

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



ENVELOPE POST MARK

Form **990-PF**

Department of the Treasury Internal Revenue Service

MAY 20 2013 Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust MAIL UNIT K.C.S.Releated as a Private Foundation Note The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

	For (calend	dar year 2012 or tax year beginning , a	and ending					
	Nar	ne of fou	undation			A Empl	oyer identification number		
	\mathbf{T}	he	Robertson Foundation						
			Jocelin G. Hamblett			05-0481538			
			d street (or P O box number if mail is not delivered to street address)	Ro	om/suite		hone number (see instruction	is)	
			illiams Street			401	<u>1-751-5159 </u>		
20			i, state, and ZIP code idence RI 02906			C If exer	nption application is pending	ı, check here	
0 5 5					I t				
=	G	neck		rn of a former public c	narity	D 1. Fo	reign organizations, check h	ere	
50 150			Final return Amended			1	reign organizations meeting		
00			Address change Name cha			85	% test, check here and attac	h computation	
Batching	<u>н</u> с		type of organization: \overline{X} Section 501(c)(3) exempt private	e foundation			ate foundation status was teri	minated under	
ś		Section		le private foundation		section	n 507(b)(1)(A), check here	▶ _	
٩	l Fa	ur mar	ket value of all assets at J Accounting method	Cash X Acc	rual		oundation is in a 60-month te		
	en	d of y	ear (from Part II, col (c), Other (specify)			under	section 507(b)(1)(B), check	here •	
_	******		▶ \$ 2,273,561 (Part I, column (d) must	be on cash basis)					
=	Pa	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	(b) Net inv	estment	(c) Adjusted net	(d) Disbursements for charitable	
23			amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	expenses per books	incor		income	purposes (cash basis only)	
		1	Contributions, gifts, grants, etc., received (attach schedule)					(cash basis only)	
w		2	Check \blacktriangleright $[X]$ if the foundation is not required to attach Sch. B						
20		3	-						
2013	ı	4	Interest on savings and temporary cash investments Dividends and interest from securities	41,667		41,667			
-	Revenue	5a	Gross rents	41,007	-	11,007			
			Net rental income or (loss)						
		b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10		33,785					
		l ba	Gross sales price for all assets on line 6a 119, 025	33,703					
		7	Capital gain net income (from Part IV, line 2)	************************		33,785	1'111''''''''''''	<u></u>	
	ш	8	Net short-term capital gain		`	33, 103	0		
		9	Income modifications	***************************************				***************************************	
		10a	Gross sales less returns and allowances						
		ь	Less: Cost of goods sold						
		C	Gross profit or (loss) (attach schedule)			***************************************	•••		
		11	Other income (attach schedule) Stmt 1	7		7			
		12	Total. Add lines 1 through 11	75,459		75,459	0		
	S	13	Compensation of officers, directors, trustees, etc	0					
	Expenses	14	Other employee salaries and wages						
	ě	15	Pension plans, employee benefits						
	×	16a		238					
	a	ь	Legal fees (attach schedule) See Stmt 2 Accounting fees (attach schedule) Stmt 3	4,500		2,500			
	₽	l c	Other professional fees (attach schedule) Stmt 4	8,438		8,438			
	Ţ	17	Interest	36		36			
	Ę.	18	Taxes (attacff schedule) (see instructions) Stmt 5	1,226		1,156			
	Ē	19	Depreciation (attach schedule) and depletion						
	Þ	2015	Cocupanoy/EMEMUE-SERVICE						
	70	21	Travel, conferences and meetings						
	ğ	22	Printing and publications						
	ğ	23	Other expenses (att sch)					ļ <u> </u>	
	Operating and Administrativ	24	Total operating and administrative expenses.						
	era		Add lines 13 through 23	14,438		12,130	0		
	ğ	25	Contributions, gifts, grants paid	85,450				85,450	
	_	26	Total expenses and disbursements. Add lines 24 and 25	99,888		12,130	0	85,450	
		27	Subtract 6 11 ED Excess of revenue over expenses and disbursements						
		a		-24,429					
		b	Net investment incompletegative, enter -0-)			63,329			
			Adjusted With a my (With two optor 0)	1	l		0	P .	

For Paperwork Reduction Act Notice, see instructions.

DAA

DAA

ALL SECTION

TO PAPER OF THE PA

SCANNED JUN 0 5 2013

Form **990-PF** (2012)

	Part I	Ralance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	of year
_	· art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing			
	2	Savings and temporary cash investments	4,287	30,941	30,941
	3	Accounts receivable ▶			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts ▶			
i	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see			
		instructions)			
H	7	Other notes and loans receivable (att. schedule) ▶See Wrk 20	1		
		Less allowance for doubtful accounts ▶)	207	207
뙮	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
۷	10a	Investments – U S and state government obligations (attach schedule)	1 711 202	1 660 000	2 242 412
	b	Investments – corporate stock (attach schedule) See Stmt 6	1,711,292	1,660,002	2,242,413
ı	C	Investments – corporate bonds (attach schedule)			
	11	Investments – land, buildings, and equipment basis			
	10	Less accumulated depreciation (attach sch.)	···		
ŀ	12	Investments – mortgage loans			<u> </u>
ı	13	Investments – other (attach schedule)			
	14	Land, buildings, and equipment basis			
	15	Less accumulated depreciation (attach sch.) ▶ Other assets (describe ▶	\		
	16	Total assets (to be completed by all filers – see the)		
	10	instructions Also, see page 1, item I)	1,715,579	1,691,150	2,273,561
\exists	17	Accounts payable and accrued expenses			2/2/2/202
	18	Grants payable			
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ap	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶)		
	23	Total liabilities (add lines 17 through 22)	0	0	
٦		Foundations that follow SFAS 117, check here			
alances		and complete lines 24 through 26 and lines 30 and 31.			
티	24	Unrestricted			
Ba	25	Temporarily restricted			
힞	26	Permanently restricted			
Net Assets or Fund B		Foundations that do not follow SFAS 117, check here			
5		and complete lines 27 through 31.			
ţ	27	Capital stock, trust principal, or current funds			
SSe	28	Paid-in or capital surplus, or land, bldg , and equipment fund	1,715,579	1 601 150	
ğ	29	Retained earnings, accumulated income, endowment, or other funds	1,715,579	1,691,150 1,691,150	
	30	Total net assets or fund balances (see instructions)	1,713,379	1,091,130	
	31	Total liabilities and net assets/fund balances (see	1,715,579	1,691,150	
إ	Part I	instructions) Analysis of Changes in Net Assets or Fund Balance		1,031,130	
		net assets or fund balances at beginning of year – Part II, column (a), line 30			
•		of-year figure reported on prior year's return)	,	1	1,715,579
2		amount from Part I, line 27a		2	-24,429
		rincreases not included in line 2 (itemize)		3	
		ines 1, 2, and 3		4	1,691,150
		eases not included in line 2 (itemize)		5	
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, colu	mn (b), line 30	6	1,691,150

