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Form **990-PF**

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

Forc	<u>alen</u>	dar year 2012 or tax year beginning FEB	3, 2012	, and ending	DEC 31, 2012	2
Nan	ne of	foundation			A Employer identification	n number
S	IN!	SET COVE FOUNDATION			45-4455219)
		nd street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
6	1 2	ASYLUM ROAD			(401) 486-	-6198
City	or to	own, state, and ZIP code			C If exemption application is	pending, check here
_W.	<u>AR</u> I	REN, RI 02885]	
G C	heck	all that apply: X Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organization	s, check here
		Final return	Amended return		2 5	and the OSO(hand
		Address change	Name change		Foreign organizations m check here and attach c	omputation
H_C	٦.	type of organization: X Section 501(c)(3) ex			E If private foundation sta	
<u> </u>			Other taxable private founda		under section 507(b)(1)(A), check here
		rket value of all assets at end of year J Accounts	=	Accrual	F If the foundation is in a	
		Part II, col (c), line 16)	ther (specify)		under section 507(b)(1)(B), check here
De		1,044,748. (Part I, colu	I	1	 	(4) -
Pa	II I	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	992,340.			
	2	Check If the foundation is not required to attach Sch. B				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	6,240.	6,240.		STATEMENT 2
	5a	Gross rents .				
Revenue	b	Net rental income or (loss)				
	6a	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 1 212 695	54,423.			STATEMENT 1
	_b	assets on line 6a		1 046 760		
	7	Capital gain net income (from Part IV, line 2)		1,046,760.		
	8	Net short-term capital gain				
	9	Income modifications Gross sales less returns				
· .		and allowances Less Cost of goods sold				-
,		Gross profit or (loss)			 	
}	11	Other income		-		
	12	Total. Add lines 1 through 11	1,053,003	1,053,000	0	
	13	Compensation of officers, directors, trustees, etc	Olic	KEUEIVEU0.		0.
	14	Other employee salaries and wages			اگھا	
s	15	Pension plans, employee benefits		NOV 0 8 2013	O'	
		Legal fees				
Expense		Accounting fees		DGDEN, UT		ļ
Ω Ω		Other professional fees STMT 3	921.	9.41	0	0.
ŧ	17 18	Interest Taxes STMT 4	287.	287	. 0	. 0.
stra	19	Taxes STMT 4 Depreciation and depletion	407•	201	. 0	•
Ë	20	Occupancy			 	
Operating and Administrative	21	Travel, conferences, and meetings				
ď	22	Printing and publications		 		
ga	23	Other expenses		 		
atın		Total operating and administrative				
per		expenses. Add lines 13 through 23	1,208.	1,208	. 0	
O	25	Contributions, gifts, grants paid	31,100.			31,100.
	26	Total expenses and disbursements				
		Add lines 24 and 25	32,308.	1,208	. 0	. 31,100.
	27	Subtract line 26 from line 12:				
	i	Excess of revenue over expenses and disbursements	1,020,695.			
		Net investment income (if negative, enter -0-)		1,051,792		
	C	Adjusted net income (if negative, enter -0-)	1		0	<u>• </u>

