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EXTENDED TO NOVEMBER 16, 2015

## 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 separate instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

OMB No 1545-0052

2014

Open to Public Inspection

Form 990-PF

Department of the Treasury  
Internal Revenue Service

For calendar year 2014 or tax year beginning

, and ending

Name of foundation <b>TRIMIX FOUNDATION C/O REX CAPITAL ADVISORS, LLC</b>		A Employer identification number <b>05-0494244</b>
Number and street (or P.O. box number if mail is not delivered to street address) <b>50 PARK ROW WEST</b>	Room/suite <b>113</b>	B Telephone number <b>(401) 383-5370</b>
City or town, state or province, country, and ZIP or foreign postal code <b>PROVIDENCE, RI 02903</b>		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <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		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) <b>\$ 30,254,218.</b>	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

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))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received		1,474,626.		N/A	
2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities		275,123.	251,828.		STATEMENT 1
5a Gross rents					
b Net rental income or (loss)					
6a Net gain or (loss) from sale of assets not on line 10		1,978,041.			
Gross sales price for all assets on line 6a <b>8,810,601.</b>					
7 Capital gain net income (from Part IV, line 2)			1,978,041.		
8 Net short-term capital gain					
9 Income modifications					
10a Gross sales less returns and allowances					
b Less Cost of goods sold					
c Gross profit or (loss)					
11 Other income		4,510.	6.		STATEMENT 2
12 Total. Add lines 1 through 11		3,732,300.	2,229,875.		
13 Compensation of officers, directors, trustees, etc		0.	0.		0.
14 Other employee salaries and wages					
15 Pension plans, employee benefits					
16a Legal fees					
b Accounting fees STMT 3		4,875.	0.		4,875.
c Other professional fees STMT 4		230,850.	230,850.		0.
17 Interest		32,597.	32,597.		0.
18 Taxes STMT 5		104,113.	6,613.		0.
19 Depreciation and depletion					
20 Occupancy					
21 Travel, conferences, and meetings					
22 Printing and publications					
23 Other expenses STMT 6		164,322.	154,940.		8,990.
24 Total operating and administrative expenses. Add lines 13 through 23		536,757.	425,000.		13,865.
25 Contributions, gifts, grants paid		3,487,460.			3,487,460.
26 Total expenses and disbursements. Add lines 24 and 25		4,024,217.	425,000.		3,501,325.
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements		<291,917.>			
b Net investment income (if negative, enter -0-)			1,804,875.		
c Adjusted net income (if negative, enter -0-)				N/A	

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LHA For Paperwork Reduction Act Notice, see instructions.

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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	11,388,521.	2,124,023.	2,124,023.
	2 Savings and temporary cash investments	93.	10,622.	10,622.
	3 Accounts receivable ▶ 7,415.			
	Less: allowance for doubtful accounts ▶		7,415.	7,415.
	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 ▶			
	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			
	b Investments - corporate stock STMT 7	11,298,540.	12,201,514.	12,201,514.
	c Investments - corporate bonds			
	Liabilities	11 Investments - land, buildings, and equipment basis ▶		
Less: accumulated depreciation ▶				
12 Investments - mortgage loans				
13 Investments - other STMT 8		7,907,430.	15,910,644.	15,910,644.
14 Land, buildings, and equipment basis ▶				
Less: accumulated depreciation ▶				
15 Other assets (describe ▶)				
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)		30,594,584.	30,254,218.	30,254,218.
17 Accounts payable and accrued expenses				
18 Grants payable				
Net Assets or Fund Balances	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	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"/>			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/>			
	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	30,594,584.	30,254,218.	
30 Total net assets or fund balances	30,594,584.	30,254,218.		
31 Total liabilities and net assets/fund balances	30,594,584.	30,254,218.		

**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	30,594,584.
2 Enter amount from Part I, line 27a	2	<291,917.>
3 Other increases not included in line 2 (itemize) ▶ CHANGE IN UNREALIZED LOSSES	3	1,929,592.
4 Add lines 1, 2, and 3	4	32,232,259.
5 Decreases not included in line 2 (itemize) ▶ REALIZED GAIN/LOSS-BOOK AT FMV	5	1,978,041.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	30,254,218.

