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### **Return of Private Foundation**

or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation

OMB No 1545-0052

PAGE 4

De Int	partme ema R	ent of the Treasury evenue Service	No	te. The foun	dation ma		to use a copy of t	ite Foundatio		ng requ	rements	Open to Pul	olic Inspection
F	or ca	lendar year 2012	or tax	year begi	nning	_		, 2012	, and endi	ng			, 20
	Name	of foundation	_						_	A	Employer ide	ntification nu	mber
	VER:	RECCHIA FAMI	LY FO	DUNDATI	ON IN	c.					45-4067	662	
_	Numb	er and street (or P O t	ox numb	per if mail is no	ot delivere	d to street	address)		Room/suit	е В	Telephone ni	umber (see inst	ructions)
											(	(401) 28	4-0457
	580	OCEAN ROAD											
_	City or	r town, state, and ZIP co	de		_		<del>-</del>	· <u> </u>	1				
										c	If exemption ap	plication is	
	NAR	RAGANSETT, R	I 028	882-132	0						pending, check	here · · ·	
_		ck all that apply		Initial retui			Initial return	of a former p	ublic char	<del>   </del>			
٠	One	ock all triat apply	<del></del>	Fınal retur			Amended re	-	Jubile Chai	ם כיי	1 Foreign orga		
			_			-	4				85% test, ch	anizations meeting eck here and atta	ch _
_	Cho	ck type of organiz		Address cl		(a)(2) a	Name chang			<del>-</del>	computation		
7	_	-				$\overline{}$			tian	E	If private found		
Ť		ection 4947(a)(1) no					ther taxable p			-	under section 5	507(b)(1)(A), chec	k here .
1		market value of a					method X C			F	If the foundation		
		ear (from Part II, co			٥	ther (sp	ecify)				under section 5	07(b)(1)(B), chec	k here .
	<u></u>	<u> </u>	57,2	•	<u> </u>	column	(d) must be or	n casn basis.) T	<del></del>			[ (4) Di	sbursements
Li	art	Analysis of Rev	enue a	nd Expens	es (The		Revenue and	(b) Net inve	estment	(c)	Adjusted net	1 1.7	charitable
		may not necessaril	y equal	the amount		ex	penses per books	incon		·-/	income	p	urposes
_		column (a) (see ins	tructions	s) )				ļ .				(cas	n basis only)
	1	Contributions, gifts, grants	etc , rece	eived (attach scl	nedule) .		7,755	<b>↓</b>					<del></del>
	2			ion is <b>not</b> req									<del></del>
	3	Interest on savings an											
	4	Dividends and inter	est from	n securities			20,273	2	0,829.				<u> </u>
	5 a	Gross rents											
	b	Net rental income or (le	oss)										
<u>e</u>	6a	Net gain or (loss) from	sale of a	assets not on	line 10		199,029	·	_				_
3nc	ь	Gross sales price for all assets on line 6a	·		<u>,223</u> .								
Revenue	7	Capital gain net inc	ome (fro	om Part IV, I	ine 2) .			21	1,174.				
œ	8	Net short-term capi	,		•								
	9	Income modification											
	10 a	Gross sales less returns and allowances · · ·	;										
	b	Less Cost of goods so									I RE		
	С	Gross profit or (loss	) (attach	n schedule)							1		
	11	Other income (attac									[8]		.0
		Total. Add lines 1 tl					227,057	. 23	2,003.	T	MI AUG		121
_	13	Compensation of office					(	d	İ	Ť		₩ ZÛ1	
		Other employee sal								7	000		[9]
Ses	15	Pension plans, emp							İ	<del>_</del>		ELLI-	
e	16a	Legal fees (attach s				<u> </u>	7,755						7,75
X	b	Accounting fees (at					, -						•
ve l		Other professional				<del>                                     </del>	8,319		8,322.		·		
ati	17	· ·			•		,		,				
str	10	Interest				<del> </del>	3,000		433.				
Ξ	16	Taxes (attach schedule				<b> </b>	2,000	-					
투	19	Depreciation (attac		•		<b> </b>		+					
4	20	Occupancy				<del>                                     </del>		<del>  -</del>					
anc	21	Travel, conferences						<b> </b>					
ğ	22	Printing and publica				<del></del>		<del> </del>					
ati.	23	Other expenses (att		•		<u> </u>	<u></u> .	+				<del></del>	
9	24	Total operating an					10 074		0 755				7,75
g		Add lines 13 through				ļ	19,074		8,755.				
į	25	Contributions, gifts	grants	paid		ļ	3,000	1	0 755				3,00
$\Box$	26	Total expenses and disbu			4 and 25	ļ	22,074	<u> </u>	8,755.				10,75
	27	Subtract line 26 fro	m line 1	12		}	<b>.</b>						
	а	Excess of revenue over e	xpenses a	and disbursem	ents		204,983						
	b	Net investment inc	ome (ıf	negative, er	nter -0-)			22	23,248.		_		
ل	С	Adjusted net incon	ne (if ne	gative, ente	r -0-).  .								
E	r Par	perwork Reduction	Act Not	ice, see ins	tructions	·						Form	990-PF (2012 PAGI

