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Form 990-PF
Department of the Treasury
Internal Revenue Service

Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

12/09 2011 and ending

OMB No 1545-0052

F	or ca	lendar year 2011 or tax year beginning			12	2/09, 2011	, and ending			12/31, 20 11		
		e of foundation						Α	Employer identifi			
_	VER	RECCHIA FAMILY FOUNDATION IN	IC.					_	45-406766	52		
Number and street (or P O box number if mail is not delivered to street address)						Room/suite	В	•	er (see instructions)			
									(40	01) 284-0457		
_	<u>580</u>	OCEAN ROAD					ļ			.		
	City o	or town, state, and ZIP code										
								C	If exemption application pending, check here	ation is		
_	NAR	RAGANSETT, RI 02882-1320							. •			
G	Che	ck all that apply X Initial return			Initial return	of a former p	oublic charity	D 1 Foreign organizations, check here				
		Final return			Amended re	turn			2 Foreign organiza			
_		Address change			Name chang			1	85% test, check I computation .			
H	Che	eck type of organization X Section 501	(၄)(<u>3</u>)	1				_	If private foundation	n status was terminated		
\perp	s	ection 4947(a)(1) nonexempt charitable trust			<u>ner taxable pr</u>			_		o)(1)(A), check here .		
ı	-	· · · · · · · · · · · · · · · · · · ·		_	rethod 🔀 C	ash 💹 Acc	crual	F	If the foundation is	in a 60-month termination		
			ther	(spe	ecify)				under section 507(b)(1)(B), check here . ►		
_			,	mn	(d) must be on	cash basis.)				·		
L	art	Analysis of Revenue and Expenses (The	1 6	a) R	evenue and	(b) Net inve	estment	(c) 4	Adjusted net	(d) Disbursements		
		total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in	`	ехр	enses per	incon		(c) Adjusted net income		for charitable purposes		
_		column (a) (see instructions))	ļ		books					(cash basis only)		
	1	Contributions, gifts, grants, etc., received (attach schedule)	ļ		801,324.							
	2	Check Life the foundation is not required to attach Sch B	<u> </u>									
	3	Interest on savings and temporary cash investments	<u> </u>									
	4	Dividends and interest from securities										
	5 a	Gross rents										
	b	Net rental income or (loss)										
ne		Net gain or (loss) from sale of assets not on line 10 Gross sales pince for all										
Revenue		assets on line 6a					ļ			<u> </u>		
Š	7	Capital gain net income (from Part IV, line 2) .	-									
_	8	Net short-term capital gain										
	9	Income modifications · · · · · · · · · · · · · · · · · · ·										
		and allowances · · · ·	-									
		Less Cost of goods sold .	-						· · · · · · · · · · · · · · · · · · ·			
		Gross profit or (loss) (attach schedule)						_				
	11	Other income (attach schedule)			801,324.							
_	12	Total. Add lines 1 through 11	 		001,324.							
	13	Compensation of officers, directors, trustees, etc										
Se	14	Other employee salanes and wages	-									
Š	15	Pension plans, employee benefits								 		
×pe		Legal fees (attach schedule)	 		CEIVE					 		
e E		Accounting fees (attach schedule)		R		70	+					
⋛		Other professional fees (attach schedule)	T							 		
štra	17	Interest	81	Δ	UG 1 & 20	5						
Ĕ	18 19	Depreciation (attach schedule) and depletion	1 h				- -					
and Administrative Expenses	19 20		, — —		CDEN					 		
Ž	21	Occupancy		U	OUEN,		 			-		
and	22	Printing and publications					 					
ğ	23	Other expenses (attach schedule)	1				 					
aţi	24	Total operating and administrative expenses.								 		
Operating		Add lines 13 through 23	1		O							
ö	25	Contributions, gifts, grants paid	1									
	25 26	Total expenses and disbursements Add lines 24 and 25								 		
_	27	Subtract line 26 from line 12	 			<u></u>						
		Excess of revenue over expenses and disbursements			801,324.							
	l	Net investment income (if negative, enter -0-)			_, -, -		0			 		
	l	Adjusted net income (if negative, enter -0-).										
_										<u> </u>		

For Paperwork Reduction Act Notice, see instructions.