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**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.)
1a				
b SEE ATTACHED STATEMENTS				
c				
d				
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				
b				
c				
d				
e 8,810,601.		6,832,560.	1,978,041.	
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				
b				
c				
d				
e			1,978,041.	
2 Capital gain net income or (net capital loss)		2		1,978,041.
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). If (loss), enter -0- in Part I, line 8		3		N/A

**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 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))
2013	1,257,423.	25,779,083.	.048777
2012	669,350.	14,207,746.	.047112
2011	564,545.	10,871,374.	.051929
2010	454,133.	10,082,074.	.045044
2009	428,339.	9,045,289.	.047355
2 Total of line 1, column (d)			2 .240217
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 .048043
4 Enter the net value of noncharitable-use assets for 2014 from Part X, line 5			4 29,941,406.
5 Multiply line 4 by line 3			5 1,438,475.
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 18,049.
7 Add lines 5 and 6			7 1,456,524.
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 3,501,325.

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**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see 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	18,049.
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	18,049.
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	18,049.
6 Credits/Payments:			
a 2014 estimated tax payments and 2013 overpayment credited to 2014	6a	20,481.	
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	20,481.	
8 Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	8	4.	
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	2,428.	
11 Enter the amount of line 10 to be: Credited to 2015 estimated tax <input checked="" type="checkbox"/> 2,428. Refunded <input checked="" type="checkbox"/> 0.	11	0.	

**Part VII-A Statements Regarding Activities**

	Yes	No
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?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities		X
c Did the foundation file Form 1120-POL for this year?		X
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? If "Yes," attach a detailed description of the activities		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.		X
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?	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	X	
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? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

N/A

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**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		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► N/A	13	X	
14	The books are in care of ► <b>MATTHEW A. THIBAUT</b> Telephone no. ► <b>(401) 383-5370</b> Located at ► <b>50 PARK ROW WEST - SUITE 113, PROVIDENCE, RI</b> ZIP+4 ► <b>02903</b>			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year ► 15 N/A			
16	At any time during calendar year 2014, 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? See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If "Yes," enter the name of the foreign country ►	16	Yes	No X

**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 type="checkbox"/> Yes <input checked="" 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 instructions)? Organizations relying on a current notice regarding disaster assistance check here ► <input type="checkbox"/> N/A	1b	
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 2014?	1c	X
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 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ►		
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.) N/A	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. ►		
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 2014 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2014.) N/A	3b	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
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 2014?	4b	X

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**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))? ☐ Yes ☒ No
- (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No
- (3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions) ☐ Yes ☒ 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? ☐ Yes ☒ 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)?

Organizations relying on a current notice regarding disaster assistance check here

N/A

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?

N/A

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?

☐ Yes ☒ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

If "Yes" to 6b, file Form 8870

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

☐ Yes ☒ No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

5b

6b

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.

(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
SEE STATEMENT 9		0.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). 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

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**3 Five highest-paid independent contractors for professional services. If none, enter "NONE."**

<b>Total</b> number of others receiving over \$50,000 for professional services	0
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Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1	N/A	
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3.		0

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**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	25,830,260.
b	Average of monthly cash balances	1b	4,517,398.
c	Fair market value of all other assets	1c	49,708.
d	Total (add lines 1a, b, and c)	1d	30,397,366.
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	30,397,366.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	455,960.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	29,941,406.
6	Minimum investment return. Enter 5% of line 5	6	1,497,070.

**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	1,497,070.
2a	Tax on investment income for 2014 from Part VI, line 5	2a	18,049.
b	Income tax for 2014. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	18,049.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,479,021.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	1,479,021.
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	1,479,021.

**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	3,501,325.
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	3,501,325.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	18,049.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	3,483,276.

