34. 6 Enter 1% of net investment income (1% of Part I, line 27b) 15,288. 7 Add lines 5 and 6 8 Enter qualifying distributions from Part XII, line 4 7,500. If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Form	rm 990-PF (2019) C/O MR. N. A. GREGORY					95	Page 4	
Pa	t VI Excise Tax Based on Investment Income (Section 4940)	(a), 4940	(b), 4940(e), or 49	48 -	see inst	ruction	ns)	
1a	Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔲 and en	iter "N/A" on	line 1.	2 4	医 建放			
	Date of ruling or determination letter: (attach copy of letter if nece	essary-see i	nstructions)	2 - 1 - 2 - 2 - 4 - 2 - 4 - 4 - 4 - 4 - 4 - 4			門邊觀	
	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	1_			68.			
	of Part I, line 27b	** 13.5 # ** 13.5 #						
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4%			Grand State				
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; oth			2			0.	
	Add lines 1 and 2		_	3		-	68.	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; of	hers, enter -0) -)	4			0.	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		•	5			68.	
6	Credits/Payments:			1.75				
. a	2019 estimated tax payments and 2018 overpayment credited to 2019	6a	0.		被下到 第			
	Exempt foreign organizations - tax withheld at source	6b	0.	2 C = 24 4			TOTAL !	
	Tax paid with application for extension of time to file (Form 8868)	6c	0.					
	Backup withholding erroneously withheld	6d	0.					
7	Total credits and payments. Add lines 6a through 6d			7	1.7.2020	و المراطقين التيام التي	0.	
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	ched	•	8			0.	
_	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		•	9			68.	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			10				
11	Enter the amount of line 10 to be: Credited to 2020 estimated tax		Refunded	11				
	TVILA Statements Regarding Activities		1		<u></u>			
	During the tax year, did the foundation attempt to influence any national, state, or local legisl	lation or did	it narticinate or intervene	ın	1.57	*¿Ye	s No	
	any political campaign?		r paraorparo or miorrono			1a	X	
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purpos	es? See the	instructions for the defin	ition		1b	<u> </u>	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies o					Par Tan	F 44 383	ĺ
	distributed by the foundation in connection with the activities.	in uniy mutorii	alo published of		11.4	建制程度		
	Did the foundation file Form 1120-POL for this year?				15th	1c	- Historia	
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the	vear.			ou V		3 B 374	ĺ
•	(1) On the foundation. \blacktriangleright \$ (2) On foundation managers.		0.		Ü			
	Enter the reimbursement (if any) paid by the foundation during the year for political expendit			-	i r	THE STATE OF		
6	managers. > \$ 0.	ture tax impe	oscu on iounuation					ĺ
9	Has the foundation engaged in any activities that have not previously been reported to the IR	152			i	2 E 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	X	1
	If "Yes," attach a detailed description of the activities.	10.			. W .		A BUT A	j
2	Has the foundation made any changes, not previously reported to the IRS, in its governing in	netrument a	rticles of incorporation o	r	11		A FR	
٥	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	noti dinoni, di	rticles of incorporation, o	1	ALC:	المالمة المتحاطة	X	I
40	Did the foundation have unrelated business gross income of \$1,000 or more during the year	-2			·	4a	X	
	If "Yes," has it filed a tax return on Form 990-T for this year?			N	- /	4b	+	
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?				'' 	5	 x	
,	If "Yes," attach the statement required by General Instruction T				Ģ	7 84 Kar.		į
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied ei	ther-			12 147			ļ
·	By language in the governing instrument, or) k-1			
	By state legislation that effectively amends the governing instrument so that no mandator	v directions t	that conflict with the ctate	law	i i			
	remain in the governing instrument?	y un couons i	inal conflict with the state	, ICAA	14.5.	6 X	لىنائىلىمىدادا ئادن	i
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," comp	ilata Part II ir	ol (c) and Part VV		<u> </u>	7 X		•
•	big the loundation have at least \$5,000 in assets at any time during the year. It is, comp	11515 I GIL 11, L	oi. (c), and ran Av		-	19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	t light	į
0.	Enter the states to which the foundation reports or with which it is registered. See instruction	ine 🕨			41			
08	NY				🦃			
	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	Hornov Cono	ural (or decignate)		—— [<u>.</u>			
	· · · · · · · · · · · · · · · · · · ·	MOTHEY GENE	iai (vi ucsigliais)		L3	86 X		i
_	of each state as required by General Instruction G? If "No," attach explanation	otion 404043	\/2\ ac 4049/-\/E\ fac -= -	nde-		4.0 (4.00)	MIR CO. C. C.	<u> </u>
9				nuar	Ę			1
	year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," com				⊢	9	X	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedu	ule listing their r	names and addresses			10 990-P		-
					rorm	タプリーア	• (ZV19)	į