Turtty Cupital Callis t	and Losses for Tax on investi	icht moone	(b) How acquired			
(a) List and desc 2-story brick wa	(c) Date a (mo , da		(d) Date sold (mo , day, yr)			
1a American Funds		· · · · · · · · · · · · · · · · · · ·	Р	Vari	ous	Various
b American Funds	-		P	Vari		Various
c Pershing	·		P	10/1		Various
d American Funds				10/1	<i>)</i> / 00	various
e American runus			-			
(e) Gross sales price	(f) Depreciation allowed (or allowable)		or other basis ense of sale	-	(h) Gain (e) plus (f)	or (loss) minus (g)
a 1,752			1,595			157
b 108,248			77,272			30,976
c 7,924			6,373			1,551
d 1,101			0,313	·		1,101
e						1,101
	ng gain in column (h) and owned by the f	oundation on 12/3	1/69			
(i) F M V as of 12/31/69 (j) Adjusted basis (k) Excess of col (i) as of 12/31/69 over col (j), if any						(h) gain minus less than -0-) or om col (h))
a		•				157
ь						30,976
С						1,551
d						1,101
е						•
2 Capital gain net income or (net d	lf (loss), enter -0- in	Part I, line 7		2		33,785
If gain, also enter in Part I, line 8	oss) as defined in sections 1222(5) and (8, column (c) (see instructions). If (loss),	enter -0- ın		3		157
Part V Qualification U	nder Section 4940(e) for Redu	ced Tax on N	et investment in	come		
If "Yes," the foundation does not qua	ction 4942 tax on the distributable amour alify under section 4940(e) Do not comp each column for each year, see the inst	lete this part.				Yes X No
(a) Base period years	(b)		(c) ue of noncharitable-use asset			(d) ribution ratio
Calendar year (or tax year beginning in	7				(col (b) d	ivided by col (c))
2011	305,		2,216,2			0.137812
2010		150	2,265,5			0.016398
2009	287,		2,147,3	300		0.133787
2008	638,		2,708,			0.235552
2007	255,	988	3,547,9	70		0.072151
2 Total of line 1, column (d)				2		0.595700
-	5-year base period – divide the total on has been in existence if less than 5 year		he	3		0.119140
4 Enter the net value of noncharita	able-use assets for 2012 from Part X, lin	e 5		4	ļ	2,240,973
5 Multiply line 4 by line 3				5		266,990
6 Enter 1% of net investment inco	ome (1% of Part I, line 27b)			6		633
7 Add lines 5 and 6				7		267,623
Enter qualifying distributions fro If line 8 is equal to or greater that Part VI instructions	m Part XII, line 4 an line 7, check the box in Part VI, line 1t	o, and complete th	at part using a 1% tax	8 rate See	the	85, 450

	990-PF(2012) The Robertson Foundation	05-0481538		P	age 4				
	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(I								
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶	and enter "N/A" on line 1.							
	- · · · · · · · · · · · · · · · · · · ·	r if necessary—see instructions)							
b	Domestic foundations that meet the section 4940(e) requirements in Part V, che	eck 1 1		1,	<u> 267</u>				
	here ▶ and enter 1% of Part I, line 27b								
c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of									
_	Part I, line 12, col. (b)				^				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) Add lines 1 and 2								
3 Add lines 1 and 2 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4									
5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0- 5									
6	Credits/Payments:	3		<u> </u>	<u> 267</u>				
а	2012 estimated tax payments and 2011 overpayment credited to 2012	[6a] 1,884							
b	Exempt foreign organizations – tax withheld at source	6b							
		 							
	c Tax paid with application for extension of time to file (Form 8868) d Reskup withhelding expensively withheld								
7	d Backup withholding erroneously withheld 7 Total credits and payments Add lines 6a through 6d 7 Total credits and payments Add lines 6a through 6d								
			-	/	<u>884</u>				
9	8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 9								
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount	· • • • • • • • • • • • • • • • • • • •			617				
11	Enter the amount of line 10 to be: Credited to 2013 estimated tax	617 Refunded ▶ 11			<u> </u>				
***************************************	rt VII-A Statements Regarding Activities			•					
1a	During the tax year, did the foundation attempt to influence any national, state, or	or local legislation or did it		Yes	No				
	participate 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									
Instructions for the definition)?									
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials									
published or distributed by the foundation in connection with the activities.									
C	c Did the foundation file Form 1120-POL for this year?								
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed								
	(1) On the foundation. > \$ (2) On foundation ma								
е	Enter the reimbursement (if any) paid by the foundation during the year for politic	cal expenditure tax imposed		1					
	on foundation managers. > \$.,				
2	Has the foundation engaged in any activities that have not previously been report	rted to the IRS?	2		X_				
_	If "Yes," attach a detailed description of the activities.	and the second s		1					
3	Has the foundation made any changes, not previously reported to the IRS, in its			i	X				
40	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conform Did the foundation have unrelated business gross income of \$1,000 or more dui		3 4a		X				
ча b	If "Yes," has it filed a tax return on Form 990-T for this year?		I/A 4b						
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		Х				
•	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.		1					
•	By language in the governing instrument, or			1	`				
	By state legislation that effectively amends the governing instrument so that n	o mandatory directions that		1					
	conflict with the state law remain in the governing instrument?	·	6	X					
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	Х					
8a	Enter the states to which the foundation reports or with which it is registered (see	ee instructions) >		1					
	RI			}					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990				1				
	(or designate) of each state as required by General Instruction G? If "No," attack		8b	X	ļ				
9	Is the foundation claiming status as a private operating foundation within the me				ŀ				
	4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see ins	tructions for Part XIV)? If "Yes,"			,,				
	complete Part XIV		9	 	<u>X</u>				
10	Did any persons become substantial contributors during the tax year? If "Yes," a	attach a schedule listing their	1		v				
	names and addresses		10 Form 99	10-DE	(2012)				
			rorm J a	, v - r - l	(2012)				