223501 12-05-12 LHA For Paperwork Reduction Act Notice, see instructions

For	m 99	0-PF (2012) SUNSET COVE FOUNDATION		45-4	4455219	Page 2
Гр	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of		
	arı	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market	Value
	1	Cash - non-interest-bearing		372,844.	372	,844.
	2	Savings and temporary cash investments				
	3	Accounts receivable >				
		Less: allowance for doubtful accounts ▶				
	4	Pledges receivable ▶			-	
		Less; allowance for doubtful accounts ▶				
	5	Grants receivable				
		Receivables due from officers, directors, trustees, and other			· · · · · · · · · · · · · · · · · · ·	
	٥	i de la companya de				
	_	disqualified persons				
	7	Other notes and loans receivable				
	_	Less: allowance for doubtful accounts ▶				
Assets	8	Inventories for sale or use				
SS		Prepaid expenses and deferred charges				
•	l	Investments - U.S. and state government obligations				
	b	Investments - corporate stock STMT 5	0.	601,228.	623	<u>,141.</u>
	C	Investments - corporate bonds STMT 6	0.	47,941.	48	,763.
	11	Investments - land, buildings, and equipment basis				
		Less accumulated depreciation				
	12	Investments - mortgage loans				
	13	Investments - other				
	14	Land, buildings, and equipment: basis ►				
		Less accumulated depreciation				
	15	Other assets (describe ►				
	16	Total assets (to be completed by all filers)	0.	1,022,013.	1,044	.748.
	17	Accounts payable and accrued expenses				
	18	Grants payable				
"	19	Deferred revenue				
Liabilities	20					
ij		Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable				
Ë	21	T				
	22	Other liabilities (describe)				
		T-4-111-bills (add knoo 17 through 00)	0.	0.		
_	23	Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here	U •	. U.•		
		·				
Ś		and complete lines 24 through 26 and lines 30 and 31.	_	1 000 010		
ĕ	24	Unrestricted	0.	1,022,013.		
a	25	Temporarily restricted				
Net Assets or Fund Balances	26	Permanently restricted				
Š		Foundations that do not follow SFAS 117, check here				
F		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				
Ž	29	Retained earnings, accumulated income, endowment, or other funds				
Š	30	Total net assets or fund balances	0.	1,022,013.		
	31	Total liabilities and net assets/fund balances	0.	1,022,013.		
	art	III Analysis of Changes in Net Assets or Fund Ba	alances			
1		net assets or fund balances at beginning of year - Part II, column (a), line	30			_
		st agree with end-of-year figure reported on prior year's réturn)		1		0.
		r amount from Part I, line 27a		2	1,020	
		r increases not included in line 2 (itemize) NONDIVIDEND	DISTRIBUTIONS	3		<u>,318.</u>
		lines 1, 2, and 3		4	1,022	
		eases not included in line 2 (itemize)		5		0.
<u>6</u>	Tota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6	1,022	
					Form 990-F	′ ► (2012)

(b) How acquired P - Purchase D - Donation

1a PUBLICLY TRADED SECURITIES

(e) Gross sales price

1,213,685.

b C d e

a b _c d Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co)

(f) Depreciation allowed

(or allowable)

e								
Complete only for assets showing	gain in column (h) and owned b	y the foundation	n on 12/31/69				. (h) gain minus	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (1), if any	col. (k), but not less than -0-) or Losses (from col. (h))				
a							1,04	6,760.
b								
С								
d								
e								
2 Capital gain net income or (net cap	ital loss) { If gain, also en	ter in Part I, line -0- in Part I, line	7 }	2			1,04	6,760.
3 Net short-term capital gain or (loss If gain, also enter in Part I, line 8, c If (loss), enter -0- in Part I, line 8		and (6):	}	2			N/A	
Part V Qualification Ur	nder Section 4940(e) fo	or Reduced	Tax on Net Inv	estm	ent Inco	me	11/11	
(For optional use by domestic private							N/	<u> </u>
If section 4940(d)(2) applies, leave thi	•	10 10(2) 1211 01		,			,	
Was the foundation liable for the section of the se			•				Ye	es No
1 Enter the appropriate amount in ea				S.				
(a) Base period years Calendar year (or tax year beginning			use assets	(d) Distribution ratio (col. (b) divided by col. (c))				
2011								
2010								
2009								
2008								
2007								
2 Total of line 1, column (d)3 Average distribution ratio for the 5	-year base period - divide the tota	al on line 2 by 5,	, or by the number of ye	ears		2		
the foundation has been in existen	ce if less than 5 years					3		
4 Enter the net value of noncharitable	e-use assets for 2012 from Part 2	X, line 5				4		
5 Multiply line 4 by line 3						5		
6 Enter 1% of net investment income (1% of Part I, line 27b)						6		
7 Add lines 5 and 6						7		
8 Enter qualifying distributions from	Part XII, line 4					8		
If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.								

(g) Cost or other basis

plus expense of sale

166,925.

Form **990-PF** (2012)