Part I		Ralance Shoots	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	of year	
	<b>SU</b>		amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value	
1		Cash - non-interest-beari	ng	510,107.			
2			cash investments		26,170.	26,170.	
3		Accounts receivable					
			btful accounts ▶				
4							
			btful accounts >				
5							
6			officers, directors, trustees, and other				
		disqualified persons (at	tach schedule) (see instructions)			_	
7		Other notes and loans r	eceivable (attach schedule)				
			btful accounts ▶				
ध दि			e				
Ssets 6 8		Prepaid expenses and d	eferred charges				
			e government obligations (attach schedule).				
			stock (attach schedule)	291,217.	697,298.	746,469.	
			l l		282,839.	284,601.	
11		Investments - land, buildings	intion				
12		Investments - mortgage	loans				
13		Investments - other (atta	ach schedule)				
14		Land, buildings, and					
		Less accumulated deprecia	tion			_	
15		Other assets (describe	<b>&gt;</b>				
16			completed by all filers - see the				
		instructions Also, see p	age 1, item i)	801,324.	1,006,307.	1,057,240.	
17		Accounts payable and a	ccrued expenses				
18							
ဖ္က 19							
∄ 20			rs, trustees, and other disqualified persons		***	•	
Liabilities 50 21 20 21			ites payable (attach schedule)				
그 <sub>22</sub>			• <b>▶</b> ) [				
23		Total liabilities (add line	s 17 through 22)	0	0		
Ses			low SFAS 117, check here ▶ 24 through 26 and lines 30 and 31.		-		
일 24		Unrestricted			<del></del>		
[ 25							
의 26							
Š		Foundations that do	not follow SFAS 117,				
띱		check here and com	plete lines 27 through 31.   ▶ 🔀				
g 27		Capital stock, trust princ	cipal, or current funds		·		
Assets or Fund Balan 5 2 2 8 2 2 9 5 2 8 2 9 5 2 9 5 2 9 9 9 9 9 9 9 9 9 9 9 9 9		Paid-in or capital surplus, or	land, bldg , and equipment fund	801,324.	1,006,307.		
8 29		Retained earnings, accumi	ulated income, endowment, or other funds				
30 30		Total net assets or fund	I balances (see instructions)	801,324.	1,006,307.		
2 31		Total liabilities and	net assets/fund balances (see				
		instructions)		801,324.	1,006,307.		
Part	t III	Analysis of Cha	anges in Net Assets or Fund B	Balances			
1 To	tal	net assets or fund b	alances at beginning of year - Part I	l, column (a), line 30 (n	nust agree with		
en	d-c	of-year figure reported	d on prior year's return)		<u>1</u>	801,324	
<b>2</b> En	nter	amount from Part I, I	ine 27a		2	204,983	
3 Ot	he	r increases not include					
						1,006,307	
5 De	ecre	eases not included in	line 2 (itemize) ▶		5		
<b>6</b> To	tal	net assets or fund ba	alances at end of year (line 4 minus lii	ne 5) - Part II, column (b),	, line 30 <b>6</b>	1,006,307	

_		
Pag	Α	

Part IV Capital Gains	and Losses for Tax on In	vestment Income				
	d describe the kind(s) of property solo	I (e g , real estate,	(b) How acquired P - Purchase	(c) Date acquired	(d) Date sold (mo , day, yr )	
2-story b	2-story brick warehouse, or common stock, 200 shs MLC Co )					
1a SEE PART IV SCHE	DULE				_	
b					_	
С					_	
d						
e					<u></u>	
(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) min		
a						
<u>b</u>						
<u>c</u>				<del> </del>		
d						
e						
Complete only for assets	showing gain in column (h) and own	ned by the foundation on 12/31/69		Gains (Col (h) g		
(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	col	(k), but not less Losses (from co		
a						
b						
С						
d						
е						
2 Capital gain net income or	(not canital loce)	If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2		211,174.	
3 Net short-term capital gair	n or (loss) as defined in sections					
		structions) If (loss), enter -0- in $oldsymbol{l}$				
•	· · · · · · · · · · · · · · · · · · ·		3		241.	
		educed Tax on Net Investment I	ncome		<u> </u>	
		ributable amount of any year in the b	ase perio	do [	Yes X No	
	not qualify under section 4940(e					
	ount in each column for each yea	ar, see the instructions before making	any entr		<del></del>	
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		(d) Distribution r (col (b) divided by		
2011						
2010						
2009						
2008						
2007						
2 Total of line 1, column (d)			2		0	
3 Average distribution ratio	for the 5-year base period - divid	de the total on line 2 by 5, or by the				
number of years the found	dation has been in existence if le	ss than 5 years	3		_	
4 Enter the net value of nor	ncharitable-use assets for 2012 fi	rom Part X, line 5	4	1,	015,544.	
			-			
5 Multiply line 4 by line 3			5			
•						
6 Enter 1% of net investme	nt income (1% of Part I, line 27b)		6		2,232.	
7 Add lines 5 and 6			7		2,232.	
	ons from Part XII, line 4 eater than line 7, check the box	in Part VI, line 1b, and complete	8 that part	using a 1% ta	10,755. x rate. See the	
Part VI instructions						