Sa During the year did the foundation pay or incur any amount to (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration draw? (3) Provide a grant to an origination of the many approaches the section 4940(e)(2)? (see instructions) (4) Provide a grant to an origination of the many approaches the section 5940(e)(2)? (see instructions) (5) Provide or any purpose other than religious, charattele, scientific, hierary, or educational purposes, or for the prevention of cruelty to children or animals? (5) Provide for any purpose other than religious, charattele, scientific, hierary, or educational purposes, or for the prevention of cruelty to children or animals? (6) Provide for any purpose other than religious, charattele, scientific, hierary, or educational purposes, or for the prevention of cruelty to children or animals? (7) If we will not prevention of cruelty to children or animals? (8) Provide for any purpose other than religious, children or animals? (9) If any arises is "ves" to Sa(1)-6, did any of the transactions tall to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? (9) Provide responsibility for the grant? If wes, "attach the statement required by Regulations section 53.4945-5(d) (8) Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? (9) Did the foundation, during the year, any premiums, directly or indirectly, to pay premiums on a personal benefit contract? (9) A lay man manutaned expendituding the size year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? (9) A lay manutaned expendituding the size year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? (9) A lay		990-PF(2012) The Roberts)481538			Page 6
(2) Influence the outcome of any specific public decibin (see section 4955), or to carry on, directly or indirectly, any other registration drive? (3) Provide a grant to an organization other than a charlable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions) (5) Provide or any purpose other than religious, charlable, scentific, lettery, or educational purposes, or for the prevention of cruelty to children or animals? (6) Provide for any purpose other than religious, charlable, scentific, lettery, or educational purposes, or for the prevention of cruelty to children or animals? (7) If any animals is "Nes" to Sal(1)-6], oid any of the transactions fall to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance history in the control of the foundation districts in the statement required by Regulations section 53.4945-5(d) 6a Dd the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes" is the final the statement required by Regulations section 53.4945-5(d) 5b If the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" is final the statement required by Regulations section 53.4945-5(d) 5b If the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" is final the statement required by the pay of the	P	art VII-B Statements Regar	ding Activities for Which Fo	orm 4720 May Be	Required (c	ontinued)	•	····
(2) Influence the outcome of any specific public election (sees section 4955), or to carry on, directly or indirectly, any other registration form? (3) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(c)(2)* (see instructions) (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of curely to Indienter or animals? b if any answer is "Yes" to Sa(1)-(6), did any of the transactions fat to qualify under the exceptions described in Regulations section 504(4) cest highlight of the grant? Organizations relying on a current notice regarding disaster assistance check here If the answer is "Yes" to facing the section 54(4) does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," and the foundation, during the year, receive any funds, directly or indirectly, on a personal benefit contract? If "Yes," to 6b, file Form 8870 A larry time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Part VIII information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1. List all officers, directors, trustees, foundation managers and their compensation (see Instructions). Vest No V	5a	During the year did the foundation pay	or incur any amount to:			_		
directly or indirectly, any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, otic, organization described in section 509(a)(1), (2), or (3), or section 499(6)(2)? (see instructions) (5) Provide for any purpose other than reliquous, charitable, solicine, charitable, sol		(1) Carry on propaganda, or otherwise	attempt to influence legislation (sec	tion 4945(e))?		Yes 🛚 X No	1 1	¦
(3) Provide a grant to an enganation offer that sudy, or other similar purposes? (4) Provide a grant to a regionalization offer than a charatable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions) (5) Provide for any purpose other than religious, charatable, scientific, literary, or educational purposes, or for the prevention of cruelly to children or animal religious, charatable, scientific, literary, or educational purposes, or for the prevention of cruelly to children or animal religious, charatable, scientific, literary, or educational purposes, or for the prevention of cruelly to children or animal religious, charatable, scientific, literary, or educational purposes, or for the prevention of cruelly to children or animal religious, charatable, scientific, literary, or educational purposes, or for the prevention of cruelly to children or animal religious, charatable, scientific, literary, or educations due to the children or animal religious, charatable, scientific, literary, or educations due to the children or animal religious, charatable, scientific, literary, or educations due to the children or animal religious, charatable, scientific, literary, or educations due to the prevention of the scientific, literary, or educations due to the religious scientific, literary, or educations of see instructions)? (a) Did the foundation current religious, that scientific, literary, or education due to the scientific, literary, or education due to the scientific, literary, or education due to the scientific scientific scientific, literary, or education described in the scientific s		(2) Influence the outcome of any spec	fic public election (see section 4955), or to carry on,				
(4) Provide a grant to an organization other than a charable, etc., organization described in section 505(q)(1), (2), or (3), or section 490(0)(2)? (see instructions) Yes No		directly or indirectly, any voter regi	stration drive?		,	Yes $\overline{f X}$ No		
section 505(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions) (5) Provide for any purpose other than religious, chantable, scientific, literary, or educational purposes, or for the prevention of cruelly to children or animals? b if any answer is "Yes" to Sqi1)-(5), did any of the transactions fall to qualify under the exceptions described in Regulations section 53.445 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? If "Yes," attach the statement required by Regulations section 53.4945–5(d) B Did the floundation, during the year, receive any times, directly or indirectly, on a personal benefit contract? If "Yes," attach the statement required by Regulations section 53.4945–5(d) B Did the floundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes," did the foundation receive any times, directly or indirectly, on a personal benefit contract? If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Vers.," at any time during the tax year, was the foundation a party to a prohibited tax sheller transaction? If "Yes," did the foundation appropriate the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes," did the foundation for the foundation appropriate and the foundation appropriate and Contractors. List all officers, directors, trustees, foundation managers and their compensation (e.g. Compen		(3) Provide a grant to an individual for	travel, study, or other similar purpos	es?		Yes 🗓 No		
(a) Provide for any purpose other than religious, chartable, scentific, literary, or educational purposes, or for the prevention of cruelty to children or animals? b if any answer is "Yes" to 54(1)-(5), aid any of the transactions fat to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? C if the answer is "Yes" to question 54(4), does the foundation claim exemption from the tax because it mantinaned expenditive responsibility for the grant? 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 a personal benefit contract? b Did the foundation, during the year, secave any funds, directly or indirectly, on a personal benefit contract? 1i "Yes" to bit his Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address (a) Name and address (b) Tak, and average of compensation of the highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE." (b) Tak, and average of the position of the highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE." (c) Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE." (d) Name and address of each employee paid more than \$50,000		(4) Provide a grant to an organization	other than a charitable, etc , organiz	ation described in	_	_	1	
