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## Form **990-PF**

Return of Private Foundation

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

Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0052

	For	cale	hdar year 2014 or tax year beginning			, and ending			
	Na	ne o	f foundation				A Employer identificatio	n number	
	M	UR	RAY FAMILY FOUNDATION						
	_C	/0	PAULA MCNAMARA				05-0475089		
	Nur	nber a	and street (or P O box number if mail is not delivered to	o street ad	dress)	Room/suite	B Telephone number		
	_1	0	WEYBOSSETT STREET			302B	401-444-08	318	
	City	or t	own, state or province, country, and ZIP or for	eign post	tal code		C If exemption application is	pending, check here	
	_ P	RO	VIDENCE, RI 02903						
	G (	heck	call that apply: Initial return		Initial return of a f	ormer public charity	D 1. Foreign organization	s, check here	
			Final return		Amended return				
			Address change		Name change		2. Foreign organizations m check here and attach or	eeting the 85% test, computation	
	H_0	heck	type of organization: X Section 501(c	) <u>(3) e</u> xen	pt private foundation		E If private foundation st	atus was terminated	
	上	_  Se	ection 4947(a)(1) nonexempt charitable trust	Otl	ner taxable private found	ation	under section 507(b)(1	I)(A), check here 🕨 🗔	
	I Fa	ur ma	arket value of all assets at end of year   J Ac	counting	method: X Cash	Accrual	F If the foundation is in a	60-month termination	
			Part II, col. (c), line 16)		(specify)		under section 507(b)(1	. —	
		\$	29,430,911. (Part I	, columr	(d) must be on cash	basis.)			
LC]	Pa	ırt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may	not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes	
2015			necessarily equal the amounts in column (a) )		expenses per books	income	income	(cash basis only)	
<b>L</b> 2		1	Contributions, gifts, grants, etc., received	L	1,292,392.		N/A		
a y==d		2	Check If the foundation is not required to attach Sci	h B					
ويوت		3	Interest on savings and temporary cash investments						
		4	Dividends and interest from securities	-	<u>731,883.</u>	731,883.		STATEMENT 1	
		5a	Gross rents	<u> </u>			ļ		
Ш		b	Net rental income or (loss)				H RECEI	<u> WED</u>	
<del>-</del>	ē	6a	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 2 010	<u>,</u>  -	1,483,930.				
K	ēn	b	assets on line 6a 3,019,04	<u> </u>		1 100 000		2015   <u>Š</u>	
SCANNED	Revenue	7	Capital gain net income (from Part IV, line 2)	_		1,483,930.	NOV 16	1 0	
190	_	8	Net short-term capital gain				<del></del>	<u> </u>	
		9	Income modifications Gross sales less returns	-			و المساور الماري		
			and allowances	-			7,000		
		1	Less Cost of goods sold  Gross profit or (loss)	_				<del></del>	
		11	Other income	-	<71,103.	> <82,272.	<del>_</del>	STATEMENT 2	
		12	Total. Add lines 1 through 11		3,437,102.	2,133,541.		DIATEMENT Z	
		13	Compensation of officers, directors, trustees, etc		85,000.	42,500.		42,500.	
		14	Other employee salaries and wages		32,945.	16,472.		16,473.	
		15	Pension plans, employee benefits						
	ses		Legal fees						
	ens		Accounting fees STMT	3 🗀	16,500.	8,250.		8,250.	
	ă		Other professional fees STMT	4	177,317.	177,317.		0.	
	Ve	17	Interest		96,478.	96,478.	-	0.	
	rati	18	Taxes STMT	5	64,685.	13,888.		7,453.	
	nist	19	Depreciation and depletion						
	Ē	20	Occupancy	_					
	Ψ	21	Travel, conferences, and meetings						
	anc	22	Printing and publications		<del></del>				
	Operating and Administrative Expenses	23	Other expenses STMT	б  _	2,296.	1,147.		1,149.	
	rati	24	Total operating and administrative		4==	<b>4-4</b>			
	dC		expenses. Add lines 13 through 23		475,221.	356,052.		75,825.	
	_		Contributions, gifts, grants paid	<u> </u>	1,306,000.			1,306,000.	
		26	Total expenses and disbursements.		1 701 001	356 050		1 201 205	
			Add lines 24 and 25		1,781,221.	356,052.		1,381,825.	
			Subtract line 26 from line 12:		1 655 001				
		i	Excess of revenue over expenses and disbursements	·	1,655,881.	1 777 400	<u> </u>	<del> </del>	
			Net investment income (if negative, enter -0-)	-		1,777,489.	NT / 3		
	4235		Adjusted net income (if negative, enter -0-)			<u> </u>	N/A	Form 000 DE (0014)	