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see in	stru	ctions	5)
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)			
	Domestic foundations that meet the section 4940(e) requirements in Part V, check		2,2	232.
	here ► X and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of			
	Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			
3	Add lines 1 and 2		2,2	232.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		2,2	232.
6	Credits/Payments			
а	2012 estimated tax payments and 2011 overpayment credited to 2012 6a 3,000.			
b	Exempt foreign organizations - tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868) 6c 1,000.			
d	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d		4,(	000.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			21.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶ 9			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.		1,	747.
11	Enter the amount of line 10 to be Credited to 2013 estimated tax ▶ 1,747. Refunded ▶ 11			
	t VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate		Yes	
_	or intervene in any political campaign?	<u> 1a</u>		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the			X
	definition)?	1b		
	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	4.		x
d	Did the foundation file Form 1120-POL for this year?  Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	1c		<del></del>
•	(1) On the foundation \$ (2) On foundation managers \$			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on			
•	foundation managers > \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х
	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 incorporation,			
	or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		Х
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		Х
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			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict		.,	
	with the state law remain in the governing instrument?	6	X	<u> </u>
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		X	<del> </del>
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
b	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 <sup>2</sup> If "No," attach explanation	8b	Х	
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 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete			
	Part XIV	9		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and			
	addresses	10	Х	-

Pa	rt VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions	11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13		13	Х	
	Website address   N/A			
14	The books are in care of ► ALFRED VERRECCHIA Telephone no ► 401.284	.045	57	
	Located at ▶580 OCEAN ROAD NARRAGANSETT, RI ZIP+4 ▶ 02882-1	320		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		▶	
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of			
	the foreign country	_		
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1 a	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			
	disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(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)? Yes X No			
	(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 ) Yes X No			
t	olf any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	۱.,		х
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
_	Organizations relying on a current notice regarding disaster assistance check here	-		
•	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	4.		x
•	were not corrected before the first day of the tax year beginning in 2012?	1c		
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))	1		
	a At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and			
٠	6e, Part XIII) for tax year(s) beginning before 2012?			
	If "Yes," list the years	İ		
ł	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)			
_	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement - see instructions )	2b		
	of the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	<b>&gt;</b>			
3 a	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
t	olf "Yes," did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation or			
	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 2012 )	3b		
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
t	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?	4b	l	X

Form	990-PF (20	VERRECCHIA FA	AMILY FOUNDAT:	ION INC.	4	5-4067662	Page 6
Par	t VII-Ŗ	Statements Regarding Activities	for Which Form 4	720 May Be Requ	iired (continued)		
5a	During tl	he year did the foundation pay or incur any amo	ount to				
	(1) Carr	y on propaganda, or otherwise attempt to influ	ence legislation (section	n 4945(e))?	Yes X	No	
	(2) Influ	ence the outcome of any specific public e	ection (see section	4955), or to carry o	n,		
	direc	ctly or indirectly, any voter registration drive?			Yes X	No	
		ride a grant to an individual for travel, study, or				No	
		ide a grant to an organization other than					
		on 509(a)(1), (2), or (3), or section 4940(d)(2)?				No	
		nde for any purpose other than religious, o					
		oses, or for the prevention of cruelty to children		•		No	
b		inswer is "Yes" to 5a(1)-(5), did any of the				' 1	
_		ons section 53 4945 or in a current notice regal			•	1 1	
		ations relying on a current notice regarding disa					
		nswer is "Yes" to question 5a(4), does the					
·		it maintained expenditure responsibility for the		•		No	
		attach the statement required by Regulations se			ies	No	
6.		foundation, during the year, receive any ful	` *		_		
va			-			N -	
<b>L</b>		sonal benefit contract?			•		x
b		oundation, during the year, pay premiums, dire	ectly or indirectly, on a	personal benefit contra	ct <sup>2</sup>	6b	^
<b>-</b> -		to 6b, file Form 8870					
	-	me during the tax year, was the foundation a p	•	•	• — —	1 [	
	t VIII	did the foundation receive any proceeds or ha Information About Officers, Director	ve any net income attri	butable to the transaction	Diably Boid Em	7b	
Par	VIII	and Contractors	s, musices, roun	uation Managers,	nigniy Paid Em	pioyees,	
1	List all	officers, directors, trustees, foundation					
		(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensati		
ATC			-	,	1		,
AIC	п т		<del></del>		1	<del></del>	
			-				
			-				
		··					
_	0	and an after the state of the s	4 11 11 11		<u> </u>		
2	"NONE."	nsation of five highest-paid employees	s (otner than thos	se included on lin	e 1 - see instru	ctions). If no	ne, entei
			(b) Title, and average		(d) Contributions to		
(a)	Name and	d address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred	(e) Expense other allo	account, wances
71071			devoted to position		compensation		
NON	ይ 		-	,			_
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	- <b>-</b>		.			1	
			.				
			.1.		<u></u>		
Tota	number	of other employees paid over \$50,000				<b>▶</b>	

Form 990-PF (2012) Page 7 Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) 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 0 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 beneficianes served, conferences convened, research papers produced, etc CHARITABLE ACTIVITIES CONSISTED OF MAKING GRANTS TO PUBLIC CHARITIES Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount 1 NONE All other program-related investments. See instructions 3 NONE

Form 990-PF (2012)

Total. Add lines 1 through 3.