(6) Provide for any purpose other than religious, chartable, scentific, literary, or educational purposes, or for the prevention of cruelty to children or animals? b if any answer is "Yes" to Sa(1)-(5), aid any of the transactions fat to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? C if the answer is "Yes" to question Sa(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? 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 a personal benefit contract? b Did the foundation, during the year, secave any funds, directly or indirectly, on a personal benefit contract? b Ti'ves' to bit, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction? They are during the tax year, was the foundation a party to a prohibited tax sheller transaction? Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address (b) Tax, and merge for the transactions of the transactions of the transactions of the position of the highest-paid employees (e) Expense account, and the party of the party of the past of the position of the highest-paid employees (e) Compensation (see instructions). (b) Tax, and merge for the providence pressure of the past of the position of the highest-paid employees (e) Compensation (see instructions). (c) Compensation of five highest-paid employees pad more than \$50,000 to 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		section 509(a)(1), (2), or (3), or se	ction 4940(d)(2)? (see instructions)		Π,	Yes X No		
b if any answer is "Yes" to Sa(1)—(5), dod any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here If the answer is "Yes" to question Sa(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes", attach the statement required by Regulations section 53.4945–5(d) But the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes" bib, file Form 8870 Ta At any time during the tax year, was the foundation a party to a prohibited tax shelter fransaction? If "Yes" bib, file Form 8870 Ta At any time during the tax year, was the foundation a party to a prohibited tax shelter fransaction? If "Yes "No b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? If yes a top file foundation receive any proceeds or have any net income attributable to the transaction? It stall officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address (a) Name and address (b) Yes, and series in the second of the second o		(5) Provide for any purpose other than	religious, charitable, scientific, litera	ary, or educational	_	_		
b if any answer is "Yes" to Sa(1)—(5), dod any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here If the answer is "Yes" to question Sa(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes", attach the statement required by Regulations section 53.4945–5(d) But the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes" bib, file Form 8870 Ta At any time during the tax year, was the foundation a party to a prohibited tax shelter fransaction? If "Yes" bib, file Form 8870 Ta At any time during the tax year, was the foundation a party to a prohibited tax shelter fransaction? If "Yes "No b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? If yes a top file foundation receive any proceeds or have any net income attributable to the transaction? It stall officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address (a) Name and address (b) Yes, and series in the second of the second o		• • •	_	•	\Box	Yes X No		
Organizations relying on a current notice regarding disaster assistance check here If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d) But the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? bid the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? bid the foundation, during the year, receive any funds, directly or indirectly, on a personal benefit contract? If "Yes" to 5b, file Form 8870 7a. At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address (b) Title, and average hours per week, diverted to position of the foundation of the found	b	If any answer is "Yes" to 5a(1)-(5), did	any of the transactions fail to qualif	y under the exceptions	s described in			. [
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? 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 a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Part Vill Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address (b) Title, and everage hours per weeks devoted to position (a) Name and address (b) Title, and everage hours per weeks devoted to position (c) Compensation (d) Compensation (e) Expense account, other allowances (e) Expense account, other allowances Perso, Trus, Dar Confidence Preso, Trus, Dar Confidence (e) Expense account, other allowances (e) Expense account, other allowances (e) Compensation (f) Combinions to enrich expense determined to position (e) Name and address of each employee paid more than \$50,000 (f) Title, and everage hours, per weeks devoted to position (e) Name and address of each employee paid more than \$50,000 (f) Title, and everage hours, per weeks devoted to position (e) Compensation (f) Compensation (g) Expense account,		Regulations section 53.4945 or in a cu	rrent notice regarding disaster assis	tance (see instructions	s)?	N/A	5b	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? 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 a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Part Vill Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address (b) Title, and everage hours per weeks devoted to position (a) Name and address (b) Title, and everage hours per weeks devoted to position (c) Compensation (d) Compensation (e) Expense account, other allowances (e) Expense account, other allowances Perso, Trus, Dar Confidence Preso, Trus, Dar Confidence (e) Expense account, other allowances (e) Expense account, other allowances (e) Compensation (f) Combinions to enrich expense determined to position (e) Name and address of each employee paid more than \$50,000 (f) Title, and everage hours, per weeks devoted to position (e) Name and address of each employee paid more than \$50,000 (f) Title, and everage hours, per weeks devoted to position (e) Compensation (f) Compensation (g) Expense account,		Organizations relying on a current notic	ce regarding disaster assistance che	eck here		▶		
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 a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? if "Yes" to 6b, file Form 8870 The Atlany time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address (b) Tide, and average (c) Compensation (fill not paid, entire 4-) Jocelin G. Hamblett Providence Prixts, Date (Previ Txs, Date (Previ	С						i 1	
If "Yes," attach the statement required by Regulations section 53.4945–5(d) 6a Dd the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address (b) Tide, and average (c) Compensation (d) Compensa		•	·		N/A ∏ '	Yes No		
On the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? "Yes" to 6b, file Form 8870 At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes No It Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their compensation (see instructions). List all officers, directors, trustees, foundation managers and their compensation (see instructions). Compensation (a) Name and address (b) Tile, and awarge (compensation of the foundation defined on the foundation defin		If "Yes," attach the statement required	by Regulations section 53.4945-5(d	i)	_	_		
on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Part Vill Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address (b) Tite, and awarage hours per week devoted to position of the transaction? Jocelin G. Hamblett Providence Pres, Trs, Dir Green, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors Jocelin G. Hamblett Providence Pres, Trs, Dir Green, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors Jocelin G. Hamblett Providence Pres, Trs, Dir Green, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors Jocelin G. Hamblett Providence Pres, Trs, Dir Green, Directors, Directors, Trustees, Foundation Managers, Highly Paid Employees, Individual Compensation of the State and defined complex and defined form providence that the providence of the State and Green, Directors, Trustees, Foundation Managers, Highly Paid Employees, Individual Compensation of the State and Green, Directors, Trustees, Foundation Managers, Highly Paid Employees, Individual Compensation of the State and Green, Directors, Trustees, Foundation Managers, Highly Paid Employees, Individual Compensation of the State and Green, Directors, Trustees, Foundation Managers, Highly Paid Employees, Individual Compensation of the State and Green, Directors, Trustees, Foundation Managers, Highly Paid Employees, Individual Compensation of the State and Green, Directors, Trustees, Foundation Managers, Highly Paid Employees, Individual Compensation of the State and Green, Directors, Trustees, Foundation Managers, Highly Paid Employees, Individual Compensation of the St	6a							
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, life Form 8870 A tary time during the tax year, was the foundation a party to a prohibited tax shelter transaction? If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their compensation (see instructions). List all officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address (b) Tide, and awerage thought the foundation to employee benefit (b) Tide, and defined devoted to position of the foundation and defined devoted to position of the highest-paid employees (other than those included on line 1 – see Instructions). If none, enter "NONE." 2 Compensation of five highest-paid employees (other than those included on line 1 – see Instructions). If none, enter "NONE." (b) Tide, and average (c) Compensation (c) Compensation (e) Compen					Π,	Yes X No		
