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Form

990-PF

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

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Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

OMB No 1545-0052

2013

Open to Public Inspection

For calendar year 2013, or tax year beginning 10-01-2013 , and ending 09-30-2014

Name of foundation THE JOSEPH AND ROSALYN SINCLAIR FOUNDATION INC		A Employer identification number 05-0380039	
Number and street (or P O box number if mail is not delivered to street address) 144 WESTMINSTER STREET STE 200		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code PROVIDENCE, RI 02903		B Telephone number (see instructions) (401) 861-6700	
G Check all that apply <div><input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change</div>		C If exemption application is pending, check here <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 4,658,915		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
J Accounting method <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual			

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	1,036,137			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	25	25		
	4 Dividends and interest from securities.	116,853	116,853		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	15,940			
	b Gross sales price for all assets on line 6a 1,976,239				
	7 Capital gain net income (from Part IV, line 2) . . .		15,940		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	1,168,955	132,818		
	13 Compensation of officers, directors, trustees, etc	0	0		0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	10,769	0		0
	c Other professional fees (attach schedule)	28,811	27,370		0
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	14,424	14,424		0
	19 Depreciation (attach schedule) and depletion . . .				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	2,770	0		0
	24 Total operating and administrative expenses.				
	Add lines 13 through 23	56,774	41,794		0
	25 Contributions, gifts, grants paid	330,100			330,100
	26 Total expenses and disbursements. Add lines 24 and 25	386,874	41,794		330,100
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	782,081			
	b Net investment income (if negative, enter -0-)		91,024		
	c Adjusted net income (if negative, enter -0-)				

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing	59,397	6,334	6,334
	2	Savings and temporary cash investments	61,214	88,004	88,004
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	c	Investments—corporate bonds (attach schedule).			
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	3,349,398	4,157,752	4,560,754
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15	Other assets (describe ▶ _____)	3,823	3,823	3,823	
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	3,473,832	4,255,913	4,658,915	
Liabilities	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶ _____)			
	23	Total liabilities (add lines 17 through 22)	0	0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds	0	0	
	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
	29	Retained earnings, accumulated income, endowment, or other funds	3,473,832	4,255,913	
	30	Total net assets or fund balances (see page 17 of the instructions)	3,473,832	4,255,913	
31	Total liabilities and net assets/fund balances (see page 17 of the instructions)	3,473,832	4,255,913		

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year’s return)	1	3,473,832
2	Enter amount from Part I, line 27a	2	782,081
3	Other increases not included in line 2 (itemize) ▶ _____	3	0
4	Add lines 1, 2, and 3	4	4,255,913
5	Decreases not included in line 2 (itemize) ▶ _____	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	4,255,913

Part IV 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)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a	PUBLICLY TRADED SECURITIES	P		
b	PUBLICLY TRADED SECURITIES	P		
c	PUBLICLY TRADED SECURITIES	P		
d	CAPITAL GAINS DIVIDENDS	P		
e				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 30,657		24,063	6,594
b 735,423		747,896	-12,473
c 1,185,125		1,188,340	-3,215
d 25,034			25,034
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(I) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(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	
a			6,594
b			-12,473
c			-3,215
d			25,034
e			

2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	15,940
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 }		3	

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

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see page 18 of the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2012	269,776	3,579,701	0 075363
2011	302,566	3,579,516	0 084527
2010	215,750	3,706,756	0 058205
2009	125,900	3,460,945	0 036377
2008	140,579	3,037,206	0 046286

2 Total of line 1, column (d).	2	0 300758
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0 060152
4 Enter the net value of noncharitable-use assets for 2013 from Part X, line 5.	4	4,600,980
5 Multiply line 4 by line 3.	5	276,758
6 Enter 1% of net investment income (1% of Part I, line 27b).	6	910
7 Add lines 5 and 6.	7	277,668
8 Enter qualifying distributions from Part XII, line 4. 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	8	330,100

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)		
1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1		
Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	910
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3 Add lines 1 and 2.	3	910
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	910
6 Credits/Payments		
a 2013 estimated tax payments and 2012 overpayment credited to 2013	6a	9,600
b Exempt foreign organizations—tax withheld at source	6b	
c Tax paid with application for extension of time to file (Form 8868)	6c	
d Backup withholding erroneously withheld	6d	
7 Total credits and payments. Add lines 6a through 6d.	7	9,600
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	
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	10	8,690
11 Enter the amount of line 10 to be Credited to 2014 estimated tax <input checked="" type="checkbox"/> 1,200 Refunded <input checked="" type="checkbox"/>	11	7,490