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Pa	Int X Minimum Investment Return (All domestic foundations must complete this part. Foreign see instructions)	gn foundation	is,
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	869,577.
b	Average of monthly cash balances	1b	161,432.
C	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	1,031,009.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	]	
2	Acquisition indebtedness applicable to line 1 assets	2	
3		3	1,031,009.
4	Subtract line 2 from line 1d  Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	15,465.
5	Instructions)  Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	1,015,544.
6	Minimum investment return. Enter 5% of line 5	6	50,777.
Pa	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 p	part )	
1	Minimum investment return from Part X, line 6	1	50,777.
2 a	Tax on investment income for 2012 from Part VI, line 5 2a 2, 232.		<del></del>
b	Income tax for 2012 (This does not include the tax from Part VI)2b		
С	Add lines 2a and 2b	2c	2,232.
3	Add lines 2a and 2b  Distributable amount before adjustments Subtract line 2c from line 1	3	48,545.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	48,545.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	48,545.
Pa	art XII Qualifying Distributions (see instructions)		
		<del></del>	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	_	10,755.
a	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	10,733.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
_	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	10 755
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	10,755.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	_	0.000
	Enter 1% of Part I, line 27b (see instructions)	5	2,232.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	8,523.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when cal qualifies for the section 4940(e) reduction of tax in those years.	culating whet	her the foundation

Forr	n 990-PF (2012)				Page <b>9</b>
Pa	rt XIII Undistributed Income (see instru	ctions)			
1	Distributable amount for 2012 from Part XI, line 7	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012 48,545.
2 a	Undistributed income, if any, as of the end of 2012 Enter amount for 2011 only			2,303.	
ъ 3	Total for pnor years 20 10 .20 09 .20 08 Excess distributions carryover, if any, to 2012				
b c d	From 2007				
f 4	Total of lines 3a through e			2 202	
	Applied to 2011, but not more than line 2a Applied to undistributed income of prior years (Election required - see instructions)			2,303.	
С	Treated as distributions out of corpus (Election required - see instructions)				
	Applied to 2012 distributable amount  Remaining amount distributed out of corpus  Excess distributions carryover applied to 2012  (If an amount appears in column (d), the same amount must be shown in column (a))  Enter the net total of each column as				8,452.
а	indicated below:  Corpus Add lines 3f, 4c, and 4e Subtract line 5				
	Prior years' undistributed income Subtract line 4b from line 2b.  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.				
	Subtract line 6c from line 6b Taxable amount - see instructions.  Undistributed income for 2011 Subtract line 4a from line 2a Taxable amount - see instructions				
f	Undistributed income for 2012 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2013				40,093.
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 2007 not applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2013. Subtract lines 7 and 8 from line 6a	0			
a b c d	Analysis of line 9  Excess from 2008  Excess from 2010  Excess from 2011  Excess from 2012				

	foundation, and the ruling	g is effective for 2012, e	nter the date of the ruling		. ▶∟	
b	Check box to indicate wh	ether the foundation is a	private operating found	dation described in section	4942()	)(3) or 4942( <u>J</u> )(5
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		(e) Total
	justed net income from Part	(a) 2012	<b>(b)</b> 2011	(c) 2010	(d) 2009	(0)
	I or the minimum investment return from Part X for each					
	year listed					
b	85% of line 2a					
С	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not					
_	used directly for active conduct					
_	of exempt activities		<u> </u>			
е	Qualifying distributions made directly for active conduct of					
	exempt activities Subtract line					
3	2d from line 2c		<u></u>	<del> </del>		
•	alternative test relied upon					
а	"Assets" alternative test - enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under section					
	4942(j)(3)(B)(i)		· <u>-</u>			
b	"Endowment" alternative test-		1			
	enter 2/3 of minimum invest- ment return shown in Part X,		:			
	line 6 for each year listed		<u>.</u>			
C	"Support" alternative test - enter					
	(1) Total support other than					
	gross investment income (interest, dividends, rents				1	
	payments on securities		•			
	loans (section 512(a)(5)), or royalties)					
	(2) Support from general					
	public and 5 or more exempt organizations as					
	provided in section 4942					
	(j)(3)(B)(iii)					
	port from an exempt					
	organization (4) Gross investment income					
D۵	1 /	ary Information (C	omplete this part	only if the found	ation had \$5,000	or more in asset
u e		during the year - see	•	only in the round	attori ilda Çojooc	00.0 4000.
1	Information Regarding		<u></u>		<del></del>	
a	List any managers of	-		e than 2% of the tota	l contributions receiv	ed by the foundation
	before the close of any					
	ALFRED VER	RECCHTA				
<u> </u>	List any managers of		own 10% or more o	f the stock of a corp	oration (or an equally	large portion of the
_	ownership of a partner					
				_		
	NONE					
<del></del>	Information Regarding	Contribution Grant	Gift Loan Scholars	hip, etc., Programs:		
_		-		-	lable erecented	
	Check here ▶ if t unsolicited requests for			to preselected char		
	other conditions, comp			anto, etc (see motraci	ions) to marriadais o	1 Organizations unde
_	The name, address, a			on to whom application	s should be addressed	
а		na telephone number	or e-mail of the perso	on to whom applications	s snould be addressed	
	N/A	lingtions should be a fi	hand and	on and makerals there	chould include	<del></del>
þ	The form in which app	iications should be sul	omitted and informati	on and materials they	snoula include	
	N/A					
С	Any submission deadli	nes				
	N/A			<del> </del>		
d	Any restrictions or li	mitations on awards,	, such as by geogr	aphical areas, charita	ible fields, kinds of	institutions, or othe
	factors					