If "Yes" to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes No of If "Yes," idd the foundation receive any proceeds or have any net income attributable to the transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address (b) Tite, and average hours per week devoted to position (fit not paid, other allowances of the position of the paid	b	-	y premiums, directly or indirectly, on	a personal benefit cor		۰	6ь	X
Tale 1 any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		-	, , , , , , , , , , , , , , , , , , , ,					
b ft "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	7a		e foundation a party to a prohibited t	ax shelter transaction?		Yes X No		
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1. List all officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address (b) Tile, and average hours per week devided to position (fin of paid, enter-0-) (d) Compensation (d) Contributions to employee benefit production of the allowances (d) Compensation (d) Contributions to employee benefit production of the allowances (d) Compensation (d) Contributions to employee benefit production of the allowances (d) Compensation (d) Contributions to employee benefit production of the allowances (d) Compensation (d) Contributions to employee benefit production of the highest-paid employees (other than those included on line 1 – see Instructions). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Tile, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit prime and elered compensation (e) Expense account, other allowances (e) Expens					_	_	7b	ŀ
1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address (b) Tide, and average hours per week deviced to position Jocelin G. Hamblett Providence Ri 02906 3.00 Christopher S. Hamblett Barrington Secrety & Dir 27 Walnut Road Ri 02806 0.20 Paul P. St. Onge East Greenwich Director 5586 Post Road Ri 02818 0.20 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 Total number of other employees paid over \$50,000 ▼other allowances (b) Tide, and average hours per week deviced to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances (e) Compensation (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances Total number of other employees paid over \$50,000								
List all officers, directors, trustees, foundation managers and their compensation (see instructions). (e) Name and address (e) Name and address of each employee paid more than \$50,000 (e) Title, and average hours pre-week devoted to position (e) Name and address of other employees paid over \$50,000 (e) Name and address of other employees paid over \$50,000 (e) Name and address of other employees paid over \$50,000 (e) Name and address paid over \$50,000 (e) Name and address of other employees paid over \$50,000	, ,			, . oanaa	go. o,g.	,	0,00	,
(a) Name and address (b) Tide, and average hours per week devoted to postion (c) Compensation (d) Contributions to employee benefit plans and defended compensation (d) Expense account, other allowances. Jocelin G. Hamblett Providence Pres, Trs, Dir 66 Williams Street RI 02906 3.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1 1		undation managers and their con	npensation (see instr	uctions).			
Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE." (e) Expense account, other allowances of each employee paid more than \$\$0,000 (e) Expense account, other allowances of each employee paid more than \$\$0,000 (e) Expense account, other allowances of each employee paid more than \$\$0,000 (f) Tile, and average hours per week devoted to postion (e) Compensation (e) Expense account, other allowances of each employee paid more than \$\$0,000 (e) Expense account, other allowances of each employee paid more than \$\$0,000 (e) Expense account, other allowances of each employee paid more than \$\$0,000 (e) Expense account, other allowances of each employee paid more than \$\$0,000 (e) Expense account, other allowances of each employee paid more than \$\$0,000 (e) Expense account, other allowances of each employee paid more than \$\$0,000 (e) Expense account, other allowances of each employee paid more than \$\$0,000 (e) Expense account, other allowances of each employee paid more than \$\$0,000 (e) Expense account, other allowances of each employee paid over \$\$0,000 (e) Expense account, other allowances of each employee paid over \$\$0,000 (e) Expense account, other allowances of each employee paid over \$\$0,000 (e) Expense account, other allowances of each employee paid over \$\$0,000 (e) Expense account, other allowances of each employee paid over \$\$0,000 (e) Expense account, other allowances of each employee paid over \$\$0,000 (e) Expense account, other allowances of each employee paid over \$\$0,000 (e) Expense account, other allowances of each employee paid over \$\$0,000 (e) Expense account, other allowances of each employee paid over \$\$0,000 (e) Expense account, other allowances of each employee paid over \$\$0,000 (e) Expense account, other allowances of each employee paid over \$\$0,000 (e) Expense account, other allowances of each employee paid over \$\$0,000 (e) Expense account, other allowances of each employee paid		<u> </u>				(d) Contributions to		
Jocelin G. Hamblett Providence Pres, Trs, Dir 66 Williams Street RI 02906 3.00 0 0 0 0 0 Christopher S. Hamblett Barrington Secryt & Dir 27 Walnut Road RI 02806 0.20 0 0 0 0 0 Paul P. St. Onge East Greenwich Director S586 Post Road RI 02818 0.20 0 0 12,828 2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (c) Compensation ((a) Name and	address					
66 Williams Street RI 02906 3.00 0 0 0 0 Christopher S. Hamblett Barrington Secrity & Dir 27 Walnut Road RI 02806 0.20 0 0 0 0 Paul P. St. Onge East Greenwich Director 5586 Post Road RI 02818 0.20 0 0 0 12,828 2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Tile, and average hours per week devoted to position Position (c) Compensation (d) Compensation of the allowances of the allowances of the relief plans and deferred compensation. NONE Total number of other employees paid over \$50,000 ▶ 0				devoted to position	enter -0-)		Other	rallowances
66 Williams Street RI 02906 3.00 0 0 0 0 Christopher S. Hamblett Barrington Secrity & Dir 27 Walnut Road RI 02806 0.20 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Jc	celin G. Hamblett	Providence	Pres, Trs, Dir	1			
Christopher S. Hamblett Barrington Secrity & Dir 0.20 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				1	l 0	l 0		0
27 Walnut Road RI 02806 0.20 0 0 0 Paul P. St. Onge East Greenwich 5586 Post Road RI 02818 0.20 0 0 0 12,828 2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Tille, and average hours per week devoted to position (c) Compensation other allowances NONE Total number of other employees paid over \$50,000				Secrty & Dir				
Paul P. St. Onge East Greenwich 5586 Post Road RI 02818 0.20 0 0 12,828 2 Compensation of five highest-paid employees (other than those included on line 1 – see Instructions). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (e) Expense account, other allowances compensation NONE Total number of other employees paid over \$50,000		•	-	1 -	l 0	l 0		0
2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE (b) Tille, and average hours per week devoted to position (c) Compensation (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances Total number of other employees paid over \$50,000				Director				
2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position NONE (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances (o) Total number of other employees paid over \$50,000		•		1	0	l .		12.828
NONE. (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position NONE (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances Total number of other employees paid over \$50,000						1		
NONE. (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position NONE (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances Total number of other employees paid over \$50,000				1			İ	
NONE. (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position NONE (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances Total number of other employees paid over \$50,000		Compensation of five highest-paid a	mployees (other than those inclu	ded on line 1 – see ir	estructions) If n	one enter		
(a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances (e) Expense account, other allowances Total number of other employees paid over \$50,000	-	•	mployees (ether than these hield			0.10, 0.11.0.		
(a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation (e) Expense account, other allowances (e) Expense account, other allowances (f) Title, and average hours per service of the plans and deferred compensation (g) Expense account, other allowances (g) Expense account, other				(1) Till		(d) Contributions to	П	
NONE devoted to position plans and deterred compensation		(a) Name and address of each employe	e paid more than \$50,000		(c) Compensation	employee benefit		
Total number of other employees paid over \$50,000 ▶ 0		(2, 10.10 0.10 0.00 0.10 0.10 0.10 0.10 0.			\\\\\\\\\\\\\\\\\		other	r allowances
Total number of other employees paid over \$50,000 Description:		NE.					†	
	.,,			1				
						· · · · · · · · · · · · · · · · · · ·	<u> </u>	
						1		
						1	\vdash	
				•	i	1		
						 	 	