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JSA



Part	Ralance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End	End of year		
Fait	Dalalice Sileets	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value		
1	Cash - non-interest-bear	ing		510,107	510,107.		
2		cash investments					
3	Accounts receivable ▶						
		ıbtful accounts ▶					
4							
	Less allowance for dou	ıbtful accounts ▶					
5							
6		officers, directors, trustees, and other					
"		tach schedule) (see instructions)			ŀ		
_		, , , , , , , , , , , , , , , , , , , ,					
7		receivable (attach schedule)	1				
		ıbtful accounts ▶					
ssets 6 8	Inventories for sale or us						
988		leferred charges		 -			
A 10 5		te government obligations (attach schedule)		001 015	100 007		
		e stock (attach schedule)		291,217	488,927.		
11	Investments - corporate Investments - land, building and equipment basis Less accumulated depreci						
	(attach schedule)			<u>-</u>			
12		loans					
14		ation					
15	Other assets (describe	>)					
16		completed by all filers - see the					
1	•	page 1, item l)	o	801,324	999,034.		
17		accrued expenses					
18					7		
					7		
Liabilities 0 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		ors, trustees, and other disqualified persons			7		
g 21		otes payable (attach schedule)			\dashv		
3 22		e			7		
22	Other habilities (describ	/			\dashv		
23	Total liabilities (add line	es 17 through 22)	o		d		
- 23		T - 1	<u> </u>		Ť		
s		Ilow SFAS 117, check here 24 through 26 and lines 30 and 31. In not follow SFAS 117, aplete lines 27 through 31. X acapal, or current funds					
월 24	Unrestricted				4		
25	Temporarily restricted				4		
<u>m</u> 26	Permanently restricted				4		
립	Foundations that do	not follow SFAS 117,					
피	check here and com	nplete lines 27 through 31. ▶ X					
5 27	Capital stock, trust prin	capal, or current funds					
28	Paid-in or capital surplus, o	r land, bldg, and equipment fund		801,324	<u> </u>		
8 29	Retained earnings, accum	ulated income, endowment, or other funds					
30	Total net assets or fun	d balances (see instructions)	0	801,324	<u>! . </u>		
Ž 31	Total liabilities and	net assets/fund balances (see					
	instructions)		0	801,324	<u>l . </u>		
Part	Analysis of Ch.	anges in Net Assets or Fund					
		palances at beginning of year - Part					
end	l-of-year figure reporte	d on prior year's return)		<u>1</u>			
2 Ent	er amount from Part I,	line 27a		2	801,324		
3 Oth	er increases not includ	led in line 2 (itemize) ▶		3			
					801,324		
5 De	creases not included in	line 2 (itemize) ▶		5			
6 Tot	al net assets or fund b	alances at end of year (line 4 minus	line 5) - Part II, column (b), line 30 6	801,324		