1

Fo	rm 99	MURRAI FAMILI FOUNDATIO  00-PF (2014) C/O PAULA MCNAMARA		05-	0475089 Page 2
Г	art	Balance Sheets Attached schedules and amounts in the description column should be far and at year amounts only	Beginning of year	End o	of year
	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	4.		
	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		_	
	6	Receivables due from officers, directors, trustees, and other		_	
		disqualified persons			
	7	Other notes and loans receivable			
	1	Less; allowance for doubtful accounts			
ß	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
ğ		Investments - U.S. and state government obligations			
	Ь	Investments - corporate stock		<del></del>	
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 7	21,687,487.	23,343,372.	29,430,911.
		Land, buildings, and equipment; basis			
		Less accumulated depreciation			
	15	Other assets (describe ▶	•		
	1	Total assets (to be completed by all filers - see the	_		
		instructions. Also, see page 1, item I)	21,687,491.	23,343,372.	29,430,911.
	17	Accounts payable and accrued expenses	22/00//222	20,010,0,20	23,130,73221
	18	Grants payable			
s	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
iğ	21	Mortgages and other notes payable			
Ë	1	Other liabilities (describe )			
				- · · · · · · · · · · · · · · · · · · ·	
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
	1	and complete lines 24 through 26 and lines 30 and 31.			
es	24	Unrestricted			
and	25	Temporarily restricted			
Net Assets or Fund Balances	ľ	Permanently restricted			
pu		Foundations that do not follow SFAS 117, check here		•	
ī		and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds	15,625,980.	15,625,980.	
sets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
As	29	Retained earnings, accumulated income, endowment, or other funds	6,061,511.	7,717,392.	
<b>Tet</b>		Total net assets or fund balances	21,687,491.	23,343,372.	
_			, , , , , , , , , , , , , , , , , , , ,		
	31	Total liabilities and net assets/fund balances	21,687,491.	23,343,372.	
_			· · · · · · · · · · · · · · · · · · ·		<u> </u>
<u>"</u>	art	III Analysis of Changes in Net Assets of Pund B			
1	Total	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 return)		1_	21,687,491.
	-	amount from Part I, line 27a		2	1,655,881.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	23,343,372.
		eases 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, co	olumn (b), line 30	6	23,343,372.

423511 11-24-14

23,343,372. Form **990-PF** (2014)