					1			
	Tota	I number of other employees hald ever	\$50,000	1.	I	L		T
	7018	Thursder of other employees paid over	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				QQ	

Form 990-PF (2	012) The Robertson Foundation	05-0481538	Page 7
Part VIII	Information About Officers, Directors, Trustees and Contractors (continued)	, Foundation Managers, Highly Paid	i Employees,
3 Five high	est-paid independent contractors for professional services (s	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		<u> </u>
Part IX-A	Summary of Direct Charitable Activities		
	s four largest direct charitable activities during the tax year. Include relevant statistical in other beneficiaries served, conferences convened, research papers produced, etc.	nformation such as the number of	Expenses
1 N/A			
2			
3			
4			
Part IX-B	Summary of Program-Related Investments (se	oo instructions)	
	rgest program-related investments made by the foundation during the tax year on lines		Amount
1 N/A	good program of the control of the c		y w i o dan
2			
All other	oleted uncotangets. Can instructions		
3	elated investments. See instructions		

Form **990-PF** (2012)

Total. Add lines 1 through 3

Program-related investments - total from Part IX-B 1b b 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., 2 3 Amounts set aside for specific charitable projects that satisfy the Suitability test (prior IRS approval required) За а 3ь Cash distribution test (attach the required schedule) b 85,450 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.

Enter 1% of Part I, line 27b (see instructions)

Adjusted qualifying distributions. Subtract line 5 from line 4

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

qualifies for the section 4940(e) reduction of tax in those years

Form 990-PF (2012)

503,611

185,654

195,362

a Excess from 2008

b Excess from 2009

Excess from 2010

Excess from 2011 Excess from 2012

The form in which applications should be submitted and information and materials they should include N/A

c Any submission deadlines.

N/A

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

N/A

Page **11** Supplementary Information (continued) Part XV 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or contribution show any relationship to any foundation manager or substantial contributor recipient Name and address (home or business) a Paid during the year See Statement 8 85,450 85,450 ▶ 3a Total **b** Approved for future payment N/A

▶ 3b

Total

Part XVI-A Analysis of Income-Production Enter gross amounts unless otherwise indicated			Unrelated business income			l by section 512, 513, or 514	
	_		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions)
	Program service revenue				 		(COC WISH BOHOLD)
	a		-		1		
	b				1		
	c d				 		
	e						
	T				1		
9	g Fees and contracts from gove	rnment agencies					
2	Membership dues and assessmer	nts					
3	Interest on savings and temporary	cash investments					
4	Dividends and interest from secur	ities		- <u>-</u>	14	41,667	
5 I	Net rental income or (loss) from re	eal estate		<u>'</u>	1		
	a Debt-financed property				1		
	b Not debt-financed property						
	Net rental income or (loss) from p	ersonal property			1 1 4	-	
	Other investment income				14	7 705	
	Gain or (loss) from sales of assets				14	33,785	
	Net income or (loss) from special Gross profit or (loss) from sales o			·	1	, , , <u>-</u> , , , ,	
	Other revenue. a						
	b		·		1		
	C				1	·	
	d						
(e						
12 3	Subtotal. Add columns (b), (d), ar	nd (e)		. ()	75,459	0
13 '	Total. Add line 12, columns (b), (d	d), and (e)				13	75,459
	worksheet in line 13 instructions						
D-							
	art XVI-B Relationship	o of Activities to the					<u> </u>
	art XVI-B Relationship ine No. Explain below how e	each activity for which incom	ie is reported in o	column (e) of Part X	/I-A cont	ributed importantly to t	
L	art XVI-B Relationship ine No. Explain below how e accomplishment of the		ie is reported in o	column (e) of Part X	/I-A cont	ributed importantly to t	
L	art XVI-B Relationship ine No. Explain below how e	each activity for which incom	ie is reported in o	column (e) of Part X	/I-A cont	ributed importantly to t	
L	art XVI-B Relationship ine No. Explain below how e accomplishment of the	each activity for which incom	ie is reported in o	column (e) of Part X	/I-A cont	ributed importantly to t	
L	art XVI-B Relationship ine No. Explain below how e accomplishment of the	each activity for which incom	ie is reported in o	column (e) of Part X	/I-A cont	ributed importantly to t	
L	art XVI-B Relationship ine No. Explain below how e accomplishment of the	each activity for which incom	ie is reported in o	column (e) of Part X	/I-A cont	ributed importantly to t	
L	art XVI-B Relationship ine No. Explain below how e accomplishment of the	each activity for which incom	ie is reported in o	column (e) of Part X	/I-A cont	ributed importantly to t	
L	art XVI-B Relationship ine No. Explain below how e accomplishment of the	each activity for which incom	ie is reported in o	column (e) of Part X	/I-A cont	ributed importantly to t	
L	art XVI-B Relationship ine No. Explain below how e accomplishment of the	each activity for which incom	ie is reported in o	column (e) of Part X	/I-A cont	ributed importantly to t	
L	art XVI-B Relationship ine No. Explain below how e accomplishment of the	each activity for which incom	ie is reported in o	column (e) of Part X	/I-A cont	ributed importantly to t	
L	art XVI-B Relationship ine No. Explain below how e accomplishment of the	each activity for which incom	ie is reported in o	column (e) of Part X	/I-A cont	ributed importantly to t	
L	art XVI-B Relationship ine No. Explain below how e accomplishment of the	each activity for which incom	ie is reported in o	column (e) of Part X	/I-A cont	ributed importantly to t	
L	art XVI-B Relationship ine No. Explain below how e accomplishment of the	each activity for which incom	ie is reported in o	column (e) of Part X	/I-A cont	ributed importantly to t	
L	art XVI-B Relationship ine No. Explain below how e accomplishment of the	each activity for which incom	ie is reported in o	column (e) of Part X	/I-A cont	ributed importantly to t	
L	art XVI-B Relationship ine No. Explain below how e accomplishment of the	each activity for which incom	ie is reported in o	column (e) of Part X	/I-A cont	ributed importantly to t	
L	art XVI-B Relationship ine No. Explain below how e accomplishment of the	each activity for which incom	ie is reported in o	column (e) of Part X	/I-A cont	ributed importantly to t	
L	art XVI-B Relationship ine No. Explain below how e accomplishment of the	each activity for which incom	ie is reported in o	column (e) of Part X	/I-A cont	ributed importantly to t	
L	art XVI-B Relationship ine No. Explain below how e accomplishment of the	each activity for which incom	ie is reported in o	column (e) of Part X	/I-A cont	ributed importantly to t	
L	art XVI-B Relationship ine No. Explain below how e accomplishment of the	each activity for which incom	ie is reported in o	column (e) of Part X	/I-A cont	ributed importantly to t	
L	art XVI-B Relationship ine No. Explain below how e accomplishment of the	each activity for which incom	ie is reported in o	column (e) of Part X	/I-A cont	ributed importantly to t	
L	art XVI-B Relationship ine No. Explain below how e accomplishment of the	each activity for which incom	ie is reported in o	column (e) of Part X	/I-A cont	ributed importantly to t	
L	art XVI-B Relationship ine No. Explain below how e accomplishment of the	each activity for which incom	ie is reported in o	column (e) of Part X	/I-A cont	ributed importantly to t	
L	art XVI-B Relationship ine No. Explain below how e accomplishment of the	each activity for which incom	ie is reported in o	column (e) of Part X	/I-A cont	ributed importantly to t	