_	
Page	- 3

	d describe the kind(s) of property sold brick warehouse, or common stock, 200		(b) How acquired P-Purchase	(c) Date acquired (mo, day, yr)	(d) Date so (mo , day,)
la	Wateriouse, of common stock, 200	o site will coop	D-Donation	(mo, day, yr)	
b		-		-	
С					-
d					
е					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
a			-	 -	
<u>b</u>			-		
<u>c</u>					<u> </u>
<u>d</u>					
Complete only for accets	showing goin in solumn (h) and own	and but the foundation on 40/04/00			
Complete only for assets	showing gain in column (h) and own			Gains (Col (h) g (k), but not less t	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		Losses (from co	
<u>a</u>				= .	
<u>b</u>		 			
<u>c </u>					
<u>a</u> e		-			
	<i>r</i> 1	f gain, also enter in Part I, line 7			
Capital gain net income or	Ther canital local	f (loss), enter -0- in Part I, line 7	2		
Net short-term capital gair	n or (loss) as defined in sections 1		'		
		structions) If (loss), enter -0- in			
	<u> </u>		[3		
Part V Qualification	Hardon Constant 4040/-1 for D.				
For optional use by domesti section 4940(d)(2) applies, /as the foundation liable for	c private foundations subject to the leave this part blank NO the section 4942 tax on the distri-	the section 4940(a) tax on net investment TAVAILABLE FOR INITIA: Subutable amount of any year in the	Stment Inco	RETURNS	Yes
For optional use by domesting section 4940(d)(2) applies, Vas the foundation liable for "Yes," the foundation does	c private foundations subject to the leave this part blank NO the section 4942 tax on the district not qualify under section 4940(e)	he section 4940(a) tax on net investigation of the section 4940(a) tax on net investigation of any year in the	tment inco	RETURNS	Yes
For optional use by domesting section 4940(d)(2) applies, as the foundation liable for "Yes," the foundation does a Enter the appropriate ame (a)	c private foundations subject to the leave this part blank NO the section 4942 tax on the district not qualify under section 4940(e)	he section 4940(a) tax on net investigation of the section 4940(a) tax on net investigation of available amount of any year in the Do not complete this part	tment inco	RETURNS d?	
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Form !	990-PF (2011) VERRECCHIA FAMILY FOUNDATION INC. 45-406	7662	Р	age 4
Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see in	struc	tions)
1 a	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			0
	here 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).			
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2			
	Add lines 1 and 2			0
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4			$\frac{0}{0}$
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0			
6	Credits/Payments			
	2011 estimated tax payments and 2010 overpayment credited to 2011 6a			
	Exempt foreign organizations - tax withheld at source			
	, , , , , , ,			
_	Backup withholding erroneously withheld			0
7	Enter any penalty for underpayment of estimated tax. Check here			<u>-</u>
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
	Enter the amount of line 10 to be Credited to 2012 estimated tax ▶ Refunded ▶ 11			
	t VII-A Statements Regarding Activities			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate		Yes	No
	or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the			
	instructions for definition)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	l		
	distributed by the foundation in connection with the activities			
C	Did the foundation file Form 1120-POL for this year?	1 c		X
d				
	(1) On the foundation >\$(2) On foundation managers >\$		İ	
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	1		
	on foundation managers > \$			v
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
_	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	,		х
4-	Incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3 4a		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4b		Х
ь 5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
3	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			
v	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	- 1		
	conflict with the state law remain in the governing instrument?	6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	RI,			
ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(J)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete			,,
	Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names		v	
	and addresses	10	Х	Ь

Par	t VII-A Statements Regarding Activities (continued)			ugo v
		T		
• •	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)	44		х
4 2	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified	11		
12	·	1		х
4.0	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		
		1 04	57	
14	The books are in care of ▶ ALFRED VERRECCHIA Located at ▶580 OCEAN ROAD NARRAGANSETT, RI Section 4047(a)(4) according to but the first Form 200 RF in level form 4041. Check have	1320		
4-	Cocated at \$3000 Collina North Management 17 KT 2p+4 \$02002.			
15	Section 4947(a)(1) nonexempt chantable trusts ming Form 990-PF in field of Form 1041 - Check here		•	ш
4.0	and enter the amount of tax-exempt interest received or accrued during the year		Van	N.
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority	1	Yes	No X
	over a bank, securities, or other financial account in a foreign country?	16	1	Α
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of			
Do	the foreign country Statements Beganning Activities for Which Form 4730 May Be Beguired			
, CI	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required	1	W	NI -
_	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	NO
та	During the year did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	(*, * = ********************************			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after	-		
	termination of government service, if terminating within 90 days)	ŀ	1	
b	olf any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		1	v
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b	ļ	X
	Organizations relying on a current notice regarding disaster assistance check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			17
	were not corrected before the first day of the tax year beginning in 2011?	1c	ļ	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))	į		
а	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2011? Yes X No			
	If "Yes," list the years			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			Ì
	all years listed, answer "No" and attach statement - see instructions)	2b	<u> </u>	
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	>			
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	1		
	at any time during the year?			
b	olf "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or		1	
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			}
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2011)	3 b	 	
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		<u> </u>	Х
t	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its		1	
	charitable purpose that had not been removed from recovery before the first day of the tay year beginning in 20112	146	1	l X