Page **11** 

Part XV Supplementary Information (continued)							
3 · Grants and Contributions Paid During the Year or Approved for Future Payment							
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount			
Name and address (home or business)	or substantial contributor	status of recipient	contribution				
a Paid during the year							
AMCU 2							
ATCH 2							
	:						
Total			<b>▶</b> २a	3,000.			
b Approved for future payment	<u> </u>	<del></del>					
	•						
Total	<u> </u>	L	L 24				
Total	<u> </u>		<u> ► 3b</u>	<u> </u>			

Page **12** 

Part XVI	<ul> <li>A Analysis of Income-Produ</li> </ul>	icing Activ	vities			
	amounts unless otherwise indicated		ated business income (b)	Excluded b	y section 512, 513, or 514 (d)	(e) Related or exempt function income
1 Program	service revenue	Business code	Amount	Exclusion code	Amount	(See instructions)
a						
			<u> </u>			
	<del></del>			<del> </del>		<del> </del>
			<del></del>			
			<del>.</del> .			
f						
-	and contracts from government agencies					
	ship dues and assessments			<del> </del>		
	n savings and temporary cash investments is and interest from securities					
	al income or (loss) from real estate					
	-financed property					
	debt-financed property					·
	I income or (loss) from personal property					
	vestment income					
	oss) from sales of assets other than inventory				-	
•	me or (loss) from special events					
	rofit or (loss) from sales of inventory.					
-	venue a					
_						
е —	-					
2 Subtotal	Add columns (b), (d), and (e)					
	dd line 12, columns (b), (d), and (e)			-	13	*
	neet in line 13 instructions to verify calci					
Part XVI-			complishment of E	xempt Purp	oses	-
Line No.	<u> </u>					
	Explain below how each activity					
•	accomplishment of the foundation	on's exemp	t purposes (other than	ı by providing	tunas for such purpose	s) (See instructions )
			•			-
				-		<del>.</del>
			•			
			•			
					·	
	7			<del></del>		·
					<del></del>	
			· <u></u>			
			<del>-</del>			
_						
<del></del>					<del>-</del>	
			<del></del>			
	<del></del>		<del></del>			

Part XVII	Information R Exempt Orga		ansfers To and Transa	ctions an	d Relation	ships With Non	chari	table	<del>90 10</del>
ın sec organı	tion 501(c) of the Co zations?	ode (other than	engage in any of the follow section 501(c)(3) organizat	ons) or in s	ection 527,			Yes	No
			a noncharitable exempt org				1a(1)		х
							1a(1)		X
<b>b</b> Other	transactions:								
(1) Sa	les of assets to a no	ncharitable exe	mpt organization				1b(1)		X
(2) Pu	rchases of assets fro	om a noncharita	able exempt organization				1b(2)		X
(3) Re	ental of facilities, equ	ipment, or other	assets			• • • • • • • • • • •	1b(3)		X
(4) Re	eimbursement arrang	ements					1b(4)		X
(6) Pe	erformance of service	es	nip or fundraising solicitations				1b(5) 1b(6)		X
			sts, other assets, or paid emp				1c		X
d If the value value	answer to any of the goods, other in any transaction or	ne above is "Ye assets, or serv r sharing arran	es," complete the following ices given by the reporting gement, show in column (d	schedule foundation the value	Column (b) so the found of the goods	should always show lation received less s, other assets, or s	the f than f ervices	air m	narket eived
(a) Line no	(b) Amount involved N/A	(c) Name of r	noncharitable exempt organization	N/A	cription of trans	fers, transactions, and shai	nng arrar	ngeme	nts
		1							
	·		<u> </u>			<del></del> -	<del></del>		
		-	<u>.                                    </u>						
				<del></del>					
				-	··· <del>-</del>				
				-	-				
descri	bed in section 501(c)	of the Code (o	filiated with, or related to, ther than section 501(c)(3))		•	t organizations	Ye	es X	 ] No
b if Yes	s," complete the follo (a) Name of organization		(b) Type of organization	Ī		(c) Description of relations	:hip		
<del></del>	(a) Tanto or or garneau		(a) type of organization	<del> -</del>	· · · · · · · · · · · · · · · · · · ·	(a) Description of foldations	,,,,p		
								-	
		_							
Sign Here	r penalties of perjury, I dedict, and complete Declaration of	are that I have examn f preparer (other than)	hed this return, including accompanying akpayer) is based on all information of who had been seen as a second seco	ch preparer has a	statements, and any knowledge	May the IRS with the pr	discuss	this	return below
Sig	nature of officer of flustee		Date !	ine		(see instruction	s)" <u> </u>	Yes	No
Daid	Print/Type preparer's	name	Preparer signature		Date	_ Check If	PTIN		
Paid	DAVID B. CAST	EN	(Desto		1/24/1	3 self-employed			57
Preparer		NDEL & TRA				Firm's EIN ▶ 34-2	05929	97	
Use Only			AVENUE, SUITE 200						<u>_</u>
	I PR	OVIDENCE,	RI	02	909	Phone no 401-5		_	
						F	om 990	D-PF	(2012)