**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.

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**Part XIII** **Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
<b>1</b> Distributable amount for 2014 from Part XI, line 7				1,479,021.
<b>2</b> Undistributed income, if any, as of the end of 2014			0.	
<b>a</b> Enter amount for 2013 only				
<b>b</b> Total for prior years:		0.		
<b>3</b> Excess distributions carryover, if any, to 2014:				
<b>a</b> From 2009				
<b>b</b> From 2010				
<b>c</b> From 2011				
<b>d</b> From 2012				
<b>e</b> From 2013	251,932.			
<b>f</b> Total of lines 3a through e	251,932.			
<b>4</b> Qualifying distributions for 2014 from Part XII, line 4: ▶ \$ 3,501,325.			0.	
<b>a</b> Applied to 2013, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior years (Election required - see instructions)		0.		
<b>c</b> Treated as distributions out of corpus (Election required - see instructions)	0.			
<b>d</b> Applied to 2014 distributable amount				1,479,021.
<b>e</b> Remaining amount distributed out of corpus	2,022,304.			
<b>5</b> Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	2,274,236.			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b		0.		
<b>c</b> 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.		
<b>d</b> Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
<b>e</b> Undistributed income for 2013. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
<b>f</b> Undistributed income for 2014. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2015				0.
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
<b>8</b> Excess distributions carryover from 2009 not applied on line 5 or line 7	0.			
<b>9</b> Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a	2,274,236.			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2010				
<b>b</b> Excess from 2011				
<b>c</b> Excess from 2012				
<b>d</b> Excess from 2013	251,932.			
<b>e</b> Excess from 2014	2,022,304.			

423581  
11-24-14

Form 990-PF (2014)



TRIMIX FOUNDATION  
C/O REX CAPITAL ADVISORS, LLC

Form 990-PF (2014)

05-0494244 Page 11

**Part XV** Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient Name and address (home or business)	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
<b>a Paid during the year</b>				
SEE ATTACHMENT	N/A			3,487,460.
<b>Total</b>			<b>3a</b>	3,487,460.
<b>b Approved for future payment</b>				
NONE				
<b>Total</b>			<b>3b</b>	0.

423611  
11-24-14

Form 990-PF (2014)



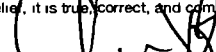
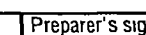
**Part XVII** Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

- |  |       |     |    |
|--|-------|-----|----|
| <p><b>1</b> 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?</p> <p><b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of:</p> <p>(1) Cash</p> <p>(2) Other assets</p> <p><b>b</b> Other transactions:</p> <p>(1) Sales of assets to a noncharitable exempt organization</p> <p>(2) Purchases of assets from a noncharitable exempt organization</p> <p>(3) Rental of facilities, equipment, or other assets</p> <p>(4) Reimbursement arrangements</p> <p>(5) Loans or loan guarantees</p> <p>(6) Performance of services or membership or fundraising solicitations</p> <p><b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees</p> <p><b>d</b> 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.</p> |       | Yes | No |
|  | 1a(1) |     | X  |
|  | 1a(2) |     | X  |
|  |       |     |    |
|  | 1b(1) |     | X  |
|  | 1b(2) |     | X  |
|  | 1b(3) |     | X  |
|  | 1b(4) |     | X  |
|  | 1b(5) |     | X  |
|  | 1b(6) |     | X  |
|  | 1c    |     | X  |

[illegible]

- 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
N/A		

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) is based on all information of which preparer has any knowledge.				May the IRS discuss this return with the preparer shown below (see instr.)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	 Signature of officer or trustee	11/12/15 Date	PRESIDENT Title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	HILLARY BURR, CPA		11/10/2015		P00910379
	Firm's name ▶ WOLF & COMPANY, P.C.			Firm's EIN ▶ 04-2689883	
	Firm's address ▶ 99 HIGH STREET, 21ST FLOOR BOSTON, MA 02110			Phone no. 617-439-9700	

Form **990-PF** (2014)

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No 1545-0047

**2014**

Name of the organization

TRIMIX FOUNDATION  
C/O REX CAPITAL ADVISORS, LLC

Employer identification number

05-0494244

Organization type (check one).