Pa	t VII-B Statements Regarding Activities for	or Which Form 4	720 May Be Requ	ired (continued)		
5 a	During the year did the foundation pay or incur any amou	ent to				
	(1) Carry on propaganda, or otherwise attempt to influer	nce legislation (section	4945(e))?	. Yes X No		
	(2) Influence the outcome of any specific public ele	ction (see section 4	955), or to carry o	n,		
	directly or indirectly, any voter registration drive?			. Yes X No		
	(3) Provide a grant to an individual for travel, study, or other	her sımılar purposes?		. Yes X No	1 1	
	(4) Provide a grant to an organization other than a	charitable, etc., org	anization described	ın		
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (s	see instructions)		. Yes X No		
	(5) Provide for any purpose other than religious, ch	arıtable, scientific, I	iterary, or education	al		
	purposes, or for the prevention of cruelty to children of	or anımals?	· • • • • • • • • • •	. Yes X No		
b	If any answer is "Yes" to 5a(1)-(5), did any of the	transactions fail to	qualify under the e	xceptions described in		
	Regulations section 53 4945 or in a current notice regard	ling disaster assistand	e (see instructions)?	<u></u>	5b	
	Organizations relying on a current notice regarding disast	ter assistance check h	ere	▶□		
С	If the answer is "Yes" to question 5a(4), does the	foundation claim ex	emption from the ta	ax		
	because it maintained expenditure responsibility for the g	rant?		. Yes X No	.	
	If "Yes," attach the statement required by Regulations sec	tıon 53 4945-5(d)				
6a	Did the foundation, during the year, receive any fund	ds, directly or indire	ctly, to pay premium	ns		
	on a personal benefit contract?			Yes X No		
b	Did the foundation, during the year, pay premiums, direct				. 6b	X
	If "Yes" to 6b, file Form 8870					
7 a	At any time during the tax year, was the foundation a pa	rty to a prohibited tax	shelter transaction?	Yes X No	.	
b	If "Yes," did the foundation receive any proceeds or have				7b	
Pa	Information About Officers, Directors and Contractors	, Trustees, Foun	dation Managers,	Highly Paid Emplo	yees,	
1	List all officers, directors, trustees, foundation r	nanagers and their	compensation (see	instructions).		
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans	(e) Expense	
		devoted to position	-0-)	and deferred compensation	other allov	wances
			,]		•
<u>A1</u>	TACHMENT 1			9		0
	·			-		
2	Compensation of five highest-paid employees "NONE."	(other than thos	e included on lin	e 1 - see instruction	ons). If no	ne, enter
		(b) Title, and average		(d) Contributions to	(e) Expense	account
(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred	other allow	
		devoted to position		compensation		
	NONE					
	None					
				 		
	 -			+		
				1		

VERRECCHIA FAMILY FOUNDATION INC. 45-4067662 Form 990-PF (2011) Page 7 Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, Part VIII and Contractors (continued) 3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services Part IX-A **Summary of Direct Charitable Activities** List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of Expenses organizations and other beneficiaries served, conferences convened, research papers produced, etc THIS IS THE VERRECCHIA FAMILY FOUNDATION'S INITIAL YEAR Summary of Program-Related Investments (see instructions) Amount Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 1 NONE

Form 990-PF (2011)