#### Schedule B

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

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

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

OMB No 1545-0047

2012

Name of the organization		Employer identification number				
VERRECCHIA FAMILY FO	UNDATION INC.	45-4067662				
Organization type (check one):		1001002				
Filers of:	Section:					
Form 990 or 990-EZ						
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private fou	ındatıon				
	527 political organization					
Form 990-PF	X 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundate	lion				
	501(c)(3) taxable private foundation					
	ling Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 one contributor. Complete Parts I and II.	or more (in money or				
Special Rules						
under sections 509(a	3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support t )(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the 000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form II	e year, a contribution of				
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						
990-EZ, or 990-PF), but it must	anot covered by the General Rule and/or the Special Rules does not file So answer "No" on Part IV, line 2 of its Form 990, or check the box on line H F, to certify that it does not meet the filing requirements of Schedule B (For	of its Form 990-EZ or on				

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) (2012)

Name of organization VERRECCHIA FAMILY FOUNDATION INC.

Employer identification number 45-4067662

Part I	Contributors (see instructions). Use duplicate copies of Par	rt I if additional space is need	ded
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	ALFED VERRECCHIA  580 OCEAN ROAD  NARRAGANSETT, RI 02882	\$ <u>7,755.</u>	Person X 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
<b>-</b>		\$	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

		"	*****		<del></del>
Part II	Noncash Property	(see instructions).	Use duplicate cop	oies of Part II if additiona	al space is needed.

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of organization VERRECCHIA FAMILY FOUNDATION INC.

**Employer identification number** 45-4067662

Part III	Exclusively religious,	charitable, etc	c., individual co	ntributions	to sectio	n 501(c	(7), (8), or (10	)) organization	_ \$
	that total more than	\$1,000 for the	year. Complete	columns (a	a) through	(e) and	the following	g line entry.	

For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) >\$

	Jse duplicate copies of Part III if addition					
(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, at	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is hold			
Part I	(b) Purpose of gift	(c) use or girt	(d) Description of how gift is held			
		(e) Transfer of gift				
		<u>.</u>				
	Transferee's name, address, a	nd ZIP + 4	Relationship 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					
		(e) Transfer of gift				
	Transferee's name, address, at		Relationship of transferor to transferee			
	Transferee's name, address, a		Relationship of transferor to transferee			
433.84	Transferee's name, address, a		Relationship of transferor to transferee			
(a) No. from Part I	Transferee's name, address, an		Relationship of transferor to transferee  (d) Description of how gift is held			
(a) No. from Part I		nd ZIP + 4				
(a) No. from Part I		nd ZIP + 4				
(a) No. from Part I		nd ZIP + 4				
(a) No. from Part I		(c) Use of gift  (e) Transfer of gift				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift  (e) Transfer of gift	(d) Description of how gift is held			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift  (e) Transfer of gift	(d) Description of how gift is held			

#### VERRECCHIA FAMILY FOUNDATION INC.

FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

U/	APITAL GAI	NS AND LO	SSES FUI	K IAX ON I	INVEST		NI INCOM	<u>                                     </u>
Kınd of I				ription		בו בו	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
531,229.		PUBLICLY TRA	ADED SECURI	TIES			208,180.	12/31/2012
2,994.		PUBLICLY TR	ADED SECURI	TIES CAPITA	L GAIN		2,994.	12/31/2012
TOTAL GAIN(I	oss)			• • • • • • • • • • • • •		-	211,174.	
						·		
·							:	
						·		
							,	

ATTACHMENT 1

	11
AND TRUSTEES	
DIRECTORS,	
OFFICERS,	
OF	
LIST O	
- 1	ĺ
VIII	
PART	
990PF,	
FORM	

	0	0	0
	0	0	0
	0	0	0
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	PRESIDENT AND DIRECTOR	TREASURER AND DIRECTOR	SECRETARY AND DIRECTOR
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

GRAND TOTALS

6745EC 764R 7/24/2013 11:32:15 AM V 12-6F

45-4067662

ATTACHMENT 2

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
THE WHEELER SCHOOL	NONE	GENERAL PURPOSES OF THE ORGANIZATION	1,000.
216 HOPE STREET	501(C)(3)		
PROVIDENCE, RI 02906			
ST ANDREW'S SCHOOL	501(C)(3)	GENERAL PURPOSES OF THE ORGANIZATION	1,000.
63 FEDERAL ROAD			
BARRINGTON, RI 02806			
MIDDLEBRIDGE SCHOOL	501(C)(3)	GENERAL PURPOSES OF THE ORGANIZATION	500.
333 OCEAN ROAD			
NARRAGANSETT, RI 02882			
ADOPTION RHODE ISLAND	501(C)(3)	GENERAL PURPOSES OF THE ORGANIZATION	500.
TWO BRADFORD STREET			
PROVIDENCE, RI 02903			

3,000. TOTAL CONTRIBUTIONS PAID

V 12-6F

11:32:15 AM

6745EC 764R 7/24/2013

#### SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service

Name of estate or trust

Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T.