Page 3

	cribe the kind(s) of property sold (e.g arehouse; or common stock, 200 sh			(p) H	ow acquired Purchase Donation		ate acquired o., day, yr.)	(d) Date sold (mo., day, yr.)
			<del></del>	D - Donation		<u> </u>	. 3.7 /	
b SEE ATTACHED	СПУПЕМЕНТС	-						<del> </del>
C C	DITTEMENTS					· · · · · · · · · · · · · · · · · · ·		-
<u>d</u>								
e								
(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis xpense of sale				) Gain or (loss plus (f) minus	
<u> </u>								
<u>b</u>								
<u> </u>				_				
d 2 010 040			1 525 44	<u>_</u>				1 100 000
e 3,019,040.			1,535,11	<u>. U •  </u>			(2.1.11.)	1,483,930.
Complete unity for assets snown	ng gain in column (h) and owned by			_		I) Gains) ool (k) b	s (Col. (h) gaın ut not less tha	minus n -0-) or
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (I) col. (J), If any				ses (from col. (	
a								
<u>b</u>								
<u>d</u>								1 402 020
_e	<u> </u>				1			1,483,930.
2 Capital gain net income or (net ca	apital loss) $ \begin{cases} \text{If gain, also enter} \\ \text{If (loss), enter -0} \end{cases} $	in Part I, line 7 - in Part I, line	7 7	}	2		·	1,483,930.
3 Net short-term capital gain or (los	ss) as defined in sections 1222(5) an	d (6):						
If gain, also enter in Part I, line 8,	• •			<b>)</b>				
If (loss), enter -0- in Part I, line 8		Dadwaad	Tou on Not	<u> </u>	3		N/A	
·····	Inder Section 4940(e) for					ncome	<del>,</del>	
(For optional use by domestic private	e foundations subject to the section 4	1940(a) tax on	net investment in	icome.	)			
lf section 4940(d)(2) applies, leave t	his part blank.							
Man the foundation liable for the second	tion 4942 tax on the distributable am		ar in the base nor	40				Yes X No
	lify under section 4940(e). Do not co	,,		1007				res No
	each column for each year; see the i			ntries.				
(a)	(b)			(c)				(d)
Base periód years Calendar year (or tax year beginni	A divided available and dis-	tributions	Net value of no		table-use asse	ets		oùtión ratio /ided by col. (c))
2013		6,615.		22	658,58	18.	(00.1 (2) 0.1	.043984
2012		8,309.			827,84			.046314
2011		8,801.			767,57			.048504
2010		3,558.			390,62			.050219
2009		6,316.			382,91			.049827
		·····						
2 Total of line 1, column (d)						2	:	.238848
, , ,	5-year base period - divide the total o	on line 2 by 5,	or by the number	of yea	rs			
the foundation has been in existe		•	•	-		a	,	.047770
4 Enter the net value of noncharitat	ole-use assets for 2014 from Part X,	line 5				4	. 2	7,559,109.
5 Multiply line 4 by line 3						5	;	1,316,499.
6 Enter 1% of net investment incon	ne (1% of Part I, line 27b)					6		<u>17,7</u> 75.
7 Add lines 5 and 6						7		1,334,274.
8 Enter qualifying distributions fror								
	n Part XII, line 4 n line 7, check the box in Part VI, line					. 8		<u>1,381,825.</u>

MURRAY FAMILY FOUNDATION IMA

Form 990-PF (2014) C/O PAULA MCNAMARA	4040/ \ 4040/ \ 4040/ \		<u>0475089</u>		Page 4
Part VI Excise Tax Based on Investment Income (Section	<del></del>	948 -	see instru	ction	<u>1S)</u>
1a Exempt operating foundations described in section 4940(d)(2), check here					
Date of ruling or determination letter: (attach copy of lette			4		
b Domestic foundations that meet the section 4940(e) requirements in Part V, check his	ere 🕨 🔀 and enter 1%	1	1	7,7	<u> 75.</u>
of Part I, line 27b					
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations er					^
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations (	only. Others enter -U-)	2	1	7,7	<del>_U</del> .
3 Add lines 1 and 2 4 Subtitle A (income) toy (demonting section 4047(a)(1) trusts and toyable foundations	amb. Others anton (1)	3		1,1	
Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations     Tax based as investment income. Subtract line A from line 3, if are a close pater.	•	4	1	7,7	<u>0.</u>
<ul><li>5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -6</li><li>6 Credits/Payments:</li></ul>	J-	5		1,1	<u>/5.</u>
a 2014 estimated tax payments and 2013 overpayment credited to 2014	6a 45,480.				
b Exempt foreign organizations - tax withheld at source	6a 45,480.				
c Tax paid with application for extension of time to file (Form 8868)	6c 15,000.				
d Backup withholding erroneously withheld	6d 15,000.				
7 Total credits and payments. Add lines 6a through 6d	04	7	6	0,4	8 N
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220	us attached	8		U , <del>L</del>	<del>50.</del>
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	is attached	9			
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overp	anid	10	A :	2,7	0.5
11 Enter the amount of line 10 to be; Credited to 2015 estimated tax	42,705. Refunded	11		4, /	0.
Part VII-A Statements Regarding Activities	±2,703 Netunded				<u> </u>
1a During the tax year, did the foundation attempt to influence any national, state, or local	al legislation or did it participate or intervene	ın	T	Yes	No
any political campaign?	an regionation of the reput to patt of miles vone		1a		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political	purposes (see instructions for the definition	)?	1b		X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activit		•			
distributed by the foundation in connection with the activities				i	
c Did the foundation file Form 1120-POL for this year?			10		Х
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed dur	ing the year.				
(1) On the foundation. ▶ \$ 0. (2) On foundation ma					
e Enter the reimbursement (if any) paid by the foundation during the year for political e					
managers. ▶ \$ 0.					
2 Has the foundation engaged in any activities that have not previously been reported to	o the IRS?		2		X
If "Yes," attach a detailed description of the activities					
3 Has the foundation made any changes, not previously reported to the IRS, in its gove	rning instrument, articles of incorporation, o	r		1	
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the c	changes		3		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during t	the year?		4a	X	
b If "Yes," has it filed a tax return on Form 990-T for this year?			4b	Х	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the	e year?		5		<u> </u>
If "Yes," attach the statement required by General Instruction T.					
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfies	sfied either:			ł	
<ul> <li>By language in the governing instrument, or</li> </ul>					
<ul> <li>By state legislation that effectively amends the governing instrument so that no ma</li> </ul>	ndatory directions that conflict with the state	law			
remain in the governing instrument?			6	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes	," complete Part II, col. (c), and Part XV	1	7	X	
8a Enter the states to which the foundation reports or with which it is registered (see ins	tructions) >		[		
RI					
<b>b</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			8b	Х	
9 Is the foundation claiming status as a private operating foundation within the meaning		ndar			
year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Y			9		<u>X</u>
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a	schedule listing their names and addresses		10		X