Part XVII	Information Reg Exempt Organiz		s To and Transac	tions and Relationships	With Noncharitable	•
1 Did the or			of the following with an	y other organization described		Yes No
	-		-	section 527, relating to political		103 140
organizati		101 (11011 00011011 001 (0	,,(o) organizationo, or in	occion ozz, rolating to political		
_	from the reporting foun	dation to a noncharita	able exempt organization	of		
(1) Cash	mom the reporting real.		and onompt organization	. 6.	1a(1	
(2) Other	assets				1a(2	
b Other tran					1/	1
	of assets to a noncharit	table exempt organiza	ation		1b(1) <u>x</u>
, ,	ases of assets from a n				1b(2	
	of facilities, equipment	•	- 3		1b(3	1
• •	oursement arrangement	•			1b(4	-
	or loan guarantees				1b(5	
(6) Perfo	mance of services or m	nembership or fundrai	sing solicitations		1b(6	(a) X
c Sharing o	f facilities, equipment, m	nailing lists, other assi	ets, or paid employees		1c	X
d If the answ	wer to any of the above	is "Yes," complete the	e following schedule. Co	lumn (b) should always show th	e fair market	
value of th	ne goods, other assets,	or services given by t	he reporting foundation.	If the foundation received less t	han fair market	
value in a	ny transaction or sharing	g arrangement, show	ın column (d) the value	of the goods, other assets, or se	ervices received	
(a) Line no	(b) Amount involved	(c) Name of nonchar	itable exempt organization	(d) Description of transfers,	transactions, and sharing arranger	nents
N/A				<u> </u>	,	
				<u> </u>		
						
		 				
		 				
		 	Jr. P			
		 		<u> </u>		
				 		
· · · · · · · · · · · · · · · · · · ·		 	_ "	<u> </u>		
*****		 		<u> </u>		
		 				
described	in section 501(c) of the omplete the following so	Code (other than sec chedule	ction 501(c)(3)) or in sec			Yes X No
NI / N	(a) Name of organization	(t	b) Type of organization	(c) Descr	ption of relationship	
N/A						
						
				+		
Under	penalties of perjury, I declare t	that I have examined this re	eturn, including accompanying	schedules and statements, and to the l	best of my knowledge and belief.	, it is true,
correct	and complete Declaration of	I preparer (other than taxpa	ayer) is based on all information	n of which preparer has any knowledge	May the IRS discuss this	s return
Sign Here		10 1011			with the preparer shown (see instructions)?	, , I
	Jum L	iamulu			sident	
Si	gnature of officer or trustee		Dat	e Title		
Print	Type preparer's name		Preparer's signa	ure	Date	Check X d
Paid _			1//	m	5-9-13	1 4
Preparer	l P. St. Onge		/_	'		
Use Only	s name ▶ Paul	P. St. Ong	re /	//	PTIN P0009	69/5
Firm		Post Rd	DT 00010		Firm's EIN	04 0000
l	East_	Greenwich,	RI 02818-	3454		84-9080
					Form 9	90-PF (2012)

05-0481538	Federal (Federal Statements		
Stater	Statement 1 - Form 990-PF	orm 990-PF, Part I, Line 11 - Other Income	Income	
Description		Revenue per Books	Net Investment Income	Adjusted Net Income
Loan Interest Income Total		\$ \$	\$ \$	0 0 0 0
State	Statement 2 - Form 990-PF	Form 990-PF, Part I, Line 16a - Legal Fees	al Fees	
Description Legal Expenses Total	Fotal \$ 238 \$ \$ 238	Net Investment	Adjusted Net	Charitable Purpose
Stateme	Statement 3 - Form 990-PF, P	m 990-PF, Part I, Line 16b - Accounting Fees	nting Fees	
Description Accounting Expenses Total	Total \$ 4,500	Net Investment \$ 2,500 \$ 2,500	Adjusted Net	Charitable Purpose
Statement 4	1 - Form 990-PF, Part	Statement 4 - Form 990-PF, Part I, Line 16c - Other Professional Fees	essional Fees	
Description Investment Management Expenses Inv Admin Exp. (Pershing) Total	Total \$ 8,328 110 \$ 8,438	Net Investment \$ 8,328 110 \$ 8,438	Adjusted Net	Charitable Purpose
				1-4

•

		Charitable Purpose	<i>\$</i>	\$
	<u>xes</u>	Adjusted Net	S	\$
atements	5 - Form 990-PF, Part I, Line 18 - Taxes	Net Investment	\$ 850 306	\$ 1,156
Federal Statements	Statement 5 - Form 990-P	Total	\$ 850 306 50 20	\$ 1,226
05-0481538	Sta	Description	Foreign Taxes (American Funds) Foreign Taxes (Pershing) RI General Treasurer RI Secretary of State	Total

		Fair Market Value	\$ 2,242,413	9
	nvestments	Basis of Valuation	Cost	
ements	0b - Corporate Stock I	End of Year	\$ 1,660,002 \$ 1,660,002	
Federal Statements	Statement 6 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments	Beginning of Year	\$ 1,711,292	
05-0481538	Statement 6	Description	Marketable Securities Total	

•

05-0481538

Federal Statements

Statement 7 - Form 990-PF, Part XV, Line 1a - Managers Who Contributed Over 2% or \$5,000

Name of Manager	Amount
Stephen Hamblett (Deceased 12/13/05)	\$
66 Williams Street	
Providence RI 02906	
1994 Contributions:	
800 ADI	28,100
442 T	22,211
600 MOT	34,800
400 UNH	18,050
1996 Contribution:	457 500
15,000 BLC	457,500
1997 Contribution:	1 012 375
26,000 BLC	1,012,375
1999 Contributions:	1 930 000
24,000 AOL 14,119 BLC	1,839,000 262,091
14,119 BLC	262,091
8,000 UMG	611,504
2003 Contribution:	611,504
Cash	50
2004 Contribution:	50
Cash	1,417
	
Total	\$ <u>4,549,189</u>

S
ent
Ĕ
late
<u>S</u>
ral
ape
ŭ.