► Information about Schedule D (Form 1041) and its separate instructions is at www.irs.gov/form1041.

OMB No 1545-0092

Employer identification number

2012

V	ERRECCHIA FAMILY FOUNDATION 1	INC.			45-40676	62	
Note	: Form 5227 filers need to complete only Pa						
Par	Short-Term Capital Gains and Lo	sses - Assets	Held One Ye	ar or Less			
	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr )	(c) Date sold (mo , day, yr )	(d) Sales price	(e) Cost or other (see instruction		(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a			-				
			-	·			
							<u> </u>
							<del></del>
b	Enter the short-term gain or (loss), if any, fi	rom Schedule D	-1, line 1b			1b	208,180.
2	Short-term capital gain or (loss) from Form	ns 4684, 6252,	6781, and 882	4		2	
3	Net short-term gain or (loss) from partners					3	
4	Short-term capital loss carryover Enter	•		• •	Capital Loss		
5	Carryover Worksheet	lines 1a throug	 gh 4 in colum		on line 13,	4	( )
D-	column (3) on the back		Hold More T		<u> ▶</u>	5	208,180.
Par	t II Long-Term Capital Gains and Lo			nan One Year	T	. 1	(f) Gain or (loss) for
	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr )	(c) Date sold (mo , day, yr )	(d) Sales price	(e) Cost or other (see instruction		the entire year Subtract (e) from (d)
6a							
			<del> </del>				
			<del></del>				
_							
b	Enter the long-term gain or (loss), if any, from	om Schedule D-	1, line 6b			6b	2,994.
7	Long-term capital gain or (loss) from Form	ıs 2439, 4684, (	6252, 6781, ar	nd 8824		7	
8	Net long-term gain or (loss) from partnersh	nips, S corporati	ons, and other	estates or trusts		8	
9	Capital gain distributions					9	
10 11	Gain from Form 4797, Part I	the amount, if	any, from lir		Capital Loss	10	
12	Carryover Worksheet  Net long-term gain or (loss). Combine lin					11	()
	column (3) on the back	· · · · · · · · · · · ·	<u> </u>	• •	<u> </u>	12	2,994.
or P	aperwork Reduction Act Notice, see the Instru				Sc	hedul	e D (Form 1041) 2012

000	lule D (F	orm 1041) 2012					Page 2
Par	t III	Summary of Parts I and II		(1) Beneficiari	es'	(2) Estate's	(2) T-4-1
	•	Caution: Read the instructions before completing this	part.	(see instr.)		or trust's	(3) Total
13	Net sh	nort-term gain or (loss)	13				208,180.
14	Net lo	ng-term gain or (loss):					
а	Total f	for year	14a				2,994.
b	Unrec	aptured section 1250 gain (see line 18 of the wrksht.)	14b			<u></u>	
С	28% r	ate gain	14c				
		net gain or (loss). Combine lines 13 and 14a ▶	15	<u></u>	l_		211,174.
Note gains neces	, go to	15, column (3), is a net gain, enter the gain on Form 1041, line 4 Part V, and <b>do not</b> complete Part IV If line 15, column (3), is a n	(or Fo. et loss	rm 990-T, Part I, I. s, complete Part N	ne 4a, / and	If lines 14a and the <b>Capital Loss (</b>	15, column (2), are ne Carryover Worksheet, as
Pai	t IV	Capital Loss Limitation		•			
16		here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, F					
a	The lo	oss on line 15, column (3) or b \$3,000 loss on line 15, column (3), is more than \$3,000, or if Form 1041,			:	16 (	<u>)</u>
Loss	Canyov	er Worksheet in the instructions to figure your capital loss carryover	page	I, line 22 (or ⊢orn	1 990-	1, line 34), is a los	ss, complete the <b>Capita</b> l
Par	t V	Tax Computation Using Maximum Capital Gains Rate	s				
		filers. Complete this part only if both lines 14a and 15 in coli		2) are gains, or	an am	ount is entered i	in Part I or Part II and
		entry on Form 1041, line 2b(2), and Form 1041, line 22, is mor					
		up this part and complete the Schedule D Tax Worksheet in the i	nstruc	ctions if:			
		ne 14b, col. (2) or line 14c, col. (2) is more than zero, or					
		m 1041, line 2b(1), and Form 4952, line 4g are more than zero.  The trusts of Complete this part only if both lines 14a and 15 a	ro da	ine or qualified	dwide	ande are include	d in income in Part I
Forn	1 990-	T trusts. Complete this part only if both lines 14a and 15 a					
Form	<b>990-</b> orm 990	· ·					
Forn of Fe of eit	n <b>990-</b> orm 990 ner line	<b>T trusts.</b> Complete this part <b>only</b> if both lines 14a and 15 a 0-T, <b>and</b> Form 990-T, line 34, is more than zero. Skip this part e 14b, col. (2) or line 14c, col. (2) is more than zero.	and c	omplete the Sch			
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Schedule D (Form 1041) 2012

32

33

JSA 2F1220 2 000

G, line 1a (or Form 990-T, line 36).