Filers of:

Section:

Form 990 or 990-EZ

☐ 501(c)( ) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☒ 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**

- ☒ 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. ▶ \$ \_\_\_\_\_

**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 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).

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 <b>TRIMIX FOUNDATION</b> <b>C/O REX CAPITAL ADVISORS, LLC</b>	Employer identification number <b>05-0494244</b>
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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
<u>1</u>	<u>DALTON CHARITABLE LEAD TRUST</u> <u>C/O REX CAPITAL, 50 PARK ROW WEST</u> <u>PROVIDENCE, RI 02903</u>	\$ <u>400,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	<u>DAVID &amp; GAIL MIXER</u> <u>C/O REX CAPITAL, 50 PARK ROW WEST</u> <u>PROVIDENCE, RI 02903</u>	\$ <u>1,074,626.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Employer identification number

05-0494244

## Part II

[illegible]

Name of organization <b>TRIMIX FOUNDATION C/O REX CAPITAL ADVISORS, LLC</b>	Employer identification number <b>05-0494244</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) ▶ \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

**TriMix Foundation**  
**2014**  
**Private Foundation - Grants and Contributions Paid**  
**Grants and Contributions Paid**

Recipient's Name	Recipient's Address				ZAP or Postal Code	Foundation Status of Recipient	Use 'Detail' tab for Full View and Edit	
	Street	City	State				Purpose of Grant or Contribution	Amount
Adrienne Arsht Center (FL)	1300 Biscayne Boulevard	Miami	FL		33132	501c3	AlleyCamp	\$ 30,000
Americans for Immigrant Justice's (FL)	3000 Biscayne Blvd., Suite 400	Miami	FL		33137	501c3	General Support	\$ 50,000
Americans for Immigrant Justice (FL)	3000 Biscayne Blvd., Suite 400	Miami	FL		33137	501c3	Children's Legal Program	\$ 25,000
Amos House (RI)	415 Friendship Street, P.O. Box 72873	Providence	RI		02907	501c3	Mother-Child Reunification Program	\$ 20,000
Amos House (RI)	415 Friendship Street, P.O. Box 72873	Providence	RI		02907	501c3	Fatherhood Initiative	\$ 20,000
Berkshire Taconic Community Foundation (MA)	P.O. Box 400	Sheffield	MA		01257	501c3	Learning Program	\$ 18,000
Boys & Girls Club of Miami-Dade	P.O. Box 330219	Miami	FL		33233	501c3	Claws for Kids Fundraiser	\$ 1,000
Boys & Girls Club of Miami-Dade	P.O. Box 330219	Miami	FL		33233	501c3	Educational After School Programs	\$ 30,000
Boys & Girls Club of Providence (RI)	550 Wickenden Street	Providence	RI		02903	501c3	Youth Employment and Aquatics programs	\$ 50,000
Breakthrough Providence (RI)	216 Hope Street	Providence	RI		02906	501c3	General Operating Expenses	\$ 25,000
Breakthrough Miami (FL)	3250 Southwest Third Avenue, 6th Floor	Miami	FL		33129	501c3	General Operating Support	\$ 25,000
Catalyst Miami (FL)	1900 Biscayne Blvd., Suite 200	Miami	FL		33132	501c3	Leaders to Leaders program	\$ 30,000
Central Falls Family Self-Sufficiency Fund (RI)	30 Washington Street	Central Falls	RI		02863	501c3	Youth Employment Program	\$ 5,000
City Year (RI)	77 Eddy Street, 2nd Floor	Providence	RI		02903	501c3	Miscellaneous programs	\$ 34,360
City Year (RI)	77 Eddy Street, 2nd Floor	Providence	RI		02903	501c3	25th Anniversary Gala	\$ 10,000
College Visions (RI)	131 Washington Street, Suite 205	Providence	RI		02903	501c3	Core Programs	\$ 30,000
Crossroads (RI)	160 Broad Street	Providence	RI		02903	501c3	Operational Support	\$ 10,000