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 campaign?	1a	Yes	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)? <i>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.</i>	1b		No
c Did the foundation file Form 1120-POL for this year?.	1c		No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation <input checked="" type="checkbox"/> \$ 0 (2) On foundation managers <input checked="" type="checkbox"/> \$ 0			
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input checked="" type="checkbox"/> \$ 0			
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>	2		No
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? <i>If "Yes," attach a conformed copy of the changes</i>	3		No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?.	4a		No
b If "Yes," has it filed a tax return on Form 990-T for this year?.	4b		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>	5		No
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	Yes	
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	7	Yes	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input checked="" type="checkbox"/> 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? <i>If "No," attach explanation.</i>	8b	Yes	
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 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	9		No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>	10		No

Part 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		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
Website address ▶N/A				
14	The books are in care of ▶ROBIN KAY Telephone no ▶(401) 861-6700			
	Located at ▶144 WESTMINSTER STREET STE200 PROVIDENCE RI ZIP +4 ▶02903			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here ▶ <input type="checkbox"/>			
	and enter the amount of tax-exempt interest received or accrued during the year ▶	15		
16	At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
	See instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes", enter the name of the foreign country ▶			

Part 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
1a	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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)?. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?. . . Organizations relying on a current notice regarding disaster assistance check here. ▶ <input type="checkbox"/>	1b		No
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2013?.	1c		No
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))			
a	At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2013?. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions).	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2013 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? (<i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2013.</i>).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	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 2013?	4b		No

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a	During the year did the foundation pay or incur any amount to			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Provide a grant to an organization other than a charitable, etc , organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?		5b	
	Organizations relying on a current notice regarding disaster assistance check here.	<input checked="" type="checkbox"/>		
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	If "Yes," attach the statement required by Regulations section 53.4945–5(d).			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		6b	No
	If "Yes" to 6b, file Form 8870.			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?		7b	

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ROSALYN SINCLAIR 144 WESTMINSTER STREET STE 200 PROVIDENCE,RI 02903	PRESIDENT 0 50	0	0	0
SARAH SINCLAIR 144 WESTMINSTER STREET STE 200 PROVIDENCE,RI 02903	DIRECTOR 0 50	0	0	0
WILLIAM PICCERELLI 144 WESTMINSTER STREET PROVIDENCE,RI 02903	SECRETARY/TREASURER 0 50	0	0	0
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
Total number of other employees paid over \$50,000.				0

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services.		0

Part IX-A

Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1	
2	
3	
4	

Part IX-B

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	
2	
All other program-related investments. See page 24 of the instructions	
3	
Total. Add lines 1 through 3	0

Part X

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities.	1a	4,484,993
b	Average of monthly cash balances.	1b	186,053
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	4,671,046
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	4,671,046
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	70,066
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	4,600,980
6	Minimum investment return. Enter 5% of line 5.	6	230,049

Part XI

Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	230,049
2a	Tax on investment income for 2013 from Part VI, line 5.	2a	910
b	Income tax for 2013 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	910
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	229,139
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	229,139
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	229,139

Part XII

Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.	1a	330,100
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	330,100
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 (see instructions).	5	910
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	329,190
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years			

Part XIII

Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI, line 7				229,139
2 Undistributed income, if any, as of the end of 2013				
a Enter amount for 2012 only.			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2013				
a From 2008.				
b From 2009.				
c From 2010.				34,216
d From 2011.				128,658
e From 2012.				109,439
f Total of lines 3a through e.	272,313			
4 Qualifying distributions for 2013 from Part XII, line 4 ▶ \$ 330,100				
a Applied to 2012, 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 2013 distributable amount.				229,139
e Remaining amount distributed out of corpus	100,961			
5 Excess distributions carryover applied to 2013 (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	373,274			
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 2012 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2013 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2014				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions).	0			
8 Excess distributions carryover from 2008 not applied on line 5 or line 7 (see instructions). . .	0			
9 Excess distributions carryover to 2014. Subtract lines 7 and 8 from line 6a	373,274			
10 Analysis of line 9				
a Excess from 2009. . . .				
b Excess from 2010. . . .				34,216
c Excess from 2011. . . .				128,658
d Excess from 2012. . . .				109,439
e Excess from 2013. . . .				100,961