3 NONE

Total. Add lines 1 through 3,

All other program-related investments. See instructions

Page 8

Pa	rt X Minimum Investment Return (All domestic foundations must complete this part. Forei see instructions.)	gn foundation	ns,
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	488,927.
b	Average of monthly cash balances	1b	255,054.
c	Fair market value of all other assets (see instructions)	1c	
d	_ :	1d	743,981.
	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	Out the state of t	3	743,981.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see	<u> </u>	
		4	11,160.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	732,821.
6	Minimum investment return. Enter 5% of line 5	6	2,303.
_		1_6_1	2,303.
Pa	Tt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ and do not complete this	nart)	
1	Minimum investment return from Part X, line 6	1	2,303.
	1	 	<u> </u>
∠a ⊾	Tax on miredune in the last in	1	
	Add here O and Oh	ا ۵۰	
	Add lines 2a and 2b	2c	2,303.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	2,303.
4	Recoveries of amounts treated as qualifying distributions		2 202
5	Add lines 3 and 4	5	2,303.
6	Deduction from distributable amount (see instructions) Distributable amount as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII,	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		0 202
_	line 1	7	2,303.
Pa	rt 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	
b		1b	
2	Program-related investments - total from Part IX-B		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		·
a		3a	
b	Suitability test (prior IRS approval required) 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	
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	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0
•	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when ca		ther the foundation
	qualifies for the section 4940(e) reduction of tax in those years	iodiding wile	and the foundation

	n 990-PF (2011)				Page 9
Pa	rt XIII Undistributed Income (see instru	ctions)			
1	Distributable amount for 2011 from Part XI,	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
	line 7				2,303.
2 a	Undistributed income, if any, as of the end of 2011 Enter amount for 2010 only				
ь	Total for pnor years 20 09 20 08 20 07				
3	Excess distributions carryover, if any, to 2011				
а	From 2006				
	From 2007				
	From 2008				
	From 2009		}		
	From 2010				
f	Total of lines 3a through e				
	Qualifying distributions for 2011 from Part XII,				
	line 4 ▶ \$				
а	Applied to 2010, but not more than line 2a				
b	Applied to undistributed income of prior years (Election required - see instructions)				
С	Treated as distributions out of corpus (Election required - see instructions)				
d	Applied to 2011 distributable amount			******	
	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2011				
6	(If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5				
	Prior years' undistributed income Subtract				
	line 4b from line 2b				
С	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				
е	Undistributed income for 2010 Subtract line 4a from line 2a Taxable amount - see instructions				
_					
1	Undistributed income for 2011 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2012				2,303.
7	Amounts treated as distributions out of corpus				
·	to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
8	Excess distributions carryover from 2006 not applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2012.				
-	Subtract lines 7 and 8 from line 6a	0			
10	Analysis of line 9				
	Excess from 2007				
	Excess from 2008				
C	Excess from 2009				
	Excess from 2010				
e	Excess from 2011				

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

JSA 1E1490 1 000

factors

N/A

Page **11**

Pai	t XV Supplementary Information (continued)			
3	Grants and Contributions Paid Durin	ng the Year or Appr	oved for F	Future Payment	
	Recipient	If recipient is an individual,	Foundation	Durance of count or	
	Grants and Contributions Paid Durin Recipient Name and address (home or business)	any foundation manager	status of	Purpose of grant or contribution	Amount
	Name and address (nome or business)	or substantial contributor	recipient		
а	Paid during the year				
			ļ	•	
			į		
			İ		
			}		
			!		
			•		
			1		
				1	
	Total	<u> </u>	<u></u>		
b	Approved for future payment				
			1		
			İ		
					1
			[
			!		
	Total	L	I		
	Total	<u> </u>		<u> </u>	1

Part XVI	 Analysis of Income-Produ 	icing Activ	vities			
Enter gross	amounts unless otherwise indicated	Unrela	ated business income	Excluded by	y section 512, 513, or 514	(e) Related or exempt
1 Program	n service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
_						(
_						
f						
g Fees	and contracts from government agencies					
2 Member	ship dues and assessments					
3 Interest of	on savings and temporary cash investments					
4 Dividend	ds and interest from securities					
	al income or (loss) from real estate					
	-financed property					
b Not o	debt-financed property					
	Il income or (loss) from personal property .					
7 Other in	vestment income	ļ				<u>-</u>
8 Gain or (I	loss) from sales of assets other than inventory			_ i		
9 Net inco	ome or (loss) from special events	<u> </u>				
	rofit or (loss) from sales of inventory					
1 Other re	venue a					
ь						<u>-</u>
d						
e	Add columns (b), (d), and (e)			+		
Line No. ▼	Explain below how each activit accomplishment of the foundation	-	-		-	
				· · · · ·		
						
					•	•
				·		
		_				
						<u>-</u> .
						