Pa	A Statements Regarding Activities (continued)									
		1	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		<u> </u>						
13		13	X							
	Website address ► N/A									
14	· · · · · · · · · · · · · · · · · · ·									
	Located at ► 428 WIANNO AVENUE, OSTERVILLE, MA ZIP+4 ►0	2655								
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	17	, ▶	· ـــــــا						
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A Yes	Na						
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank,		162	No X						
	securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	16	\$25.5	न् <u>र</u>						
	foreign country									
Pe	int VII-B Statements Regarding Activities for Which Form 4720 May Be Required	1545976	क्षेत्री <u>की</u>	The Control of						
'air ab-	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No						
18	During the year, did the foundation (either directly or indirectly):	ST.		113. 11.1						
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	4								
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)									
	a disqualified person?	rami Hái		では、						
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	學								
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
	(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)?	1								
	(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		1,25							
	termination of government service, if terminating within 90 days.)	结束								
ı	o If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	عثثث		0 54 14						
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A	1b	y" 15"	P. Sales						
	Organizations relying on a current notice regarding disaster assistance, check here	Bis The	415.							
•	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019?	فأشتنا		X X						
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	1c	("Y_X yyell" ("Y_X X yyell")							
_	defined in section 4942(j)(3) or 4942(j)(5)):									
	a At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines			4						
	6d and 6e) for tax year(s) beginning before 2019?	TERMI)		清楚						
	If "Yes," list the years ▶ ,									
1	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect									
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach		14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
	statement - see instructions.) N/A	2b								
	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.									
	>	Gales.								
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	1								
	during the year?			13 M						
	b If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after			Tan Y						
	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,		البغة التا							
	Schedule C, to determine if the foundation had excess business holdings in 2019.) N/A	3b		-						
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	48	-(\$\ps'	X						
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	1,10	نام دگانساند نام دگانساند	X						
	had not been removed from jeopardy before the first day of the tax year beginning in 2019?	orm 99	0-PF							
		orm 23	U-1717	(2019)						

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Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be Ro	equired (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	n 4945(e))?	Ye	s X No	新闻的一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个
(2) Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly or indire	ctly,		
` any voter registration drive?		Ye	s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	3?	☐ Ye	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization				
4945(d)(4)(A)? See instructions	☐ Ye	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or fo	or	17/2 17/2	
the prevention of cruelty to children or animals?		Ye	s 🗓 No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	ider the exceptions described i	n Regulations		
section 53.4945 or in a current notice regarding disaster assistance? See instr	uctions	-	N/A 5	ib
Organizations relying on a current notice regarding disaster assistance, check	here			TARE MED
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f	rom the tax because it maintai	ned	g 17	
expenditure responsibility for the grant?		Γ/A	s No	
If "Yes," attach the statement required by Regulations section 53.4945-5(d).				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		100	
a personal benefit contract?	F-7, F -1		s X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	nersonal benefit contract?			ib X
If "Yes" to 6b, file Form 8870.			145	
7a At any time during the tax year, was the foundation a party to a prohibited tax	shelter transaction?	□ v _e	s X No	
b If "Yes," did the foundation receive any proceeds or have any net income attrib				7b
8 Is the foundation subject to the section 4960 tax on payment(s) of more than 9			17. +2	图 成語 跨越
excess parachute payment(s) during the year?	φ 1,000,000 iii 10iiiaiiaiaiaii0ii 01		s X No	
Part VIII Information About Officers, Directors, Trust	ees. Foundation Mar		is LAN NO MET	The Fitting of hotel wild
Paid Employees, and Contractors				
1 List all officers, directors, trustees, and foundation managers and t	heir compensation.			
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address	to position	(If not paid, enter -0-)	and deferred compensation	account, other allowances
NATHANIEL GREGORY	PRES/TREAS			
428 WIANNO AVENUE	1			
	0.00	0.	0.	0.
PATRICIA GREGORY	SEC/DIR			
428 WIANNO AVENUE	1			
	0.00	0.	0.	0.
JOHN A. BURGER	DIRECTOR			
2550 NORTH LOOP WEST, #400	1]	
	1 0.00	0.	0.1	0.
	 		· · · · · · · · · · · · · · · · · · ·	
	1			
	†			
2 Compensation of five highest-paid employees (other than those inc	cluded on line 1). If none,	enter "NONE."	<u>. </u>	
	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	account, other allowances
NONE	advoted to position		Compensation	anomanoos
	1			
	†	1	 	
	7]	
	†	 	 	
	1			
	 	<u> </u>	 	
	┪			
		 		