Crossroads (RI)	160 Broad Street	Providence	RI		02903	501c3	Education and Employment Services Program	\$ 10,000
Dorcas International Institute of Rhode Island	220 Elmwood Avenue	Providence	RI		02907	501c3	Unrestricted Annual Fund Campaign	\$ 50,000
Educate Tomorrow (FL)	1717 North Bayshore Drive, Suite 203	Miami	FL		33132	501c3	It's Your Life Summer Program	\$ 30,000
Educate Tomorrow (FL)	1717 North Bayshore Drive, Suite 203	Miami	FL		33132	501c3	Gala	\$ 25,000
Educate Tomorrow (FL)	1717 North Bayshore Drive, Suite 203	Miami	FL		33132	501c3	General Operations	\$ 25,000
Education Fund (FL)	900 NE 125th Street, Suite 110	North Miami	FL		33161	501c3	General Fund	\$ 50,000
Education Fund (FL)	900 NE 125th Street, Suite 110	North Miami	FL		33161	501c3	CNI Garden	\$ 6,000
Education Fund (FL)	6713 Main Street, Suite 240	Miami Lakes	FL		33014	501c3	Art of Found Objects	\$ 3,000
Education Fund (FL)	6713 Main Street, Suite 240	Miami Lakes	FL		33014	501c3	For the Love of Art Annual Charity Auction	\$ 1,000
GableStage (FL)	1200 Anastasia Avenue, #230	Coral Gables	FL		33134	501c3	2014/2015 Season and Educational Program	\$ 10,000
Inspiring Minds	763 Westminster Street	Providence	RI		02903	501c3	General donation	\$ 100
ITWomen (FL)	3370 NE 190th Street, Suite 3811	Aventura	FL		33180	501c3	Role Model Speakers Program	\$ 10,000
Learning One to One (FL)	2555 Collins Avenue, Suite 2010	Miami Beach	FL		33139	501c3	Fontan Relational Education	\$ 50,000
Mariposa (RI)	P.O. Box 6759	Providence	RI		02940	501c3	Educational Foundation for Children	\$ 5,000
Miami Beach Film Society (FL)	P.O. Box 19-1876	Miami Beach	FL		33119	501c3	General operations	\$ 2,500
Miami Foundation (FL)							Paid online with TriMix credit card by GSM	\$ 9,000
Miami Lighthouse for the Blind and Visually Impaired	601 SW 8th Avenue	Miami	FL		33130	501c3	Heiken Children's Vision Program	\$ 10,000
Mindful Kids (FL)	7710 SW 61st Avenue	South Miami	FL		33143	501c3	Inner City Schools Initiative	\$ 26,000
Caleb Group (MA)	P.O. Box 114	North Adams	MA		01247	501c3	Positive Energy Program (Mohawk Forest)	\$ 3,000
Narragansett Council (RI)	P.O. Box 14777	East Providence	RI		02914	501c3	ScoutReach	\$ 20,000



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FORM 990-PF                      DIVIDENDS AND INTEREST FROM SECURITIES                      STATEMENT                      1

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SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
DIVIDENS	250,992.	0.	250,992.	250,992.	
INTEREST	27,149.	0.	27,149.	27,149.	
PARTNERSHIP INCOME	<26,313.>	0.	<26,313.>	<26,313.>	
TAX EXEMPT INCOME	23,295.	0.	23,295.	0.	
TO PART I, LINE 4	275,123.	0.	275,123.	251,828.	

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FORM 990-PF                      OTHER INCOME                      STATEMENT                      2

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DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
JPM #5002 CURRENCY G/L	<40.>	<40.>	
COST ADJUSTMENT	4,504.	0.	
SECURITY LITIGATION	46.	46.	
TOTAL TO FORM 990-PF, PART I, LINE 11	4,510.	6.	

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FORM 990-PF                      ACCOUNTING FEES                      STATEMENT                      3

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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
TAX PREP	4,875.	0.		4,875.
TO FORM 990-PF, PG 1, LN 16B	4,875.	0.		4,875.