Part XIVPrivate Operating Foundations (see instructions and Part VII-A, question 9)

1a

If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2013, enter the date of the ruling.

b

Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

☐ 4942(j)(3) or ☐ 4942(j)(5)

2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year	Prior 3 years			(e) Total
		(a) 2013	(b) 2012	(c) 2011	(d) 2010	
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					
	(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					

Part XVSupplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

1

Information Regarding Foundation Managers:

a

List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

ROSALYN SINCLAIR

b

List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2

Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a

The name, address, and telephone number of the person to whom applications should be addressed

b

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

c

Any submission deadlines

d

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

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 recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year See Additional Data Table				
Total			3a	330,100
b Approved for future payment				
Total			3b	0

Enter gross amounts unless otherwise indicated

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Form **990-PF** (2013)

Part XVII

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1

Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a

Transfers from the reporting foundation to a noncharitable exempt organization of

(1)

Cash.

(2)

Other assets.

b

Other transactions

(1)

Sales of assets to a noncharitable exempt organization.

(2)

Purchases of assets from a noncharitable exempt organization.

(3)

Rental of facilities, equipment, or other assets.

(4)

Reimbursement arrangements.

(5)

Loans or loan guarantees.

(6)

Performance of services or membership or fundraising solicitations.

c

Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

d

If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

Yes

No

1a(1)

No

1a(2)

No

1b(1)

No

1b(2)

No

1b(3)

No

1b(4)

No

1b(5)

No

1b(6)

No

1c

No

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

2a

Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes

No

b

If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge.

Signature of officer or trustee

2015-02-09

Date

Title

May the IRS discuss this return with the preparer shown below (see instr.)?

Yes

No

Paid Preparer Use Only

Print/Type preparer's name

WILLIAM J PICCERELLI

Preparer's Signature

Date

Check if self-employed

PTIN

P00008456

Firm's name

PICCERELLI GILSTEIN & CO LLP

Firm's EIN

05-0353162

Firm's address


144 WESTMINSTER STREET PROVIDENCE, RI 029032282

Phone no


(401) 831-0200

Form 990-PF (2013)

Form 990PF Part XV Line 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 recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
DOMESTIC VIOLENCE RESOURCE CENTER OF SOUTH COUNTY 61 MAIN STREET WAKEFIELD,RI 02879	N/A	170(B)(1)(A)(VI)	TO FURTHER THE ORGANIZATION'S CHARITABLE PURPOSE	10,000
INJURED MARINE SEMPER FI FUND 825 COLLEGE BLVD SUITE 102 OCEANSIDE,CA 92057	N/A	170(B)(1)(A)(VI)	TO FURTHER THE ORGANIZATION'S CHARITABLE PURPOSE	5,000
KINGSTON CHAMBER MUSIC FESTIVAL PO BOX 1733 KINGSTON,RI 02881	N/A	509(A)(2)	TO FURTHER THE ORGANIZATION'S CHARITABLE PURPOSE	5,000
PLANNED PARENTHOOD OF RHODE ISLAND 111 POINT STREET PROVIDENCE,RI 02903	N/A	509(A)(2)	TO FURTHER THE ORGANIZATION'S CHARITABLE PURPOSE	25,000
PROVIDENCE PUBLIC LIBRARY 150 EMPIRE STREET PROVIDENCE,RI 02903	N/A	170(B)(1)(A)(VI)	TO FURTHER THE ORGANIZATION'S CHARITABLE PURPOSE	11,000
RHODE ISLAND COMMUNITY FOOD BANK 200 NIAN TIC AVENUE PROVIDENCE,RI 02907	N/A	170(B)(1)(A)(VI)	TO FURTHER THE ORGANIZATION'S CHARITABLE PURPOSE	7,500
RHODE ISLAND PHILHARMONIC ORCHESTRA 667 WATERMAN AVE EAST PROVIDENCE,RI 02914	N/A	170(B)(1)(A)(VI)	TO FURTHER THE ORGANIZATION'S CHARITABLE PURPOSEANNUAL FUND	101,600
RHODE ISLAND PUBLIC RADIO ONE UNION STATION PROVIDENCE,RI 02903	N/A	509(A)(2)	TO FURTHER THE ORGANIZATION'S CHARITABLE PURPOSE	8,000
SOUTH COUNTY HOSPITAL 100 KENYON AVENUE WAKEFIELD,RI 02879	N/A	170(B)(1)(A)(III)	TO FURTHER THE ORGANIZATION'S CHARITABLE PURPOSE	94,000
THE GRODEN CENTER INC 610 MANTON AVENUE PROVIDENCE,RI 02909	N/A	PUBLIC CHARITY	TO FURTHER THE ORGANIZATION'S CHARITABLE PURPOSE	2,500
TRINITY REPERTORY COMPANY 201 WASHINGTON STREET PROVIDENCE,RI 02903	N/A	PUBLIC CHARITY	TO FURTHER THE ORGANIZATION'S CHARITABLE PURPOSE	5,000
WATERFIRE PROVIDENCE 101 REGENT AVE PROVIDENCE,RI 02908	N/A	170(B)(1)(A)(VI)	TO FURTHER THE ORGANIZATION'S CHARITABLE PURPOSE	5,000
WOMEN'S CENTER OF RHODE ISLAND PO BOX 603300 PROVIDENCE,RI 02906	N/A	170(B)(1)(A)(VI)	TO FURTHER THE ORGANIZATION'S CHARITABLE PURPOSE	10,000
PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND INC 345 WHITNEY AVE NEW HAVEN,CT 06511	N/A	509(A)(2)	TO FURTHER THE ORGANIZATION'S CHARITABLE PURPOSE	17,500
STEADMAN PHILIPPON RESEARCH INSTITUTE 181 WEST MEADOW DRIVE SUITE 1000 VAIL,CO 816575059	N/A	170(B)(1)(A)(VI)	TO FURTHER THE ORGANIZATION'S CHARITABLE PURPOSE	1,000
Total  3a				330,100