13331021 132927 P05866.02

Fair V Excise Tax Based on Investment Income (Section 4940(a), 4940(a), or 4948 - see instructions)		m 990-PF (2012) SUNSET COVE FOUNDATION 45-4	445521	9	Page 4
Date of fulling or determination lattic:	Pa	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 -	see instr	uctio	ns)
Domestic foundations that meet the section 4940(e) requirements in Part V, check here	1a	a Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.			
of Part I, line 27. All other domestic boundations 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) trists and tracelle foundations only. Others enter -0-) 3 Add lines 1 and 2 4 0.3 3 21, 0.36. 3 21, 0.36. 4 0.5 5 Tax based on investment income. Subtract line 4 from line 9. If zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 9. If zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 9. If zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 9. If zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 9. If zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 9. If zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 9. If zero or less, enter -0- 5 Tax based with application for extension of tame to file (Form 8868) 6 Bective without on groupments. Add lines 5 tero though 60 6 Bective any penalty for underpayment of estimated tax. Check here [] if Form 2220 is attached 7 Total credits and payments. Add lines 5 and 6, enter the amount overald 10 Overpayment. If line 7 is more than the total of lines 5 and 6, enter the amount overald 10 Overpayment. If line 7 is more than the total of lines 5 and 6, enter the amount overald 10 Overpayment. If line 7 is more than the total of lines 5 and 6, enter the amount overald 11 During the tax year, did the foundation attempt to influence any nationals, state, or local legislation or did it participate or intervene in any political tampagen? 1 During the tax year, did the foundation attempt to influence any nationals, state, or local legislation or did it participate or intervene in any political tampagen? 2 During the tax year, did the foundation attempt to influence any nationals, state, or local legislation or did it participate or incorporation, or by any materials published or distributed					
a All other domestic foundations enter 2% of the 27h. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). 2	b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🔲 and enter 1%		<u>21,0</u>	<u> 36.</u>
2 Tax worder section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter-0-) 2 3 21, 036. 3 Add times 1 and 2 3 321, 036. 4 Subtitle 4 (norme) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter-0-) 5 Tax based on investment income. Subtract line 4 from line 3. It zero or less, enter-0- 5 Tax based on investment income. Subtract line 4 from line 3. It zero or less, enter-0- 5 Tax based on investment income. Subtract line 4 from line 3. It zero or less, enter-0- 5 Tax based on investment income. Subtract line 4 from line 3. It zero or less, enter-0- 5 Tax based on investment income. Subtract line 4 from line 3. It zero or less, enter-0- 6 Text pand with application for extension of time to file (Form 8668) 6 Backup withholding erroreously withheld at source 6 Tax pand with application for extension of time to file (Form 8668) 6 Backup withholding erroreously withheld 7 Total credits and payments. And line is 6th privolph 6 Backup withholding erroreously withheld 8 Enter any penalty for underpayment of estimated tax. Check here in 16 Form 2220 is attached 8 Tax der if the total or lines 5 and 6 is more than line 7, enter amount owd 9 Tax derived total or lines 10 to bis: Credited to 2013 estimated tax back or line 10 to bis: Credited to 2013 estimated tax back or line 10 to bis: Credited to 2013 estimated tax back or line 10 to bis: Credited to 2013 estimated tax back or line 10 to bis: Credited to 2013 estimated tax back or line 10 to bis: Credited to 2013 estimated tax back or line 10 to bis: Credited to 2013 estimated tax back or line 10 to bis: Credited to 2013 estimated tax back or line 10 to bis: Credited to 2013 estimated tax back or line 10 to bis: Credited to 2013 estimated tax back or line 10 to bis: Credited to 2013 estimated tax back or line 10 to bis: Credited to 2013 estimated tax back or line 10 to bis: Credited to 2013 estimated tax back or line 10 to bis: Credited to 2013 estimated tax back or line 10 to bis: Credited to 2013 estimated					
3 21, 0.36. \$ Subble A (mocmob) tax (domestic section 4947(a)(1) truss and taxable foundations only Others enter -0-) \$ Tax based on investment income. Subtract fine 4 from line 3. It zero or less, enter -0- \$ Credis/Rayments 2012 estimated tax payments and 2011 overpayment credited to 2012 \$ Exempt foreign organizations - tax withheld at source 1 Tax pat with an upplication for extension of time to file (form 8680) \$ Backup withholding erroneously withheld 1 Total credits and payments. Add line 56 thirrough 6 8 Enter any penalty for underpayment of estimated tax. Check hers □ If form 2220 is attached 9 Tax date If the total of lines 5 and 6 is more than line 7, enter amount oved 10 Total credits and payments. Add lines 5 and 6 is more than line 7, enter amount oved 10 Toverpayment I little 7 is more than the total of lines 5 and 6, enter the amount overpaid 10 Toverpayment I little 7 is more than the total of lines 5 and 6, enter the amount overpaid 10 Toverpayment I little 7 is more than the total of lines 5 and 6, enter the amount overpaid 11 Enter the amount of line 10 to be Credited to 2013 estimated tax. ► 532 . Retunded ► 11 O. Part 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 or intervene in any political campagin? 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campagin? 1b Unring the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campagin? 1b Unring the tax year, did the foundation file Ferm 1120-POL for this year? 1c During the tax year, did the foundation file Ferm 1120-POL for this year? 1c Did the foundation file Ferm 1120-POL for this year? 1c Enter the manured (famy) of tax on political expenditures (section 4955) imposed during the year? 1c Enter					•
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5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0. 6 Creduts/Payments: a 2012 estimated tax payments and 2011 overpayment credited to 2012 b Exempt foreign organizations - tax withheld at source 6 Tax pard with application for extension of time to the (Form 8689) 6 Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6a through 6d 8 Einter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached 8 Einter 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 10 Total credits and payments. Add lines 6a through 6d 8 Einter 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 10 Total credits and 1 line 7 is more than line 7, enter amount owed 10 Total credits and 1 line 7 is more than 1 line 7, enter amount owed 11 Enter the amount of line 10 to be: Credited to 2013 estimated tax. Development of the 1 line 7 is more than 2 line 8 lin		7.00 1110 2		<u>ZI,U</u>	36.
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to Tax paid with application for extension of time to file (Form 8888) d Backup withholding erroneously withhold d Backup withholding erroneously withhold d Backup withholding erroneously withhold To Total credits and payments. Add hims Sa through 6d Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached To Verpayment I line? I smore than the total of lines 5 and 8, enter amount ower D Verpayment I line? I smore than the total of lines 5 and 8, enter the amount overpaid To Verpayment I line? I smore than the total of lines 5 and 8, enter the amount overpaid To Verpayment I line? I smore than the total of lines 5 and 8, enter the amount overpaid To Verpayment I line? I smore than 5100 during the year dether directly or indirectly) for political purposes (see instructions for definition)? The think the start of the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campagn? The think the start of the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campagn? The think the start of the foundation is activities. The samewer 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 and copies of any materials published or distributed by the foundation the Form 190-POIL to this year? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities The think the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation have unrelated business gross income of \$1,000 or more during the year: (2) A last the foundation have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a tax return on Form 990-T for this year? If where it is a detailed description of the activities					
d Backup withholding erroneously withhold 7 Total oredits and payments. Add lines 6a through 64 7 Total oredits and payments. Add lines 6a through 64 8 Lenter any penatry for underspayment of estimated tax. Chock here ☐ if Form 2220 is attached ☐ if Form 2220 is		2 Crompt to organization			
7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here		· ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			
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RI 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? If "No," attach explanation 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 X 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses STMT 7 10 X	_				
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? If "No," attach explanation 9	8		—		Į
of each state as required by General Instruction G? If "No," attach explanation 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 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses STMT 7 10 X					
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete Part XIV 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses STMT 7 10 X	١		ο.	, x	
year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete Part XIV 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses STMT 7 10 X	0		00		T
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses STMT 7 10 X	9		a		x
	10				1
		Did giff por contraction of contraction of the cont			(2012)