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FORM 990-PF	OTHER PROFESSIONAL FEES			STATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
INVESTMENT MANAGEMENT FEES					
- FIDELITY	29.	29.			0.
INVESTMENT MANAGEMENT FEES					
- MERRILL LYNCH	5,710.	5,710.			0.
INVESTMENT MANAGEMENT FEES					
- FIDELITY	111.	111.			0.
INVESTMENT MANAGEMENT FEES					
- RCA	225,000.	225,000.			0.
TO FORM 990-PF, PG 1, LN 16C	230,850.	230,850.			0.

FORM 990-PF	TAXES			STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
FOREIGN TAXES	6,541.	6,541.			0.
FEDERAL TAXES	97,500.	0.			0.
STATE TAXES	72.	72.			0.
TO FORM 990-PF, PG 1, LN 18	104,113.	6,613.			0.

FORM 990-PF	OTHER EXPENSES			STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
PORTFOLIO EXPENSES	151,116.	151,116.			0.
OTHER DEDUCTIONS	3,824.	3,824.			0.
NONDEDUCTIBLE EXPENSES	392.	0.			0.
MEMBERSHIPS	8,990.	0.			8,990.
TO FORM 990-PF, PG 1, LN 23	164,322.	154,940.			8,990.

FORM 990-PF	CORPORATE STOCK	STATEMENT	7
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DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
COMMON & PREFERRED STOCK	12,201,514.	12,201,514.
TOTAL TO FORM 990-PF, PART II, LINE 10B	12,201,514.	12,201,514.

FORM 990-PF	OTHER INVESTMENTS	STATEMENT	8
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DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
ART	FMV	46,000.	46,000.
CLOUGH EMETH	FMV	977,718.	977,718.
CONVEXITY CAPITAL OFFSHORE	FMV	6,000,000.	6,000,000.
HIGHVISTA II, LP	FMV	0.	0.
INCA LATIN AMERICAN SMALL CAP	FMV	552,993.	552,993.
LASCAUX RESOURCE CAPITAL FUND	FMV	91,013.	91,013.
LOEB ARBITRAGE FUND	FMV	575,582.	575,582.
NORTH RUN OFFSHORE PARTNERS	FMV	762,530.	762,530.
REX ADV K VIII	FMV	247,639.	247,639.
REX ADVISORS COPLEY X INVESTORS	FMV	620,368.	620,368.
EDGE PRINCIPAL INVESTMENTS III	FMV	204,026.	204,026.
MIDDLELAND ENDOWMENT I	FMV	5,698,425.	5,698,425.
BAIN CAPITAL FUND XI	FMV	45,619.	45,619.
GNDI HOLDINGS I	FMV	31,666.	31,666.
REX ADVISORS CB 2014	FMV	<453.>	<453.>
BROOKFIELD PROPERTY	FMV	44,966.	44,966.
POWERSHARES AGRICULTURE	FMV	12,552.	12,552.
TOTAL TO FORM 990-PF, PART II, LINE 13		15,910,644.	15,910,644.

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FORM 990-PF                      PART VIII - LIST OF OFFICERS, DIRECTORS                      STATEMENT      9  
    TRUSTEES AND FOUNDATION MANAGERS

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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN	EXPENSE CONTRIB ACCOUNT
GAIL S. MIXER 50 PARK ROW WEST, SUITE 113 PROVIDENCE, RI 02903	PRESIDENT 1.00	0.	0.	0.
DAVID P. MIXER 50 PARK ROW WEST, SUITE 113 PROVIDENCE, RI 02903	VICE PRESIDENT 1.00	0.	0.	0.
BRIAN MIXER 50 PARK ROW WEST, SUITE 113 PROVIDENCE, RI 02903	DIRECTOR 1.00	0.	0.	0.
MARK MIXER 50 PARK ROW WEST, SUITE 113 PROVIDENCE, RI 02903	DIRECTOR 1.00	0.	0.	0.
MICHAEL MIXER 50 PARK ROW WEST, SUITE 113 PROVIDENCE, RI 02903	DIRECTOR 1.00	0.	0.	0.
MATTHEW A. THIBAUT 50 PARK ROW WEST, SUITE 113 PROVIDENCE, RI 02903	SECRETARY 2.00	0.	0.	0.
ARTHUR X. DUFFY 50 PARK ROW WEST, SUITE 113 PROVIDENCE, RI 02903	TREASURER 2.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		0.	0.	0.