Par	t XVII	Information R Exempt Organ		ansfers To and Tr	ansacti	ons and	Relations	ships With None	chari	table)
	ın sect organız	ion 501(c) of the Co zations?	ode (other than	engage in any of the section 501(c)(3) org	anization	s) or in se	•			Yes	No
				a noncharitable exem					4-/4\		х
									1a(1) 1a(2)		X
		ransactions							14(2)		
	(1) Sal	es of assets to a no	ncharitable exei	mpt organization					1b(1)		X
	(2) Pur	chases of assets fro	om a noncharita	ible exempt organizatio	n				1b(2)		X
	(3) Rei	ntal of facilities, equi	pment, or other	assets					1b(3)		X
	(4) Rei	mbursement arrang	ements						1b(4)		X
	(5) Loa	ans or loan guarantee	98			• • • • •	• • • • • • •		1b(5)		X
				up or fundraising solicits, other assets, or pai					1b(6) 1 c		X
				s," complete the follo						faır m	
				ces given by the rep							
				gement, show in colu							
(a) Lı	ne no	(b) Amount involved	(c) Name of r	oncharitable exempt organiz	zation		ription of transfe	ers, transactions, and shar	ng arra	ngeme	nts
		N/A				N/A					
											
	+										
								<u> </u>			
							-				
				· -							
				· · · · · · · · · · · · · · · · · · ·							
			-								
	+								-		
						·					
	describ) of the Code (o	filiated with, or relate ther than section 501(•	organizations		es X] No
	11 100	(a) Name of organization		(b) Type of orga	nization		(c) Description of relations	ship		
								<u> </u>			
		<u> </u>									
Sigr Here		penalties of perjury, i decil t, and complete Declaration o	are that I have exami f preparer (other)than t	ned this return, including accordance appayer) is based on all informat	ompanying so ion of which i	. ()	statements, and the statements of the statement of the stateme	May the IRS with the pr	6 discus epar <u>er</u>	s this	retum below
	5.9"	To or omore or trustee		- Julio - 1		.166		(see instruction	ls)′ <u>Γ</u> Λ	Yes	No.
Paid		Phint/Type preparer's	name	Preparer's signature			Date // //2	Checkif self-employed	PTIN P008	5326	 57
-	oarer	Firm's name MA	ANDEL & TRA	CY, LLC				Firm's EIN ▶ 34-2	0592	97	
Use	Only	1		AVENUE, SUITE	200				-		
		PR	ROVIDENCE,	RI		029	909	Phone no 401-5			
								F	om 99	0-PF	(2011)

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

orm 990, 990-E2, 990-PF) ► Attach to Form 990, Form 990-EZ, or Form 990-PF. OMB No 1545-0047

2011

Name of the organization **Employer identification number** VERRECCHIA FAMILY FOUNDATION INC. 45-4067662 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 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 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to 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 Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$_ Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule of Contributors

JSA

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) (2011)

Name of organization VERRECCHIA FAMILY FOUNDATION INC.

Employer identification number 45-4067662

(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
1_		\$1,000,000.	Person X Payroll X Noncash X (Complete Part II if there is a noncash contribution)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
;		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)		

Name of organization VERRECCHIA FAMILY FOUNDATION INC.