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, se	e instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	T	
•	Average monthly fair market value of securities	1a	367.248.
	Average of monthly cash balances	1b	367,248. 204,162.
C	Fair market value of all other assets	10	201/2020
-	Total (add lines 1a, b, and c)	1d	571,410.
	Reduction claimed for blockage or other factors reported on lines 1a and		
٠	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	571,410.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	8,571.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	562,839.
6	Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	25,605.
	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	25,605.
2a	Tax on investment income for 2012 from Part VI, line 5		
b	Income tax for 2012. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	21,036.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	4,569.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	4,569.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	4,569.
\sqsubseteq	art XII Qualifying Distributions (see instructions)	1 1	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	.	21 100
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	31,100.
þ	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	31,100.
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	31,100.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		^
_	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	31,100.
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.	qualities for t	ne section

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI,	,			
line 7				4,569.
2 Undistributed income, if any, as of the end of 2012				
a Enter amount for 2011 only			0.	
b Total for prior years:				
,,		0.		
3 Excess distributions carryover, if any, to 2012:				
a From 2007				
b From 2008				
c From 2009				
d From 2010				
e From 2011				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2012 from				
Part XII, line 4: ► \$ 31,100.				
a Applied to 2011, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2012 distributable amount				4,569.
e Remaining amount distributed out of corpus	26,531.			
Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	26,531.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2011. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2012 Subtract		•		
lines 4d and 5 from line 1. This amount must				
be distributed in 2013				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2007				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2013.	.			
Subtract lines 7 and 8 from line 6a	26,531.		<u></u>	
10 Analysis of line 9:				
a Excess from 2008				
b Excess from 2009				
c Excess from 2010				
d Excess from 2011				
e Excess from 2012 26,531.			<u> </u>	F 000 PE (0040)