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FORM 990-PF                      PART XV - LINE 1A                      STATEMENT      10  
    LIST OF FOUNDATION MANAGERS

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## NAME OF MANAGER

GAIL S. MIXER  
DAVID P. MIXER



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FORM 990-PF	GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D	STATEMENT 11
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NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

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GAIL S. MIXER  
C/O REX CAPITAL ADVISORS 50 PARK ROW WEST NO.113  
PROVIDENCE, RI 02903

TELEPHONE NUMBER

---

401-383-5370

FORM AND CONTENT OF APPLICATIONS

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APPLICATIONS SHOULD BE WRITTEN REQUESTS ON LETTERHEAD AND SHOULD PROVIDE INFORMATION REGARDING QUALIFIED CHARITABLE STATUS AND INTENDED USE OF GRANT.

ANY SUBMISSION DEADLINES

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N/A

RESTRICTIONS AND LIMITATIONS ON AWARDS

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N/A

**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.)
1a	FIDELITY #3309 - SEE ATTACHED	P		
b	FIDELITY #3309 - SEE ATTACHED	P		
c	FIDELITY #9645 - SEE ATTACHED	P		
d	FIDELITY #9645 - SEE ATTACHED	P		
e	FIDELITY #9645 - SEE ATTACHED	P		
f	YANDEX NV	D	12/18/12	01/02/14
g	ISHARES MSCI ALL COUNTRY	P	07/31/09	01/15/14
h	MERRILL LYNCH #2445 - SEE ATTACHED	P		
i	MERRILL LYNCH #2445 - SEE ATTACHED	P		
j	MERRILL LYNCH #2445 - SEE ATTACHED	P		
k	LT CAP GAIN DISTRIBUTIONS	P		
l	UNRECAPTURE 1250 GAIN	P		
m	SECTION 1231 GAINS	P		
n	SECTION 1256 STRADDLES	P		
o	PARTNERSHIP ST CAP GAINS	P		

	(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	17,841.		23,990.	<6,149.>
b	96,328.		88,755.	7,573.
c	2,692,909.		2,448,264.	244,645.
d	3,313,695.		3,007,340.	306,355.
e	46,581.		24,797.	21,784.
f	1,068,880.		543,000.	525,880.
g	192,491.		166,056.	26,435.
h	89,391.		86,124.	3,267.
i	260,103.		243,335.	16,768.
j	303,095.		200,899.	102,196.
k	116,024.			116,024.
l	573.			573.
m	4,268.			4,268.
n	<568.>			<568.>
o	42,385.			42,385.

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(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	(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a			<6,149.>
b			7,573.
c			244,645.
d			306,355.
e			21,784.
f			525,880.
g			26,435.
h			3,267.
i			16,768.
j			102,196.
k			116,024.
l			573.
m			4,268.
n			<568.>
o			42,385.

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	
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). If (loss), enter "-0-" in Part I, line 8	3	

**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.)
1a PARTNERSHIP LT CAP GAINS		P		
b QEF INCOME		P		
c				
d				
e				
f				
g				
h				
i				
j				
k				
l				
m				
n				
o				

(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 474,345.			474,345.
b 92,260.			92,260.
c			
d			
e			
f			
g			
h			
i			
j			
k			
l			
m			
n			
o			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(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	(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a			474,345.
b			92,260.
c			
d			
e			
f			
g			
h			
i			
j			
k			
l			
m			
n			
o			

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	1,978,041.
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). If (loss), enter "-0-" in Part I, line 8		3	N/A