32

(see the Schedule Ginstructions in the instructions for Form 1041)

Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on Form 1041, Schedule

#### **SCHEDULE D-1** (Form 1041)

Continuation Sheet for Schedule D (Form 1041)

2012

OMB No 1545-0092

Department of the Treasury Internal Revenue Service

VERRECCHIA FAMILY FOUNDATION INC.

Attach to Schedule D to list additional transactions for lines 1a and 6a. ▶ Information about Schedule D (Form 1041) and its separate instructions is at www.irs.gov/form1041.

Name of estate or trust

Employer identification number

45-4067662

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less							
(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr )	(c) Date sold (mo , day, yr )	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)		
1a PUBLICLY TRADED SECURITIES		12/31/2012	531,229.	323,049.	208,180.		
		:					
	_						
					-		
	-						
			-				
-							
		<u> </u>	<u> </u>	<u> </u>			

1b Total. Combine the amounts in column (f) Enter here and on Schedule D, line 1b . . . . . For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D-1 (Form 1041) 2012

208,180.

Name of estate or trust as shown on Form 1041 Do not enter name and employer identification number if shown on the other side

Employer identification number

(a) Description of property (Example	Losses - Asse (b) Date	(c) Date sold	-	(e) Cost or other basis	(f) Gain or (loss)
(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr )	(c) Date sold (mo , day, yr )	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)
PUBLICLY TRADED SECURITIES CAPITAL GAIN DIVIDENDS		12/31/2012	2 004		2 004
CAPITAL GAIN DIVIDENDS		12/31/2012	2,994.		2,994
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## Form **8868**

(Rev January 2013)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

Internal Re	evenue Service								
•	are filing for an Automatic 3-Month Extension, c	-	*				. ▶ ☑		
•	are filing for an Additional (Not Automatic) 3-Mo					-	0000		
	complete Part II unless you have already been go			•	•				
a corpo 8868 to Return	onic filing (e-file). You can electronically file Form pration required to file Form 990-T), or an additional request an extension of time to file any of the for Transfers Associated With Certain Personal tions). For more details on the electronic filing of the	al (not auto orms listed Benefit C	matic) 3-month externation Part II or Part II contracts, which mu	ension of time. You cai with the exception of ust be sent to the IR	n elec Form S in	tronical 8870, paper f	lly file Form Information format (see		
Part	Automatic 3-Month Extension of Time	Only sub	mit original (no co	pies needed).		· · · · ·			
	oration required to file Form 990-T and reques				box	and co	omplete		
Part I o	nly						. ▶ 🗆		
All othe	er corporations (including 1120-C filers), partnershi	ps, REMIC	s, and trusts must (	use Form 7004 to requ	est a	n extens	sion of time		
to file ii	ncome tax returns.								
				Enter filer's identifying					
Туре о	Name of exempt organization or other filer, see in	structions		Employer identification r	number (EIN) or				
print	Verrecchia Family Foundation, Inc.			45-4067662					
File by th	Number, street, and room or suite no If a P.O. bo	x, see instru	uctions.	Social security number (	r (SSN)				
due date	for 580 Ocean Road								
filing you return So		a foreign a	ddress, see instruction	IS.					
instructio		Narragansett, RI 02882-1320							
Enter ti	he Return code for the return that this application is	s for (file a	separate application	n for each return) .			0 4		
Applic	cation	Return	Application				Return		
Is For		Code	Is For				Code		
Form	990 or Form 990-EZ	01	Form 990-T (corpo	Form 990-T (corporation)					
Form	990-BL	02	Form 1041-A				08		
Form	4720 (individual)	03	Form 4720		09				
Form	990-PF	04	Form 5227		10				
Form	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11				
Form	990-T (trust other than above)	06	Form 8870				12		
Telep • If the • If this for the	Alfred J. Verrecchia  Alfred J. Verrecchia  Alfred J. Verrecchia  Alfred J. Verrecchia  Alfred J. Verrecchia  Alfred J. Verrecchia  Alfred J. Verrecchia  Alfred J. Verrecchia  Alfred J. Verrecchia  Alfred J. Verrecchia	usiness in ir digit Gro it is for par ion is for. orporation	up Exemption Number tof the group, checorequired to file Form	theck this box ber (GEN) k this box	▶ [	If th	ttach		
	until August 15 , 20 13 , to file the exer for the organization's return for: ▶ ✓ calendar year 20 12 or	mpt organi	zation return for the	organization named al	oove.	The ext	ension is		
	► ☐ tax year beginning	, 20	and ending	··		, 20	·		
2	If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period								
3a	If this application is for Form 990-BL, 990-PF, 99	0-T, 4720.	or 6069, enter the t	tentative tax, less anv		I			
	nonrefundable credits. See instructions.				3a	\$	1,000		
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						<u> </u>			
	estimated tax payments made. Include any prior year overpayment allowed as a credit.				3b	\$	0		
C				n, if required, by using		<u> </u>	<u>~</u>		
	EFTPS (Electronic Federal Tax Payment System).				3с	\$	1,000		
Cautio	n. If you are going to make an electronic fund withdrawal	with this Fo	orm 8868, see Form 84	453-EO and Form 8879-E	O for I	payment	instructions		