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3h

4a

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X

N/A

Form 4720, to determine if the foundation had excess business holdings in 2014.)

had not been removed from jeopardy before the first day of the tax year beginning in 2014?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

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Total number of other employees paid over \$50,000

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All other program-related investments. See instructions.

Total. Add lines 1 through 3

Form 990-PF (2014) C/O PAULA MCNAMARA 05-0475089 Page 8 Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes; 18,462,263. a Average monthly fair market value of securities 1a 1,694,614. b Average of monthly cash balances 1b 7,821,914. Fair market value of all other assets 10 d Total (add lines 1a, b, and c) 27,978,791. 1d Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) 1e Acquisition indebtedness applicable to line 1 assets Subtract line 2 from line 1d 3 978, 791. 3 419,682. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 559,109. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 Minimum investment return. Enter 5% of line 5 377,955 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.) Minimum investment return from Part X, line 6 1,377,955. 17,775. Tax on investment income for 2014 from Part VI, line 5 Income tax for 2014. (This does not include the tax from Part VI.) Add lines 2a and 2b 19,211 2c Distributable amount before adjustments. Subtract line 2c from line 1 3 358,744. Recoveries of amounts treated as qualifying distributions 4 Add lines 3 and 4 358,744. 5 Deduction from distributable amount (see instructions) 6 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 7 358, Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes; 1,381,825. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a Program-related investments - total from Part IX-B 16 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes Amounts set aside for specific charitable projects that satisfy the. Suitability test (prior IRS approval required) 3a Cash distribution test (attach the required schedule) 3b Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 1,381,825. Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

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

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1,364,050.

6

17,775.

income. Enter 1% of Part I, line 27b

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

•	(a) Corpus	(b) Years prior to 2013	(c) 2013	<b>(d)</b> 2014
1 Distributable amount for 2014 from Part XI,	Оограз	Tears prior to 2015	2013	2014
line 7				1,358,744.
2 Undistributed income, if any, as of the end of 2014				1,330,744.
a Enter amount for 2013 only			136,739.	
b Total for prior years:			130,737.	
g rotal for prior yours,		0.		
3 Excess distributions carryover, if any, to 2014:	+			
a From 2009			ļ	
<b>b</b> From 2010				
c From 2011				
d From 2012				
e From 2013				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2014 from	0.			
Part XII, line 4: ► \$ 1,381,825.				
a Applied to 2013, but not more than line 2a			136,739.	
b Applied to undistributed income of prior		<del></del>	130,739.	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
•	0.			
(Election required - see instructions)	0.			1 245 006
d Applied to 2014 distributable amount	0			1,245,086.
e Remaining amount distributed out of corpus	0.			
Excess distributions carryover applied to 2014 (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	0.			
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 2013. Subtract line				_
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2014. Subtract				
lines 4d and 5 from line 1. This amount must			:	
be distributed in 2015				113,658.
7 Amounts treated as distributions out of		<u> </u>		
corpus to satisfy requirements imposed by	ļ			
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2009				······································
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2015.				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				·
a Excess from 2010				
b Excess from 2011				
c Excess from 2012				
d Excess from 2013				
e Excess from 2014				
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Supplementary Information	<del></del>			
3 Grants and Contributions Paid During the	Year or Approved for Future	Payment		
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
a Paid during the year				
SEE ATTACHED STATEMENTS	NONE	NO FOUNDATIONS	VARIOUS SEE ATTACHED	
10 WEYBOSSET STREET				
PROVIDENCE, RI 02903				1,306,000,
Total	<del></del>	т	▶ 3a	1 306 000
<b>b</b> Approved for future payment				
NONE				
110112				
Total		<u> </u>	) n.	
Total			<b>▶</b> 3b	0.