,	1			
Total number of other employees paid over \$50,000	<u> </u>			0
			Form	990-PF (2019)

Form 990-PF (2019) C/O MR. N. A. GREGORY	13-3524	895 Page 7
Information About Officers, Directors, Trustees, Foundation Man Paid Employees, and Contractors (continued)	agers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	ļ	
	ļ	
····		, , , , , , , , , , , , , , , , , , ,
	1	
· · · · · · · · · · · · · · · · · · ·		
Total number of others receiving over \$50,000 for professional services	•	0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	ition such as the	Expenses
1 N/A		
2		
3		
4		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and	2.	Amount
1 N/A		
· · · · · · · · · · · · · · · · · · ·		
2		
All other program-related investments. See instructions.		
3		
<u> </u>		
Total. Add lines 1 through 3	<u>.</u> .	0.
	Fo	rm 990-PF (2019)

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P	art X , Minimum Investment Return (All domestic foundations must complete this part. Foreign four	dations,	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	112,670.
ь	Average of monthly cash balances	1b	112,670. 2,163.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	114,833.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.	-	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	114,833.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,722.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	113,111.
6	Minimum investment return. Enter 5% of line 5	6	5,656.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an foreign organizations, check here and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	5,656.
2 a	Tax on investment income for 2019 from Part VI, line 5	. '	
b	Income tax for 2019. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	68.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	5,588.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	5,588.
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	5,588.
1 P	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	I 1	
·	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	7,500.
_ 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	7,500.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		.,5000
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	7,500.
_	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation (4940(e) reduction of tax in those years.	ualifies for	······································

Part XIII Undistributed Income (see instructions)

		(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for line 7	2019 from Part XI,				5,588.
2 Undistributed income, if any,	as of the end of 2019				
a Enter amount for 2018 o	only			. 0.	
b Total for prior years:			, 0.		
3 Excess distributions carr	rynver, if any, to 2019:	omanijajaja Vildenimadan da erromin		Topic Top commission of the co	
a From 2014					
1b From 2015 ,	21,526.				
€ From 2016 .	33,500.				
d From 2017	13,342.				
e From 2018	11,415.				
f Total of lines 3a through	h e 🕠	79,783.			
4 Qualifying distributions				ı	
Part XII, line:4; ► \$	7,500.			`	
a Applied to 2018, but not	t more than line 2a	The second secon		O.	PARTY AND THE PA
b Applied to undistributed					
years (Election required			O.		THE TAX TO SERVICE THE PROPERTY OF THE
c Treated as distributions					
(Election required - see	and the second s	O.	There is a second of the secon	entral and a series of the ser	《新文本》而广节或基础《新公》的《新文》
d Applied to 2019 distribu					. 5,588.
c Romaining amount dist		1,912.	And the state of t		STANDER STANDARD CONTRACTOR
5 Excess distributions carryov (If an amount appears in columnust be shown in column (a)	umn (d), the same amount	0.			0.
6 Enter the net total of ea indicated below:	ach column as				
a Corpus Add lines 3f, 4c, and	d 4o Subtract line 5	81,695.			
b Prior years' undistribute	ed income, Subtract				
line 4b from line 2b			0.		
c Enter the amount of pri					
undistributed income for deficiency has been issued.					
the section 4942(a) tax					
assessed			0.		
d Subtract line 6c from lii					
amount - see instructio			O.	A STANDARD S	
e Undistributed income for				0.	
. 4a from line 2a. Taxable			THE STANDARD OF THE STANDARD S		「「これをは、これのないとなっている。」
f Undistributed income for					, Ger
lines 4d and 5 from line be distributed in 2020	s I. Tills attloute thuse				0.
7 Amounts treated as dis	tributions out of	Programme and the Control of the Con		The state of the s	
corpus to satisfy requir					
section 170(b)(1)(F) or					
may be required - see i		0.			
8 Excess distributions ca	,	,			
not applied on line 5 or		0.			
9 Excess distributions co				ROLL TO THE PARTY	
Subtract lines 7 and 0	/	81,695.	The said of the sa		
10 Analysis of line 9:				TO THE REST OF THE PARTY OF THE	A THE PARTY OF THE
a Excess from 2015	21,526.				
b Excess from 2016	33,500.	Tan in the complete of the com			
c Excess from 2017	13,342.				
d Excess from 2018	11,415.				
e Excess from 2019	1,912.				