05-0481538

Statement 8 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year

	Amount		200		2,000		100		100		100		1,000	,	000	200		3,500		200		2,500		50		200		200		3,000		1,500		200		200	c	7,000
	Purpose		Community Support		Community Support		Educational Support		Environmental Preservation		Community Health		Education Programs	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	במנמר בסוומב סמייים ב	Environmental Welfare		Community Support		Educational Support		Community and Arts Support		Community Support		Educational Support		Community Support		Arts Support		Community Support		Educational Support		Community Support		Educational support
Address	Relationship Status	413 Friendship Street	Public	245 Waterman Street	Pub]	126 Somerset Street		404 Elm Street		29 Lewis Avenue		219 Washington Road	Pul	bol Orchard Street	430 Potomska Boad	4	111 Point Street		100 South Street	Public	220 Weybosset Street	Public	21 Meeting Street		150 Empire Street		200 Niantic Avenue	Pub.	667 Waterman Avenue		1000 Elmwood Avenue	Puk	224 Benefit Street	Pub	100 Save the Bay Road		1445 Wampanoag Trail	Fublic
Name	Address	Amos House	Providence RI 02907	Common Cause		Community Prep School	Providence RI 02907	Dartmouth N'tl Resources	Dartmouth MA 02748	Farrview Hospital	Great Barrington MA 01230	Foundation for West Africa		Hands Across the Sea	New Dealord In 02/33	Dartmouth MA 02748	Planned Parenthood of RI	Providence RI 02903	Providence Childrens Museum	Providence RI 02903	Providence Performing Arts Center	Providence RI 02903	٠,	Providence RI 02903		$\overline{}$	poo		Ö	Providence	RI Zoological Society	S	RISD Museum	Providence RI 02903		1dence RI 02905	ets & Scandals/RI	East Providence KI U2915

ω

S
نټ
\subseteq
ē
Ē
_
Ø
+
$\boldsymbol{\sigma}$
:=
ທ
<u>a</u>
"
<u>a</u>
×
\mathcal{L}
Ō
Щ

05-0481538

Statement 8 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)

	Amount		500		25,000		25,000		100		12,000		2,500	85,450
	Purpose	set	Arts Support		Community and Arts Support		Community Support		Environmental Conservation		Community Support		Public Radio Support	
Address	Status	North Harvard Street	Public	Washington Street	Public	/ Street	Public	Main Road	Public	Guest Street	Public	itation	Public	
	Relationship	175 North		201 Washi		50 Valley Street		1100 Mair		One Guest		1 Union Station		
Name	Address	Silk Road Project	Boston MA 02134	Trinity Rep Company	Providence RI 02903	United Way	Providence RI 02909	Westport Land Conservation	Westport MA 02790	WGBH	Boston MA 02134	WRNI	Providence RI 02903	Total

Security provided by borrower Security provided by lender Security provided by							
Employer Identification Number Cy Jocelin G. Hamblett Sp O481538	Forms 990-PF						2012
The Robertson Foundation C/O Jocelin G. Hamblett D5-0481538	Name	For calendar year 2012,	or tax year begin	nning	, and ending	Employe	r Identification Number
Name of borrower		n Foundation				Linploye	Tachineator (Varibe)
Name of borrower Relationship to disqualified person					<u></u>	05-04	181538
Julia Brandenburg	Form 990-PF,	Part II, Line	7 – Add	<u>itional Info</u>	rmation		
Julia Brandenburg		Name of borrower			Relationship to di	squalified p	erson
3				Not Rel	ated		
1	(2)						
5	(3)						
10	(4)			. 			
72			· · · · · · · · · · · · · · · · · · ·				
Security provided by borrower Date of loan Maturity date Demand Security provided by borrower Purpose of loan Security provided by borrower Security pro					*		
10		, ,	- · · · - · · · · · · · · · · · · · · ·				
10							
Date of loan date Repayment terms rate	(10)						
10	Original amount	Data of loan			Pongyment terms	***************************************	
2 3 4 5 5 6 6 6 6 6			date	Demand	nepayment terms		
33		00 01/10/12		- Demand	······································		3.000
49	(3)						
Security provided by borrower	(4)						
Security provided by borrower	(5)						
B	(6)						
Security provided by borrower	(7)						
Security provided by borrower	(8)						
Security provided by borrower	(9)						
(1) Unsecured General Purposes (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10	(10)		<u> </u>				
(1) Unsecured General Purposes (2) 33 44 55 66 677 678 68 68 68 68 68 68 68 68 68 68 68 68 68	Sec	urity provided by borrower			Purpose	of loan	
2				General			
3	(2)						
(5) (6) (7) (8) (9) (10) Consideration furnished by lender Consideration furnished by lender Balance due at beginning of year end of year (990-PF only) 207 207 (2) (3) (4) (5) (6) (7) (8) (9) (10)	(3)						
(6) (7) (8) (9) (10) Balance due at beginning of year Balance due at end of year Consideration furnished by lender Superior Superior	(4)						
(7) (8) (9) (10) Balance due at beginning of year Balance due at end of year George Proving) (1) None (2) (3) (4) (5) (6) (7) (8) (9) (10)	(5)						
(8) (9) (10) Consideration furnished by lender Balance due at beginning of year Balance due at end of year (990-PF only)						···-	
(9) (10) Balance due at beginning of year Balance due at end of year (990-PF only) (1) None 207 207 (2) (3) (4) (5) (6) (7) (8) (9) (10)							
Consideration furnished by lender Balance due at beginning of year Balance due at end of year General (990-PF only)							
Consideration furnished by lender beginning of year end of year (990-PF only) (1) None (2) (3) (4) (5) (6) (7) (8) (9)	(10)						
(1) None 207 207 (2) (3) (4) (5) (6) (7) (8) (9) (10)							
(2) (3) (4) (5) (6) (7) (8) (9) (10)		ation furnished by lender		beginning of year			
(3) (4) (5) (6) (7) (8) (9) (10)	-					201	207
(4) (5) (6) (7) (8) (9) (10)			<u>-</u>		 		<u></u>
(5) (6) (7) (8) (9)							
(6) (7) (8) (9) (10)		· .					
(7) (8) (9) (10)	(6)						
(8) (9) (10)	(7)						
(10)	(8)	<u> </u>				_	
	(9)						
						207	207

Totals