Form 990PF Part XV Line 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 recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
GLOBAL HEALTH COMMITTEE INC DBA CAMBODIAN HEALTH COMMITEE INC 200 LONGWOOD AVE WARREN ALPERT BUILD NO 252 BOSTON,MA 02115	N/A	170(B)(1)(A) (VI)	TO FURTHER THE ORGANIZATION'S CHARITABLE PURPOSE	2,500
INSTITUTE FOR THE STUDY AND PRACTICE OF NONVIOLENCE 265 OXFORD STREET PROVIDENCE,RI 02905	N/A	170(B)(1)(A) (VI)	TO FURTHER THE ORGANIZATION'S CHARITABLE PURPOSE	5,000
COMMON CAUSE EDUCATION FUND 1133 19TH STREET NW NO 900 WASHINGTON,DC 20036	N/A	170(B)(1)(A) (VI)	TO FURTHER THE ORGANIZATION'S CHARITABLE PURPOSE	1,000
SANDRA FEINSTEIN-GAMM THEATRE 172 EXCHANGE STREET PAWTUCKET,RI 02860	N/A	509(A)(2)	TO FURTHER THE ORGANIZATION'S CHARITABLE PURPOSE	2,500
CHILDREN'S FRIEND & SERVICE 153 SUMMER STREET PROVIDENCE,RI 02903	N/A	509(A)(2)	TO FURTHER THE ORGANIZATION'S CHARITABLE PURPOSE	5,000
ROGER WILLIAMS PARK ZOO 1000 ELMWOOD AVE PROVIDENCE,RI 02907	N/A	509(A)(2)	TO FURTHER THE ORGANIZATION'S CHARITABLE PURPOSE	500
BLACKSTONE PARKS CONSERVANCY P O BOX 603141 PROVIDENCE,RI 02906	N/A	509(A)(2)	TO FURTHER THE ORGANIZATION'S CHARITABLE PURPOSE	1,000
COMMON CAUSE OF RHODE ISLAND 1133 19TH STREET NW NO 900 WASHINGTON,DC 20036	N/A	PC	TO FURTHER THE ORGANIZATION'S CHARITABLE PURPOSE	1,000
FOSTER FORWARD 55 SOUTH BROW STREET EAST PROVIDENCE,RI 02914	N/A	170(B)(1)(A) (VI)	TO FURTHER THE ORGANIZATION'S CHARITABLE PURPOSE	1,500
JEWISH CHILDRENS HOME OF RHODE ISLAND (CAMP JORI) 1065 WORDENS POND ROAD WAKEFIELD,RI 02879	N/A	509(A)(2)	TO FURTHER THE ORGANIZATION'S CHARITABLE PURPOSE	1,000
TEMPLE BETH-EL 70 ORCHARD AVE PROVIDENCE,RI 02906	N/A	PC	TO FURTHER THE ORGANIZATION'S CHARITABLE PURPOSE	1,000
Total  3a				330,100