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Form **990-PF** (2019

If the foundation has received a ruling or foundation, and the ruling is effective for Check box to indicate whether the foundation the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	2019, enter the date of	the ruling	•		
Check box to indicate whether the found. Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	ation is a private operati Tax year	-	▶		
Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year	na foundation described			
income from Part I or the minimum investment return from Part X for each year listed		ing tourisation accombes		4942(j)(3) or 49	<u>42(j)(5)</u>
investment return from Part X for each year listed	I (a) 2019		Prior 3 years		
each year listed	(4) 20 10	(b) 2018	(c) 2017	(d) 2016	(e) Total
-					
OFO/ of line On		<u> </u>			
85% of line 2a		<u></u>	<u> </u>		
Qualifying distributions from Part XII,			1		
line 4, for each year listed		<u> </u>		<u> </u>	
Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
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: "Assets" alternative test - enter;					
(1) Value of all assets					
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i) "Endowment" alternative test - enter	 				<u> </u>
2/3 of minimum investment return					
shown in Part X, line 6, for each year					
listed			 		
"Support" alternative test - enter:					.
(1) Total support other than gross investment income (interest,					
dividends, rents, payments on	1				
securities loans (section					
512(a)(5)), or royalties)		<u> </u>	- 	_	_
(2) Support from general public and 5 or more exempt					
organizations as provided in					
section 4942(j)(3)(B)(iii)			ļ		
(3) Largest amount of support from					į
an exempt organization			<u> </u>		
(4) Gross investment income	<u> </u>	<u> </u>			
irt XV Supplementary Info			if the foundation	n had \$5,000 or mo	re in assets
at any time during t	the year-see inst	ructions.)			
Information Regarding Foundation	on Managers:				-
List any managers of the foundation wh			tributions received by ti	ne foundation before the clos	e of any tax
year (but only if they have contributed in	more than \$5,000). (See	section 507(d)(2).)			
NE					
List any managers of the foundation wh			(or an equally large po	tion of the ownership of a pa	artnership or
other entity) of which the foundation ha	is a 10% or greater inter	est.			
ONE					<u>.</u>
Information Regarding Contribut	tion, Grant, Gift, Loar	n, Scholarship, etc., F	rograms:		
				s not accept unsolicited requ	ests for funds. If
the foundation makes gifts, grants, etc.,	, to individuals or organi	zations under other cond	itions, complete items 2	a, b, c, and d.	
a The name, address, and telephone num	nber or email address of	the person to whom appl	ications should be addr	essed:	
EE STATEMENT 7 b The form in which applications should l	he submitted and inform	ation and materials they	should include.		
- The form in which approaches chedia		and materials may			
c Any submission deadlines:					
d Any restrictions or limitations on award	ds such as hy geographi	cal areas, charitable field	s kinds of institutions	or other factors	

THE GREGORY FAMILY FOUNDATION, INC. C/O MR. N. A. GREGORY 13-3524895 Page 11 Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation show any relationship to Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient Paid during the year EPISCOPAL HS NONE PUBLIC GENERAL OPERATING SUPPORT 500. FRANCIS OUTMET SCHOLARSHIP ANN NONE PUBLIC GENERAL OPERATING SUPPORT 500. GREENWICH ACADEMY NONE PUBLIC GENERAL OPERATING SUPPORT 1,000 OSTERVILLE CHRISTMAS CHARITIES NONE PUBLIC GENERAL OPERATING SUPPORT 500. OSTERVILLE VILLAGE LIBRARY NONE PUBLIC GENERAL OPERATING SUPPORT 500. SEE CONTINUATION SHEET(S) Total **▶** 3a 7,500. b Approved for future payment

Form **990-PF** (2019)