	COVE FOUNDA		A		5-4455219 Page 10			
Part XIV Private Operating F			A, question 9)	N/A				
	a If the foundation has received a ruling or determination letter that it is a private operating							
foundation, and the ruling is effective fo	•	•	. ▶ ∟_	7				
b Check box to indicate whether the found		ng foundation described ii T		4942(j)(3) or	4942(j)(5)			
2 a Enter the lesser of the adjusted net	Tax year (a) 2012	(b) 2011	Prior 3 years (c) 2010	(d) 2009	(e) Total			
income from Part I or the minimum	(a) 2012	(0) 2011	(6) 2010	(0) 2003	(e) iotai			
investment return from Part X for								
each year listed								
b 85% of line 2a			······································					
c 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								
e Qualifying distributions made directly for active conduct of exempt activities.								
Subtract line 2d from line 2c								
3 Complete 3a, b, or c for the								
alternative test relied upon:								
a "Assets" alternative test - enter: (1) Value of all assets		1						
V-7								
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)								
b "Endowment" alternative test - enter								
2/3 of minimum investment return		}						
shown in Part X, line 6 for each year listed								
c "Support" alternative test - enter:								
(1) Total support other than gross								
investment income (interest,								
dividends, rents, 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)								
(3) Largest amount of support from								
an exempt organization								
(4) Gross investment income				b - d 65 000				
Part XV Supplementary Info at any time during t			it the foundati	on nad \$5,000	or more in assets			
······································		i dottoris.j						
 Information Regarding Foundation List any managers of the foundation wh 	-	than 2% of the total conti	ributions received by	the foundation hefor	a the close of any tax			
year (but only if they have contributed i			ibulions received by	the foundation belon	s the close of any tax			
EE M. HOWER								
b List any managers of the foundation wh	no own 10% or more of the	ne stock of a corporation (or an equally large po	ortion of the ownersh	up of a partnership or			
other entity) of which the foundation ha			g - F -		. F F			
IONE								
2 Information Regarding Contribut	ion, Grant, Gift, Loan	, Scholarship, etc., Pr	ograms:					
Check here X if the foundation of			_	es not accept unsolic	ited requests for funds. If			
the foundation makes gifts, grants, etc.	(see instructions) to indi	viduals or organizations u	nder other conditions	s, complete items 2a,	b, c, and d.			
a The name, address, and telephone num	ber or e-mail of the perso	on to whom applications s	hould be addressed:					
 .								
b The form in which applications should l	pe submitted and informa	ition and materials they sh	iould include:					
c Any submission deadlines:								
v mry submission deadilites.								
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields,	kınds of ınstitutions,	or other factors:				

Part XV Supplementary Information	(continued)			
3 Grants and Contributions Paid During the Y	ear or Approved for Future	Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amazzat
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	status of recipient	contribution	Amount
a Paid during the year				
THE CAPITAL GOOD FUND 56 PINE STREET		NONE	CHARITABLE DONATION	
PROVIDENCE, RI 02903				10,000.
TEACH FOR AMERICA - RHODE ISLAND		NONE	CHARITABLE DONATION	
67 CEDAR STREET, SUITE 101 PROVIDENCE, RI 02903				5,000.
YMCA OF GREATER PROVIDENCE		NONE	CHARITABLE DONATION	
371 PINE STREET PROVIDENCE RI 02903				_100.
TROVIDENCE, IN VENUE				
CITY YEAR RHODE ISLAND		NONE	CHARITABLE DONATION	
287 COLUMBUS AVENUE				5,000.
BOSTON, MA 02116				
UNIVERSITY OF PENNSYLVANIA		NONE	CHARITABLE DONATION	
3451 WALNUT STREET, 433 FRANKLIN				5.000.
BUILDING PHILADELPHIA PA 19104 Total SEE CO	NTINUATION SHE	ET(S)	▶ 3a	31 100.
b Approved for future payment				
NONE				
		-		
Total			▶ 3b	0.