C/O PAULA MCNAMARA **Analysis of Income-Producing Activities** 

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(e)	
1 Program service revenue.	(a) Business code	(b) Amount	Exclu-	( <b>d)</b> Amount	Related or exempt function income	
	Code		1000			
<u>a</u>					<del></del>	
b						
C						
d						
e						
f						
g Fees and contracts from government agencies			<u></u>			
2 Membership dues and assessments						
3 Interest on savings and temporary cash		ı			<u> </u>	
investments				j		
4 Dividends and interest from securities			14	731,883.		
5 Net rental income or (loss) from real estate;			_==			
a Debt-financed property			-			
b Not debt-financed property						
6 Net rental income or (loss) from personal						
property						
7 Other investment income						
8 Gain or (loss) from sales of assets other						
than inventory			18	1,483,930.		
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory						
11 Other revenue:		II.				
a SEE STATEMENT 9		11,169.		<82,272.	>	
b					_	
C					_	
d						
6						
12 Subtotal. Add columns (b), (d), and (e)		11,169.		2,133,541.	0.	
13 Total. Add line 12, columns (b), (d), and (e)				13		
(See worksheet in line 13 instructions to verify calculations.)						
				4 D		
Part XVI-B Relationship of Activities to	ine Acco	omplishment of Ex	emp	t Purposes		
Line No. Explain below how each activity for which incom	ne is reported i	ın column (e) of Part XVI-A	contrib	outed importantly to the accom	plishment of	
the foundation's exempt purposes (other than b	y providing fu	nds for such purposes).				
			·		<del></del>	
				····		
		<del>,</del>			<del></del>	
					· · · · · · · · · · · · · · · · · · ·	
					<del>-</del>	
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	_					
				<del></del>		
	<del>-</del>	<del></del>			<del></del>	
423621					Form <b>990-PF</b> (2014)	

Unrelated business income

Part XVII	Information Re Exempt Organi		sfers To	and Transactions	and Relations	ships With None	charitable	•	
1 Did the or			of the follows	a with any other organizati	en described in occ	tion EO1(a) of		Yes	No
				ng with any other organizati 27, relating to political orgal		(tol) 50 ((c) of		163	140
	from the reporting founda				IIIZalio115 r				
(1) Cash		.iion to a nonchanta	nie exempt of	ganization of.			40/41		v
(2) Other							1a(1)		X
							<u>1a(2)</u>		
		ala avamat araani-a	t.a.a				45.743		v
	of assets to a noncharitat						1b(1)		X
• •	nases of assets from a nor	•	organization				1b(2)		X
` '	al of facilities, equipment, o	other assets					1b(3)		X
• •	bursement arrangements s or loan guarantees						1b(4)		X
• •	-	mharahin ar fundrai	aina aaliaitatii	200			1b(5)		X
• •	rmance of services or mei	•	•				1b(6)		X
-	f facilities, equipment, mai	•		edule. Column (b) should al	huave chautha fair	market value of the ac-	1c		
				ed less than fair market val				E15,	
	i) the value of the goods, o				uc iii ariy transactio	ii or sharing arrangenii	oni, show in		
(a) Line no	(b) Amount involved			e exempt organization	(d) Description	n of transfers, transactions	and sharing ar	anaama	nte
(2) 2	(2) mount mount	(0) 1141110 01	N/A	o onompt or gamzadon	(a) Description	Troi unisiers, unisaccions	, and sname a	angeme	
-		<del></del>	11/11						
				· · ·					
				<del> </del>					
				·					
		***					· · · · · · · · · · · · · · · · · · ·		
		<del></del>							
	<del></del>	<del></del>							
2a Is the four	adation directly or indirect	Ly affiliated with or i	related to one	or more tax-exempt organ	izations described				
	501(c) of the Code (other				izations described		Yes	v	No
	omplete the following sche		((3)) 01 111 360	11011 321 .			163	LA.	טווו ב
<b>U</b> 11 163, Ct	(a) Name of organization			(b) Type of organization	<u> </u>	(c) Description of relat	tionship		
	N/A	ATTIEGRATION .		(b) type of organization	<del>                                     </del>	(v) Bederip non er reid			
	N/A				<u> </u>				
						<del></del> -			
					1	·			
					1				
Upder	penalties of ensury, I declare t	hat I have examined thi	s return, includir	t ng accompanying schedules and	i statements, and to the	best of my knowledge			
				n taxpayer) is based on all inforr			May the IRS of return with the	e prepare	er
Here	Lol IV	Vanau	n	111110115	PRESI	ראיתי	shown below X Yes		T
<b> </b>   <b> </b>	nature of officer or trustee	10 who	<del>-</del>	Date	Title	DEMI	LAJ TES		J No
	Print/Type preparer's na	me	Preparer's s		Date	Check If P	TIN		
	Jpo propulor o na	·-·-	mil			self- employed	·-		
Paid	MICHAEL HA	MM A		L HANNA	11/06/15	, ,	P00025	619	
Preparer	Firm's name ► BLU				<u> </u>	Firm's EIN ▶ 06			
Use Only	Train a name P DIO	, DIERE IN	u co			THIN S LIN P UU	10072	J J	
,	Firm's address ▶ 50	HOLDEN S	ייא א איי	· · · · · · · · · · · · · · · · · · ·					
		OVIDENCE,		908		Phone no. (40	1) 272	-56	0.0
		<u>,                                    </u>			<del></del> _	1. 110110 110. ( 20	Form <b>99</b> 0		
							. 51111		()