Total

NONE

THE GREGORY FAMILY FOUNDATION, INC. C/O MR. N. A. GREGORY

13-3524895

Grants and Contributions Paid During the				
Recipient		Foundation	Purpose of grant or	_
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
QUASH HAVEN	NONE	PUBLIC	GENERAL OPERATING SUPPORT	50
- 11727				
T ANDREWS	NONE	PUBLIC	GENERAL OPERATING SUPPORT	2,50
WATERSIDE SCHOOL	NONE	PUBLIC	GENERAL OPERATING	
			SUPPORT	1,00
WOMEN'S JUSTICE INITIATIVE	NONE	PUBLIC	GENERAL OPERATING SUPPORT	50

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nter gross amounts unless otherwise indicated.	Unrelated	business income		ed by section 512, 513, or 514	(e)
Program service revenue:	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
å	3333		1 1		
b					
С	_				
d	I T				·-·
e	_ i _ i	· -			
1					
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash					
investments					
Dividends and interest from securities			14	7,353.	
Net rental income or (loss) from real estate:	र त्रीत स्थातावाकारणम् । र	त्राक्तर् १५ व्यामामार्थेकार	1 i (m. 1)	Caronacio (2001) dalamini (1	e grime الله ۱۱۰۰ التي التي التي التي التي التي التي التي
Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal					
property					
Other investment income					
Gain or (loss) from sales of assets other					
than inventory					
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue:					
8	_				
b					
c					
d					
e	_				
	1 1).	7,353.	
Subtotal. Add columns (b), (d), and (e)	<u> </u>			48	7,353
	<u>t </u>	•		13	1,33.
Total. Add line 12, columns (b), (d), and (e)	.)			13	7,33.
2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities		mplishment of E	xempt		
3 Total. Add line 12, columns (b), (d), and (e)		mplishment of E	xempt		,,35.
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.	s to the Acco		<u>_</u>	Purposes	
Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities	ncome is reported ii	n column (e) of Part XV	<u>_</u>	Purposes	
Total. Add line 12, columns (b), (d), and (e) see worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities Line No. Explain below how each activity for which is	ncome is reported ii	n column (e) of Part XV	<u>_</u>	Purposes	
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities ine No. Explain below how each activity for which is	ncome is reported ii	n column (e) of Part XV	<u>_</u>	Purposes	
Total. Add line 12, columns (b), (d), and (e) lee worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities Line No. Explain below how each activity for which is	ncome is reported ii	n column (e) of Part XV	<u>_</u>	Purposes	
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities ine No. Explain below how each activity for which is	ncome is reported ii	n column (e) of Part XV	<u>_</u>	Purposes	
Total. Add line 12, columns (b), (d), and (e) see worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities Line No. Explain below how each activity for which is	ncome is reported ii	n column (e) of Part XV	<u>_</u>	Purposes	
Total. Add line 12, columns (b), (d), and (e) lee worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities Line No. Explain below how each activity for which is	ncome is reported ii	n column (e) of Part XV	<u>_</u>	Purposes	
Total. Add line 12, columns (b), (d), and (e) lee worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities Line No. Explain below how each activity for which is	ncome is reported ii	n column (e) of Part XV	<u>_</u>	Purposes	
Total. Add line 12, columns (b), (d), and (e) lee worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities Line No. Explain below how each activity for which is	ncome is reported ii	n column (e) of Part XV	<u>_</u>	Purposes	
Total. Add line 12, columns (b), (d), and (e) lee worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities Line No. Explain below how each activity for which is	ncome is reported ii	n column (e) of Part XV	<u>_</u>	Purposes	
Total. Add line 12, columns (b), (d), and (e) lee worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities Line No. Explain below how each activity for which is	ncome is reported ii	n column (e) of Part XV	<u>_</u>	Purposes	
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities ine No. Explain below how each activity for which is	ncome is reported ii	n column (e) of Part XV	<u>_</u>	Purposes	
Total. Add line 12, columns (b), (d), and (e) lee worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities Line No. Explain below how each activity for which is	ncome is reported ii	n column (e) of Part XV	<u>_</u>	Purposes	
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities ine No. Explain below how each activity for which is	ncome is reported ii	n column (e) of Part XV	<u>_</u>	Purposes	
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities ine No. Explain below how each activity for which is	ncome is reported ii	n column (e) of Part XV	<u>_</u>	Purposes	
Total. Add line 12, columns (b), (d), and (e) see worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities Line No. Explain below how each activity for which is	ncome is reported ii	n column (e) of Part XV	<u>_</u>	Purposes	
Total. Add line 12, columns (b), (d), and (e) see worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities Line No. Explain below how each activity for which is	ncome is reported ii	n column (e) of Part XV	<u>_</u>	Purposes	
Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities Line No. Explain below how each activity for which is	ncome is reported ii	n column (e) of Part XV	<u>_</u>	Purposes	