Employer identification number

45-4067662

lo.	(b)	(c)	(d)
m	Description of noncash property given	FMV (or estimate)	Date received
t I	bescription of noncustriproperty given	(see instructions)	Date received
	MARKETABLE SECURITIES 489,893		
1	CASH 510,107		
	<u> </u>	\$ 1,000,000.	12/28/2011
No.		(c)	
m	(b)	FMV (or estimate)	(d)
t I	Description of noncash property given	(see instructions)	Date receive
			
		_e	
		\$	_
√o. m	(b)	(c)	(d)
m t I	Description of noncash property given	FMV (or estimate)	Date receive
١,		(see instructions)	
	-		
		\$	
			-
No.	/h)	(c)	(-1)
m	(b) Description of noncash property given	FMV (or estimate)	(d) Date receive
t I	Description of noncash property given	(see instructions)	Date received
		\$	
No.		(c)	
m	(b)	FMV (or estimate)	(d)
t I	Description of noncash property given	(see instructions)	Date receive
		s	
		Y	
No.		(5)	
m	(b)	(c) FMV (or estimate)	(d)
"' t I	Description of noncash property given	(see instructions)	Date receive
		(see ilistructions)	
		l l	
_			

Name of organization VERRECCHIA FAMILY FOUNDATION INC.

Employer identification number

45-4067662

Part III	Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry						
	For organizations completing Part III, e contributions of \$1,000 or less for the	year. (Enter this inf	ormation once. Se	charitable, etc., ee instructions.) ►\$			
	Use duplicate copies of Part III if addition	onal space is neede	d.				
(a) No. from Part I		(c) Use of gift		(d) Description of how gift is held			
		(e) Transf	er of gift				
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee			
(a) No							
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
	-	(e) Transfer of gift					
	Transferee's name, address, ar	Transferee's name, address, and ZIP + 4		nship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4		Relatio	Relationship of transferor to transferee			
(a) No				T			
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4		Relatio	enship of transferor to transferee			

ATTACHMENT 1

EXPENSE ACCT AND OTHER ALLOWANCES	0	0	0	0
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	0	0	0	
COMPENSATION	0	0	0	0
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	PRESIDENT AND DIRECTOR .50	TREASURER AND DIRECTOR	SECRETARY AND DIRECTOR .50	GRAND TOTALS
NAME AND ADDRESS	ALFRED VERRECCHIA 580 OCEAN ROAD NARRAGANSETT, RI 02882-1320	GERALDINE VERRECCHIA 580 OCEAN ROAD NARRAGANSETT, RI 02882-1320	MICHELE LEVY 19 SUNSET DRIVE RICHMOND, RI 02892-1079	

Verrecchia Family Foundation, Inc.

TIN:

45-4067662

Form 990PF Year: 2011

Part I, Analysis of Revenue and Expense

Line 1, Contributions, gifts, grants, etc., received.

See attached Schedule B which reflects the fair market value of the property contributed by the donor. Part 1, Line 1 reflects the donor's basis in the property contributed.

Part II, Balance Sheets

This is the initial year of the Verrecchia Family Foundation, Inc.; therefore, beginning balances are zero.

Line 10 b Investments Corporate Stock

Description	Date Acquired	Book Value	Fair Market Value
250 Apple Inc.	12.28.12	42,103	101,250
600 Chevron Corp	12.28.12	46,123	63,840
750 ExxonMobilCorp	12.28.12	44,502	63,570
400 IBM	12.28.12	34,638	73,552
750 Pepsico, Inc.	12.28.12	33,906	49,763
1000 PhilipMorris Intl,			
Inc.	12.28.12	49,829	78,480
800 United Technolog	ies Corp.		
	12.28.12	40,116	<u>58,472</u>
Totals		\$ <u>291,217</u>	\$ <u>488,927</u>

Verrecchia Family Foundation, Inc.

TIN: 45-4067662

Form 990PF Year: 2011

Part III Analysis of Changes in Assets or Fund Balances

Line 1, Total net assets or fund balances at beginning of year.

This is the initial year of the Verrecchia Family Foundation, Inc.; therefore, beginning balances are zero.

Part IV, Capital Gains and Losses for Tax on Investment Income

This is the initial year of the Verrecchia Family Foundation, Inc. There were no capital gains or losses.