Part XVI-A	Analysis	of Income	e-Producing	Activities

Enter gross amounts unless otherwise indicated.	Unrelate	d business income	Exclud	ded by section 512, 513, or 514	(e)
•	(a) Business	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue:	code		Code	7,1110-2111	
a					
b	· · · · · · · · · · · · · · · · · · ·				
<u> </u>					
d					
e					· · · — · · · · · · · · · · · · · · · ·
g Fees and contracts from government agencies			 		
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
Investments			14	6,240.	
4 Dividends and interest from securities	 		14	0,240.	 –
5 Net rental income or (loss) from real estate:	1				
a Debt-financed property					
b Not debt-financed property	 				
6 Net rental income or (loss) from personal			.		
property					
7 Other investment income	1				
8 Gain or (loss) from sales of assets other			18	54,423.	
than inventory	-		10	34,423.	
9 Net income or (loss) from special events Gross profit or (loss) from sales of inventory			 		
11 Other revenue:					
a					
b					
c					
d					
e		0.		60,663.	0.
	<u> </u>	<u> </u>	<u>. </u>	13	
13 Total. Add line 12, columns (b), (d), and (e)				10	00,003.
(See worksheet in line 13 instructions to verify calculations.)				_	
Part XVI-B Relationship of Activities t	o the Acco	omplishment of Ex	empt	t Purposes	
Line No Explain below how each activity for which inco	ma is raported i	in column (a) of Part Y\/I-A	contrib	usted importantly to the accom	nlishment of
the foundation's exempt purposes (other than			CONTIND	ated importantly to the accom	phoninoni or
▼ the foundation of oxemptipulposes (cities shall	-, p				
		 			
				····	
				.	
				-, ·	
					
		-			
		·			

223621 12-05-12

 $(401)_{273-7600}$

P00096293

Firm's EIN ► 77-0601437

self- employed

Phone no.

Paid

Preparer

Use Only

TERRACE

RI 02903

EDMUND A. RESTIVO

Firm's address ► 36 EXCHANGE

Firm's name ► RESTIVO MONACELLI

PROVIDENCE,

JR. CPA/MST

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

Schedule of Contributors

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

SUNSET COVE FOUNDATION 45-4455219										
Organization type (check o										
Filers of: Section:										
Form 990 or 990-EZ	501(c)() (enter number) organization									
	4947(a)(1) nonexempt charitable trust not treated as a private foundation									
	527 political organization									
Form 990-PF	X 501(c)(3) exempt private foundation									
	4947(a)(1) nonexempt charitable trust treated as a private foundation									
	501(c)(3) taxable private foundation									
General Rule X For an organization	(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in m									
contributor Comp Special Rules	lete Parts I and II									
509(a)(1) and 170(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the reg b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the o i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II									
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III										
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000 if this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year										
but it must answer "No" on	hat is not covered by the General Rule and/or the Special Rules does not file Schedule E Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on Part the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	· · · · · · · · · · · · · · · · · · ·								
LUA For Denominant Body	nation Act Nation and the Instructions for Form 200, 200 F7, or 200 DF. Schedule E	2 (Farm 200, 200, F7, as 200, DF) (2010)								

Name of organization

Employer identification number

SUNSET COVE FOUNDATION

45-4455219

Part I	Contributors (see instructions) Use duplicate copies of Part I if a	additional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LEE HOWER 61 ASYLUM ROAD WARREN, RI 02885	\$\$\$	Person Payroll Noncash X (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

SUNSET COVE FOUNDATION

45-4455219

art II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	10,000 SHARES OF LINKEDIN CORP STOCK		
		\$ 922,340.	VARIOUS
(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
<u> </u>			
	-12	\$	90, 990-EZ, or 990-PF) (

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Ye	ar (Continuation)			
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Aniouni
TAMPA PREPARATORY SCHOOL		NONE	CHARITABLE DONATION	
727 WEST CASS STREET				5,000.
TAMPA, FL 33606				3,000.
MARRIAGE EQUALITY RHODE ISLAND		NONE	CHARITABLE DONATION	
118 NORTH MAIN STREET, SUITE 3				
PROVIDENCE, RI 02903				1,000.
				