Part IV   Capital Gains and L	osses for Tax on Investment Income				
	nd describe the kind(s) of property solo prick warehouse; or common stock, 20		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a FIRST NEW ENGI	AND CAPITAL K-1				
	JITY PARTNERS K-1				
	JITY PARTNERS K-1				<del></del>
d CROSS HARBOR H	<del>-1</del>				
e ATLANTIC TRUST	-FROM ALTERNATIV	E INVESTMENTS		1	
	-FROM ALTERNATIV		SIN		
	TNERS VI PARALLE				<u>_</u>
h GS CAPITAL PAR	RTNERS VI PARALLE	L K-1			
HIGHFIELDS CAR	PITAL K-1				
J HIGHFIELDS CAL	PITAL K-1				
k HIGHFIELDS STE	RADDLES GAINS				
HIGHFIELDS BUS	INESS GAINS				
	RADDLES GAINS				
	SINESS GAINS				
<u> ∘ US TRUST - SE</u>	ATTACHED STATEM	ENT	P		<del></del>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		) Gain or (loss) lus (f) minus (g)	
a		<25,011.>	•		25,011.
b		9,423.			<9,423.>
С		<122.>			122.
d		<22,365.>	•		22,365.
e		12.			<u> &lt;12.</u> >
<u>f</u>		<14,047.>			14,047.
9		<112.>			112.
h		<60,008.>			60,008.
1		<13,616.>			13,616.
1		<45,669.>	•		45,669.
<u>k</u>		43,505.			< <u>43,505.</u> >
1		<190,831.>	•		<u>190,831.</u>
m		65,257.			<65,257.>
n		<790,770.>	•		790,770.
0 532,225		548,132.			<15,907.>
(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	Gains (excess o	ses (from col. (h)) of col. (h) gain over ot less than "-0-")	col. (k),
a		1111 2	<del>_</del>		25,011.
<u>a</u> b	<del>                                     </del>				<9,423.>
C					122.
d					22,365.
e				·	<12.>
f					14,047.
<u>g</u>	<del>                                     </del>				112.
h			•		60,008.
1				<del></del>	13,616.
1					45,669.
k	<del>   </del>		<del>-</del>	•	<43,505.>
1					190,831.
m					<65,257.>
•					790,770.
0					<15,907.>
2 Capital gain net income or (net c	apıtal loss) { If gaın, also enter "-0-	in Part I, line 7	2	-	<u>,</u>
•			-		
3 Net short-term capital gain or (Ic if gain, also enter in Part I, line 8 if (loss), enter "-0-" in Part I, line		a (p):	3		