Part V, Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

This is the initial year of the Verrecchia Family Foundation, Inc. There was no investment income.

Part VI, Excise Tax Based on Investment Income (Sections 4940(a), 4940(b), 4940(e), or 4948...)

This is the initial year of the Verrecchia Family Foundation, Inc. There was no investment income and therefore no excise tax.

Part VII-A Statement Regarding Activities

Line 8b

A copy of this Form 990PF is being filed with the Attorney General of the State of Rhode Island contemporaneously with being filed with the Internal Revenue Service

Line 10

See Schedule B, attached.

Verrecchia Family Foundation, Inc.

TIN: 45-4067662

Form 990PF Year: 2011

Part X, Minimum Investment Return . . .

Line 1, Fair market value of assets not used (or held for use) directly in carrying out charitable, etc. purposes:

Line 1b, Average of monthly cash balances.

This is the initial year of the Verrecchia Family Foundation.

Opening cash balance on first day December 2011:

\$0

Ending cash balance on last day of December 2011:

\$510,107

Average cash balance for December 2011:

\$255,054

Form 8868

(Rev. January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

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		ng for an Automatic 3-Month Extension, c						. ▶ 🛮
• If you	are fill	ing for an Additional (Not Automatic) 3-Mo	nth Extens	sion, complete only Pa	rt II (on page 2 of t	his fo	rm).	
Do not	comp	lete Part II unless you have already been gr	ranted an a	automatic 3-month exter	nsion on a previous	sly file	d Form	8868.
	•	ing (e-file). You can electronically file Form						
electro	unic un	required to file Form 990-T), or an additional	oodo II you	matic) 3-month extension	on of time. You can	n elec	tronicali	v file Form
RRAR to	reciti	est an extension of time to file any of the fo	orms listed	In Part I or Part II with	the exception of	Form	8870.	nformation
Return	for Tr	ransfers Associated With Certain Personal	Benefit C	ontracts, which must I	be sent to the IRS	S in	paper f	ormat (see
nstruct	ions).	For more details on the electronic filing of thi	s form, vis	it www.irs.gov/efile and	click on e-file for C	Chariti	es & No	nprofits.
Part		Automatic 3-Month Extension of Time.	Only sub	mit original (no conie	s needed)			
V COLD	orotion	required to file Form 990-T and reques	ting an a	tomatic 6-month exte	nsion—check this	box	and co	molete
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		tax returns.	DS, FILIVIIC	s, and trusts must use t	01111 7004 10 7040	ost a	, 0210110	70,7 0, 1,1,10
io me m	ICOI III	tax returns.		£	tor filarie Idantifulna	numi	07 C00	Inetructions
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print		Verrecchia Family Foundation, Inc.				5-406		
File by the	e i	Number, street, and room or suite no. If a P.O. bo	x, see instru	uctions.	Social security nu	ımber	(SSN)	
due date	for	580 Ocean Road		· · · · · · · · · · · · · · · · · · ·				
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instructio		Narragansett, RI 02882-1320						
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Form !			01	Form 4720				09
Form			04	Form 5227				10
		(sec. 401(a) or 408(a) trust)	05	Form 6069				11
		(trust other than above)	06	Form 8870	······································			12
			<u> </u>	<u> </u>				***********
• The b	ooks	are in the care of Market J. Verrecchia						
Telec	ohone	No. ► 401.284.0457	F	AX No. ► 4	01.782.3683			
		ization does not have an office or place of b	usiness in	the United States, chec	k this box			▶□
		a Group Return, enter the organization's fou						is is
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3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.						}		
					3а	\$	None	
ь	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and							
	estimated tax payments made. Include any prior year overpayment allowed as a credit.			3b	\$	None		
C	Balai	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using						
Occupi		S (Electronic Federal Tax Payment System).			·	3c	\$	None
CBURIO	n. It yo	u are going to make an electronic fund withdrawa	with this Fo	orm 8868, see Form 8453-I	EO and Form 8879-Fr	O for	aumont	inctructions