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Form 990-PF (2019) C/O M	IR. N. A.	GREGORY	Y		13-352	4895	Pa	age 13
Part XVII			nsfers to ar	nd Transactions ar	d Relationshi	ps With Nonchari	table		
	Exempt Organ							1	
				g with any other organization	n described in section	on 501(c)		Yes	No
•	, , , , ,	•		to political organizations?					
	s from the reporting found	lation to a noncharit	able exempt org	janization of:					
(1) Casi							1a(1)		X
(2) Othe							1a(2)	 	X
	nsactions:	able evenue orange	nt on				45/41	-	x
• •	s of assets to a noncharita chases of assets from a no						1b(1) 1b(2)		X
` '	tal of facilities, equipment,	•	Ol gallization				1b(3)	 	X
٠.	nbursement arrangements						1b(4)		X
	ns or loan guarantees	,					1b(5)		X
• •	ormance of services or me	embership or fundra	aising solicitation	ns			1b(6)	$\overline{}$	х
• •	of facilities, equipment, ma	·	=				10		Х
d If the ans	swer to any of the above is	s "Yes," complete the	e following sche	dule. Column (b) should alv	vays show the fair m	arket value of the goods,	other ass	sets,	
or servic	es given by the reporting t	foundation. If the fo	undation receive	ed less than fair market valu	e in any transaction	or sharing arrangement, s	how in		
column ((d) the value of the goods,				_				
(a) Line no	(b) Amount involved	(c) Name		exempt organization	(d) Description	of transfers, transactions, and s	sharing arr	angemer	nts
			N/A				-		
		 				· -			
									
-	···-								
	-	†		-	·				
	***			 ,	<u> </u>				
		İ						•	
		Ť							
		_							
	-	<u> </u>							
		1							
	•	-		or more tax-exempt organi	zations described	Г	Yes	T	No
	n 501(c) (other than section complete the following sch		Section 3277			L	163	LA	_ MO
<u> </u>	(a) Name of or		· · ·	(b) Type of organization		c) Description of relations	ship		
	N/A	9		(-7),	<u> </u>	<u></u>	•		
				_					
			_						
				accompanying schedules and st taxpayer) is based on all informa-		I Ma	y the IRS	discuss t	his
Sign and	11/1/26			16/27/20		shi	urn with th	? See ins	त्र Str
🖊	MARCYC		•	10/2/1/00	OFFICE	IR L	X Yes	• _	_l No
	gnature of officer or truste Print/Type preparer's n		Preparer's s	Date / /	Title Date	Check X if PTIN			
	Trillo type preparet 5 II	IGITIG) I Topalei S SI	1 / 1/	Jan	self- employed			
Paid	LEONARD CA	AT-BO	Tent	Call	5 <i> 20 20</i>		0644	749	
Preparer			BO, DAV	IDSON & ASSOC	. LLE	Firm's EIN ► 46-5			
Use Only	1 111110 1101110 1		-,		_				
	Firm's address ▶ 4	HIGH RID	GE PARK	, SUITE 103					

STAMFORD, CT 06905

Phone no. 203-399-0600

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2019

Name of the organization Employer identification number THE GREGORY FAMILY FOUNDATION, INC. C/O MR. N. A. GREGORY 13-3524895 Organization type (check one) Filers of: Sections Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II See instructions for determining a contributor's total contributions Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990. Part VIII, line 1h. or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF),

but it must 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 Form 990-PF. Part I, line 2, to

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

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

Name of organization

THE GREGORY FAMILY FOUNDATION, INC. C/O MR. N. A. GREGORY

12 2524005

Employer identification number

C/O M	R. N. A. GREGURY		-3524895
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NATHANIEL A. GREGORY P.O. BOX 237 OSTERVILLE, MA 02655	\$ 67,366.	Person Payroll Oncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	NATHANIEL A. GREGORY P.O. BOX 237 OSTERVILLE, MA 02655	\$66,750.	Person Payroli Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	<u> </u>	\$	Person Payroll Omnocash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Moncash 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 Oncash (Complete Part II for noncash contributions)

Name of organization

THE GREGORY FAMILY FOUNDATION, INC.