Part IV   Capital Gains and L	osses for Tax on Investment Income	)			
, (a) List an 2-story t	d describe the kind(s) of property so orick warehouse; or common stock, :	old, e.g., real estate, 200 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a US TRUST - SEI	ATTACHED STATEM	MENT	P		_
	r - SEE ATTACHED		P		
c BESSEMER TRUST		-	P		
d CAPITAL GAINS					
е					
f					
g					
h					
1					
J					
k					
<u> </u>					
m					
n					
0					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(e) t (µ	) Gain or (loss) blus (f) minus (g)	
a 1,452,037.		1,312,463.			139,574.
ь 201,253.		212,297.			<11,044.>
c 570,567.		506,572.			63,995.
d 262,958.	,				262,958.
е					
f					
g					
h					
1					- <del></del>
.1					·
<u>k</u>					
<u> </u>					
m					
n					
0	<u> </u>				
Complete only for assets show	ing gain in column (h) and owned by	T		sses (from col. (h))	aal (lu)
(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		of col. (h) gain over not less than "-0-")	
a			· <del>-</del>		139,574.
b					<11,044.
С					63,995.
d					262,958.
<u>e</u>					
<u>f</u>					
9					
<u>h</u>					
<u> </u>		+			
<del>!</del>		<del> </del>			
<u>k</u>		+			
		1	<u> </u>		<del></del>
<u>m</u>					
<u>n</u>					
0	<u> </u>		<del></del>	<del></del>	
2 Capital gain net income or (net c		er in Part I, line 7 0-" in Part I, line 7	2	1,	483,930.
If gain, also enter in Part I, line 8		nd (6):			
If (loss), enter "-0-" in Part I, line		J	3	N/A	

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

Department of the Treasury Internal Révenue Service

## **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.lrs.gov/form990

OMB No. 1545-0047

Name of the organization

MURRAY FAMILY FOUNDATION IMA C/O PAULA MCNAMARA

**Employer identification number** 

05-0475089

Organization type (check one) Filers of: Section: 501(c)( Form 990 or 990-EZ ) (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 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** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$5,000 or more during the year

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 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

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),

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization
MURRAY FAMILY FOUNDATION IMA
C/O PAULA MCNAMARA

Employer identification number

05-0475089

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.
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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
1	TERRENCE J MURRAY  100 FEDERAL STREET  BOSTON, MA 02110	\$\$\$.	Person Payroll Noncash  (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	TERRENCE J MURRAY  100 FEDERAL STREET  BOSTON, MA 02110	\$1.	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	TERRENCE J MURRAY  100 FEDERAL STREET  BOSTON, MA 02110	\$\$.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	TERRENCE J MURRAY  100 FEDERAL STREET  BOSTON, MA 02110	\$ 25,552.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	TERRENCE J MURRAY  100 FEDERAL STREET  BOSTON, MA 02110	\$\$	Person Payroll Oncash X (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	TERRENCE J MURRAY  100 FEDERAL STREET	s <u>1.</u>	Person Payroll Noncash X  (Complete Part II for
423452 11-0	BOSTON, MA 02110	Schedule R /Form	noncash contributions )

Name of organization

Employer identification number

MURRAY FAMILY FOUNDATION IMA C/O PAULA MCNAMARA

05-0475089

Part II	Noncash Property (see instructions) Use duplicate copies of P	art 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
	VARIOUS SEE STATEMENT ATTACHED		· · · · · · · · · · · · · · · · · · ·
1			
		\$ <u>1,087,228.</u>	03/25/14
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	1,942 SHARES CVS HEALTH CORP	_	· · = - · · · · · · · · · · · · · · · ·
		\$157,768.	09/16/14
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	2,382 SHARES CVS HEALTH CORP		
		\$ 193,514.	09/16/14
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4	676 SHARES CVS HEALTH CORP		
<del></del>		\$\$ <u>54,918.</u>	09/16/14
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
5	6,000 SHARES CVS HEALTH CORP		
		\$\$.	11/26/14
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
6	5,000 SHARES CVS CAREMARK CORP		
3453 11-05		\$ 393,100.	06/06/14 90, 990-EZ, or 990-PF) (20

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Relationship of transferor to transferee

(e) Transfer of gift

Transferee's name, address, and ZIP + 4