<div>Schedule B</div> <div>(Form 990, 990-EZ, or 990-PF)</div> <div>Department of the Treasury Internal Revenue Service</div>	<div>Schedule of Contributors</div> <div>▶ Attach to Form 990, 990-EZ, or 990-PF.</div> <div>▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.</div>	<div>OMB No 1545-0047</div>
		<div>2013</div>

<div>Name of the organization</div> <div>THE JOSEPH AND ROSALYN SINCLAIR FOUNDATION INC</div>	<div>Employer identification number</div> <div>05-0380039</div>
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Organization type (check one)

<div>Filers of:</div> <div>Form 990 or 990-EZ</div> <div>Form 990-PF</div>	<div>Section:</div> <div><div><input type="checkbox"/> 501(c)() (enter number) organization</div><div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation</div><div><input type="checkbox"/> 527 political organization</div><div><input checked="" type="checkbox"/> 501(c)(3) exempt private foundation</div><div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation</div><div><input type="checkbox"/> 501(c)(3) taxable private foundation</div></div>
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Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for 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 more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer “No” on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization THE JOSEPH AND ROSALYN SINCLAIR FOUNDATION INC	Employer identification number 05-0380039
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Part I	Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<div>See Additional Data Table</div>		\$	<div>Person <input type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
		\$	<div>Person <input type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
		\$	<div>Person <input type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
		\$	<div>Person <input type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
		\$	<div>Person <input type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
		\$	<div>Person <input type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
		\$	<div>Person <input type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
		\$	<div>Person <input type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>

Name of organization THE JOSEPH AND ROSALYN SINCLAIR FOUNDATION INC	Employer identification number 05-0380039
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Part 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
_____	See Additional Data Table	\$ _____	_____
(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 THE JOSEPH AND ROSALYN SINCLAIR FOUNDATION INC	Employer identification number 05-0380039
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Part III	Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry For organizations completing Part III, enter the total of <i>exclusively</i> religious, charitable, etc , contributions of \$1,000 or less for the year (Enter this information once See instructions) ▶ \$ Use duplicate copies of Part III if additional space is needed
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
<div></div>		<div></div>	
<div></div>		<div></div>	
<div></div>		<div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
<div></div>		<div></div>	
<div></div>		<div></div>	
<div></div>		<div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
<div></div>		<div></div>	
<div></div>		<div></div>	
<div></div>		<div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
<div></div>		<div></div>	
<div></div>		<div></div>	
<div></div>		<div></div>	

Additional Data

Software ID:

Software Version:

EIN: 05-0380039

Name: THE JOSEPH AND ROSALYN SINCLAIR FOUNDATION
INC

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	<div>ROSALYN K SINCLAIR</div> <div>144 WESTMINSTER STREET STE 200</div> <div>PROVIDENCE, RI02903</div>	\$ <div>32,603</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input checked="" type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<u>2</u>	<div>ROSALYN K SINCLAIR</div> <div>144 WESTMINSTER STREET STE 200</div> <div>PROVIDENCE, RI02903</div>	\$ <div>19,462</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input checked="" type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<u>3</u>	<div>ROSALYN K SINCLAIR</div> <div>144 WESTMINSTER STREET STE 200</div> <div>PROVIDENCE, RI02903</div>	\$ <div>41,689</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input checked="" type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<u>4</u>	<div>ROSALYN K SINCLAIR</div> <div>144 WESTMINSTER STREET STE 200</div> <div>PROVIDENCE, RI02903</div>	\$ <div>59,057</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input checked="" type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<u>5</u>	<div>ROSALYN K SINCLAIR</div> <div>144 WESTMINSTER STREET STE 200</div> <div>PROVIDENCE, RI02903</div>	\$ <div>31,649</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input checked="" type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<u>6</u>	<div>ROSALYN K SINCLAIR</div> <div>144 WESTMINSTER STREET STE 200</div> <div>PROVIDENCE, RI02903</div>	\$ <div>98,808</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input checked="" type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<u>7</u>	<div>ROSALYN K SINCLAIR</div> <div>144 WESTMINSTER STREET STE 200</div> <div>PROVIDENCE, RI02903</div>	\$ <div>24,674</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input checked="" type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<u>8</u>	<div>ROSALYN K SINCLAIR</div> <div>144 WESTMINSTER STREET STE 200</div> <div>PROVIDENCE, RI02903</div>	\$ <div>87,145</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input checked="" type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<u>9</u>	<div>ROSALYN K SINCLAIR</div> <div>144 WESTMINSTER STREET STE 200</div> <div>PROVIDENCE, RI02903</div>	\$ <div>44,689</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input checked="" type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<u>10</u>	<div>ROSALYN K SINCLAIR</div> <div>144 WESTMINSTER STREET STE 200</div> <div>PROVIDENCE, RI02903</div>	\$ <div>67,759</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input checked="" type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>11</u>	<div>ROSALYN K SINCLAIR</div> <div>144 WESTMINSTER STREET STE 200</div> <div>PROVIDENCE, RI02903</div>	\$ <u>69,601</u>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input checked="" type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<u>12</u>	<div>ROSALYN K SINCLAIR</div> <div>144 WESTMINSTER STREET STE 200</div> <div>PROVIDENCE, RI02903</div>	\$ <u>48,372</u>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input checked="" type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<u>13</u>	<div>ROSALYN K SINCLAIR</div> <div>144 WESTMINSTER STREET STE 200</div> <div>PROVIDENCE, RI02903</div>	\$ <u>24,007</u>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input checked="" type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<u>14</u>	<div>ROSALYN K SINCLAIR</div> <div>144 WESTMINSTER STREET STE 200</div> <div>PROVIDENCE, RI02903</div>	\$ <u>26,103</u>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input checked="" type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<u>15</u>	<div>ROSALYN K SINCLAIR</div> <div>144 WESTMINSTER STREET STE 200</div> <div>PROVIDENCE, RI02903</div>	\$ <u>13,458</u>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input checked="" type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<u>16</u>	<div>ROSALYN K SINCLAIR</div> <div>144 WESTMINSTER STREET STE 200</div> <div>PROVIDENCE, RI02903</div>	\$ <u>42,155</u>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input checked="" type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<u>17</u>	<div>ROSALYN K SINCLAIR</div> <div>144 WESTMINSTER STREET STE 200</div> <div>PROVIDENCE, RI02903</div>	\$ <u>66,531</u>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input checked="" type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<u>18</u>	<div>ROSALYN K SINCLAIR</div> <div>144 WESTMINSTER STREET STE 200</div> <div>PROVIDENCE, RI02903</div>	\$ <u>96,492</u>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input checked="" type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<u>19</u>	<div>ROSALYN K SINCLAIR</div> <div>144 WESTMINSTER STREET STE 200</div> <div>PROVIDENCE, RI02903</div>	\$ <u>131,790</u>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input checked="" type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<u>20</u>	<div>ROSALYN K SINCLAIR</div> <div>144 WESTMINSTER STREET STE 200</div> <div>PROVIDENCE, RI02903</div>	\$ <u>10,092</u>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input checked="" type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>1</u>	179 SHS OF CORE LABORATORIES NV ORD EURO 02	\$ <u>32,603</u>	<u>2013-11-29</u>
<u>2</u>	35 SHS OF APPLE INC	\$ <u>19,462</u>	<u>2013-11-29</u>
<u>3</u>	389 SHS OF BORGWARNER INC	\$ <u>41,689</u>	<u>2013-11-29</u>
<u>4</u>	629 SHS OF COGNIZANT TECH SOLUTIONS CORP	\$ <u>59,057</u>	<u>2013-11-29</u>
<u>5</u>	1,327 SHS OF E M C CORP MASS	\$ <u>31,649</u>	<u>2013-11-29</u>
<u>6</u>	1,057 SHS OF EXXON MOBIL CORP	\$ <u>98,808</u>	<u>2013-11-29</u>
<u>7</u>	1,102 SHS OF HOLOGIC INC	\$ <u>24,674</u>	<u>2013-11-29</u>
<u>8</u>	485 SHS OF INTL BUSINESS MACH	\$ <u>87,145</u>	<u>2013-11-29</u>
<u>9</u>	781 SHS OF JPMORGAN CHASE & CO	\$ <u>44,689</u>	<u>2013-11-29</u>
<u>10</u>	2,044 SHS OF LKQ CORP	\$ <u>67,759</u>	<u>2013-11-29</u>