			-	
				· · · · · · · · · · · · · · · · · · ·
	<u>.</u>			
		-		<u> </u>
Total from continuation sheets		-		6,000,

FORM 990-PF GAIN OR	(LOSS)	FROM SALE	OF	ASSET	5	STA	TEMENT	1
(A) DESCRIPTION OF PROPERTY			ī	MANNEI ACQUIRI		TE IRED	DATE SO	OLD
PUBLICLY TRADED SECURITIES								_
GROSS COS	C) T OR BASIS	(D) EXPENSE SALE	OF		(E) PREC.		(F) OR LOS	S
1,213,685. 1,	159,262.		0	•	0.		54,4	23.
CAPITAL GAINS DIVIDENDS FROM	PART IV							0.
TOTAL TO FORM 990-PF, PART I,	LINE 6A						54,4	23.
FORM 990-PF DIVIDEND		OSS AMOUN		CAPITA	AL GAINS	CO	TEMENT LUMN (A AMOUNT)
GOLDMAN SACHS 608-9 GOLDMAN SACHS 614-8		5,70 53			0.		5,7	02.
TOTAL TO FM 990-PF, PART I, I	ın 4	6,24	0.		0.		6,2	40.
FORM 990-PF C	THER PRO	FESSIONAL	FE	ES		STA	TEMENT	
FORM 990-PF C	(A) EXPENSE PER BOO	(S NET I	B) NVE	ST-	(C) ADJUSTE NET INCO	D.	(D) CHARITA PURPOS	
	(A) EXPENSE PER BOO	(S NET I	B) NVE INC	ST-	ADJUSTE	D.	(D) CHARITA	BLE

FORM 990-PF	TAXES				STATEMENT	4	
DESCRIPTION	(A) EXPENSES PER BOOKS		EST-				
FOREIGN TAXES	287.		287.	·	0.	0.	
TO FORM 990-PF, PG 1, LN 18 =	287.		287.		0.	0.	
FORM 990-PF	CORPORAT	E STOCK			STATEMENT	5	
DESCRIPTION THE GOLDMAN SACHS GROUP, INC.		S&P 500	ВОО	160,000.	FAIR MARKE' VALUE	29.	
RUSSELL 1000 GROWTH INDEX FUN RUSSELL 1000 VALUE INDEX FUND MSCI US SMALL CAP 1750 INDEX ALERIAN MLP INDEX FUND MSCI EAFE INDEX FUND MSCI EMERGING MARKETS INDEX E) FUND			99,925. 99,924. 48,872. 29,000. 151,930. 11,577.	100,3 100,4 50,4 28,0 158,7 12,2	19. 01. 08. 53.	
TOTAL TO FORM 990-PF, PART II	I, LINE 10B			601,228.	623,1	41.	
FORM 990-PF	CORPORAT	E BONDS			STATEMENT	6	
DESCRIPTION			во	OK VALUE	FAIR MARKE	T	
IBOXX USD LIQUID HIGH YIELD	XX USD LIQUID HIGH YIELD INDEX FUND			47,941.	48,7	63.	
TOTAL TO FORM 990-PF, PART II, LINE 10C				47,941.	. 48,763.		