C/O MR. N. A. GREGORY

Employer identification number 13-3524895

art II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	2,432 SHS ENTERPRISE PRODUCTS PARTNER LP		
		ss67,366.	12/16/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
2	1,055 SHS MAGELLAN MIDSTREAM PARTNERS LP		
		s66,750.	12/16/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	<u></u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 [

Employer identification number

THE GREGORY FAMILY FOUNDATION, INC.

13-3524895

com	m any one contributor. Complete columns (a) pleting Part III, enter the total of exclusively religious, or	through (e) and the following line ent charitable, etc., contributions of \$1,000 or l	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the y ry For organizations less for the year (Enter this info once) \$			
Us	e duplicate copies of Part III if additional s	space is needed.				
No. om ort I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
_ _						
	(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
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			
_						
No. om irt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
_						
No. rom art i	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
- =						
	(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
_						

FORM 990-PF DIV	VIDENDS	AND INTER	EST	FROM SECUR	ITIES ST	PATEMENT 1
	ROSS MOUNT	CAPITAL GAINS DIVIDEND		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
MERRILL LYNCH	7,353.		0.	7,353.	7,353.	
TO PART I, LINE 4	7,353.		0.	7,353.	7,353.	
FORM 990-PF		ACCOUNTI	NG I	PEES	S	TATEMENT 2
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) TINVEST- NT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
SMOLIN CALBO DAVIDSON & ASSOCIATES LLC		3,600.		3,600.		0.
TO FORM 990-PF, PG 1, L	N 16B	3,600.	· —	3,600.		0.
FORM 990-PF		TAX	ES	/B)		TATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) I INVEST- NT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
NEW YORK FOREIGN TAX PAID IRS		150. 34. 29.		150. 34. 29.		0 .
TO FORM 990-PF, PG 1, L	N 18	213.		213.	·	0.
FORM 990-PF		OTHER E	XPE	NSES	S	TATEMENT 4
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) T INVEST- NT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
	_					
MERRILL LYNCH INVESTMEN	T	150		150.		0 .

FORM 990-PF OTHER DECREASES IN NET ASSETS OR F	UND BALANCES	STATEMENT 5
DESCRIPTION		AMOUNT
DIFFERENCE BETWEEN BOOK AND TAX 2,432 ENTERPRISE 1 PARTNERS LP DIFFERENCE BETWEEN BOOK AND TAX 1,055 MAGELLAN MIN ROUNDING ADJUSTEMENT 2018 CHECKS CLEARED IN 2019	39,123. 50,239. 4. 1,000.	
TOTAL TO FORM 990-PF, PART III, LINE 5		90,366.
FORM 990-PF CORPORATE STOCK		STATEMENT 6
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
900 CANADIAN ENERGY SERVICES & TECHNOLOGY CORP 200 CANADIAN ENERGY SERVICES & TECHNOLOGY CORP 3,900 CANADIAN ENERGY SERVICES & TECHNOLOGY CORP 500 TRIPADVISOR INC SHS 500 TRIPADVISOR INC SHS 1,000 AMERICAN GROWTH FUND OF AMERICAN CL F1 1,950 ENTERPRISE PRODUCTS PARTNERS LP 482 ENTERPRISE PRODUCTS PARTNERS LP 1,055 MAGELLAN MIDSTREAM	4,594. 1,021. 19,917. 40,545. 35,992. 21,686. 23,541. 4,701. 16,511.	1,617. 359. 7,007. 15,190. 15,190. 50,750. 54,912. 13,573. 66,328.
TOTAL TO FORM 990-PF, PART II, LINE 10B	168,508.	224,926

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT 7

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

MR. N.A. GREGORY P.O. BOX 237 OSTERVILLE, MA 02655

FORM AND CONTENT OF APPLICATIONS

1) A RESUME; 2) INDENTIFICATION OF PURPOSE AND USE OF FUNDS; 3) A STATEMENT CONFIRMING THAT THE APPLICANT HAS NO FAMILY OR FINANCIAL TIES TO THE FOUNDATION OR ITS DIRECTORS OR OFFICERS, AND THE AWARD WILL BE USED ONLY FOR THE PURPOSES SET FORTH IN THE APPLICATION.

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

NONE