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>11</u>	854 SHS OF NATIONAL OILWELL VARCO INC	\$ <u>69,601</u>	<u>2013-11-29</u>
<u>12</u>	677 SHS OF OMNICOM GROUP	\$ <u>48,372</u>	<u>2013-11-29</u>
<u>13</u>	154 SHS OF PERRIGO CO	\$ <u>24,007</u>	<u>2013-11-29</u>
<u>14</u>	101 SHS OF PRECISION CASTPARTS CORP	\$ <u>26,103</u>	<u>2013-11-29</u>
<u>15</u>	288 SHS OF TEAM HEALTH HOLDINGS INC COM USD0 01	\$ <u>13,458</u>	<u>2013-11-29</u>
<u>16</u>	418 SHS OF THERMO FISHER SCIENTIFIC INC	\$ <u>42,155</u>	<u>2013-11-29</u>
<u>17</u>	327 SHS OF VISA INC COM CL A	\$ <u>66,531</u>	<u>2013-11-29</u>
<u>18</u>	2,192 SHS OF WELLS FARGO & CO	\$ <u>96,492</u>	<u>2013-11-29</u>
<u>19</u>	2,294 SHS OF CERNER CORP	\$ <u>131,790</u>	<u>2013-12-03</u>
<u>20</u>	100 SHS OF THERMO FISHER SCIENTIFIC INC	\$ <u>10,092</u>	<u>2013-12-03</u>

TY 2013 Accounting Fees Schedule

Name: THE JOSEPH AND ROSALYN SINCLAIR FOUNDATION INC

EIN: 05-0380039

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	10,769	0		0

TY 2013 Investments - Other Schedule**Name:** THE JOSEPH AND ROSALYN SINCLAIR FOUNDATION INC**EIN:** 05-0380039

Category / Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
LORD ABBETT INCOME CLASS A	AT COST	331,537	331,375
LOOMIS SAYLES INVST GRADE BOND CL A	AT COST	335,171	328,725
METROPOLITAN WEST TOT RETURN BOND CL M	AT COST	248,521	250,470
TEMPLETON GLOBAL TOTAL RETURN CL A	AT COST	250,531	247,613
DFA INT'L CORE EQUITY PORTFOLIO INSTL CLASS	AT COST	176,471	190,433
DFA US VECTOR EQUITY PORT FUND INSTL CLASS	AT COST	447,710	563,878
DFA US CORE EQUITY 2 PORTFOLIO INST'L CLASS	AT COST	563,594	723,206
DFA EMERG MKTS CORE EQUITY FUND INST'L CLASS	AT COST	263,886	265,882
DFA EMERGING MKTS VALUE FUND INST'L CLASS	AT COST	153,535	148,152
DFA US LARGE CAP VALUE FUND INST'L CLASS	AT COST	305,692	405,036
DFA INTL VECTOR EQUITY PORFOLIO INSTL CLASS	AT COST	195,163	202,096
DFA GLOBAL REAL ESTATE SECURITIES PORT INSTL	AT COST	231,718	250,537
DFA INTERNATIONAL VALUE FUND INST'L CLASS	AT COST	169,805	172,885
DOUBLELINE FLEXIBLE INCOME CL N	AT COST	316,647	314,766
JANUS GLOBAL BOND CL T	AT COST	167,771	165,700

TY 2013 Other Assets Schedule

Name: THE JOSEPH AND ROSALYN SINCLAIR FOUNDATION INC

EIN: 05-0380039

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
DUE TO FOUNDATION	3,823	3,823	3,823

TY 2013 Other Expenses Schedule

Name: THE JOSEPH AND ROSALYN SINCLAIR FOUNDATION INC

EIN: 05-0380039

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FILING FEES	70	0		0
DUES & SUBSCRIPTIONS	2,700	0		0

TY 2013 Other Professional Fees Schedule

Name: THE JOSEPH AND ROSALYN SINCLAIR FOUNDATION INC

EIN: 05-0380039

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT FEES	28,811	27,370		0

TY 2013 Taxes Schedule

Name: THE JOSEPH AND ROSALYN SINCLAIR FOUNDATION INC

EIN: 05-0380039

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL TAXES	14,424	14,424		0