FORM 990-PF LIST OF SUBSTANTIAL CONTRIBUTORS STATEMENT 7
PART VII-A, LINE 10

NAME OF CONTRIBUTOR

LEE HOWER

61 ASYLUM ROAD
WARREN, RI 02885

·							
Form 886	68 (Rev. 1-2013)					Page 2	
	are filing for an Additional (Not Automatic) 3-Month Ex	tension.	complete only Part II and check this	box		X	
	ly complete Part II if you have already been granted an				8868		
	are filing for an Automatic 3-Month Extension, comple						
Part II	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no c	opies needed).		
			Enter filer's	identifyir	ng number, see in	structions	
					Employer identification numbe		
print	unt						
File by the	by the SUNSET COVE FOUNDATION					19	
due date for filing your return See	Number, street, and room or suite no If a P O box, s 61 ASYLUM ROAD	Social se	Social security number (SSN)				
instructions	City, town or post office, state, and ZIP code For a forward Name of the City, town or post office, state, and ZIP code For a forward to the City, town or post office, state, and ZIP code For a forward to the City, town or post office, state, and ZIP code For a forward to the City, town or post office, state, and ZIP code For a forward to the City, town or post office, state, and ZIP code For a forward to the City, town or post office, state, and ZIP code For a forward to the City, town or post office, state, and ZIP code For a forward to the City, and City, a	oreign add	ress, see instructions		·		
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 4	
	ion	Return	Application			Return	
Is For		Code	Is For			Code	
	O or Form 990-EZ	01	101.01		• • • • • • • • • • • • • • • • • • • •		
Form 990		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	
STOP! D	o not complete Part II if you were not already granted	d an autor	matic 3-month extension on a prev	iously file	ed Form 8868.		
• The b	LEE HOWER ooks are in the care of 61 ASYLUM ROAD	- WA	RREN, RI 02885				
	hone No ▶ 401-486-6198		FAX No ▶				
-	organization does not have an office or place of busines	s in the Ui					
• If this	is for a Group Return, enter the organization's four digit	Group Ex	emption Number (GEN) l	this is fo	r the whole group,	check this	
box 🕨	If it is for part of the group, check this box	and atta	ach a list with the names and EINs of	all memb	ers the extension i	s for.	
			BER 15, 2013				
5 Fo	r calendar year , or other tax year beginning	FEB 3		DEC	<u>: 31, 2012</u>		
6 If t	he tax year entered in line 5 is for less than 12 months, o	heck reas	on X Initial return	Final i	return		
L	Change in accounting period						
	ate in detail why you need the extension						
_			LE ADDITIONAL INFO	RMATI	ON IN ORD	ER TO	
<u>F.</u>	ILE A COMPLETE AND ACCURATE	RETUR	N •				
					1		
_	nrefundable credits. See instructions	anto::	refundable gradute and setumet-	8a	\$ 2	2,000.	
	his application is for Form 990-PF, 990-T, 4720, or 6069,						
	payments made Include any prior year overpayment al	iowed as	a credit and any amount paid		2	2 000	
	eviously with Form 8868	·····	th this form if required by the	8b	\$ 2	2,000.	
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	The Lieutionic redetal rax hayment eystem). See instr	uctions.		8c	J 👽		

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ► Title ► CPA Date ►

Form 8868 (Rev. 1-2013)

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	are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II and check the	s box		► X		
	Inly complete Part II if you have already been granted an a				8868.			
	are filing for an Automatic 3-Month Extension, comple							
Part	Additional (Not Automatic) 3-Month E	xtensio						
			Enter filer's			r, see instructions		
Type or	Name of exempt organization or other filer, see instru		Employe	r identifica	tion number (EIN) or			
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File by the due date f		oo instru	tions	Social so				
filing your return Sec instruction		Social Se	Social security number (SSN)					
	City, town or post office, state, and ZIP code. For a forward WARREN, RI 02885	oreign add	dress, see instructions					
Enter th	e Return code for the return that this application is for (file	e a separa	te application for each return)			0 4		
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Application Is For	ruon	Return	Application Is For					
	90 or Form 990-EZ	01	113 F UI			Code		
Form 99		02	Form 1041 A			08		
	720 (individual)	03	Form 4720	-	09			
Form 99		04	Form 5227			10		
Form 99	90-T (sec 401(a) or 408(a) trust)	05	Form 6069					
Form 990-T (trust other than above) 06 Form 8870						12		
Tele If the If the box	request an additional 3-month extension of time until	s in the Ui Group Exe and atta	FAX No. ▶ Inited States, check this box emption Number (GEN) Inited States, check this box emption Number (GEN) Inited States, check this box emption Number (GEN) Inited States of S	of all memb	ers the ex	tension is for		
	or calendar year, or other tax year beginning the tax year entered in line 5 is for less than 12 months, or		· · · · · · · · · · · · · · · · · · ·	Final i				
]	Change in accounting period	JIICON IGAG	The state of the s		Clairi			
A	tate in detail why you need the extension ADDITIONAL TIME IS NEEDED TO LILE A COMPLETE AND ACCURATE		LE ADDITIONAL INFO	RMATI	ON IN	ORDER TO		
	this application is for Form 990 BL, 990 PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any			00.000		
	onrefundable credits See instructions			8a_	\$	22,000.		
	this application is for Form 990-PF 990-T, 4720, or 6069, ix payments made include any prior year overpayment at							
_	previously with Form 8868			8b	\$	22,000.		
	alance due. Subtract line 8b from line 8a. Include your pa FTPS (Electronic Federal Tax Payment System) See instr	uctions		8c	\$	0.		
Under po	Signature and Verifical senalties of perjury, I declare that I have examined this form, including correct, and complete, and that I am authorized to prepare this form.	dina accomi	st be completed for Part II panying schedules and statements, and		of my knowl	edge and belief,		
Signatur				Date	$\triangleright \mathcal{Q}$	13-13		
						n 8868 (Rev 1-2013)		
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