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EXTENDED TO AUGUST 17, 2015

Form 990-PF

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public Information about Form 990-PF and its separate instructions is about its gov/form990pf.

- 01	Cale	idal year 2014 of tax year beginning	· · · · · · · · · · · · · · · · · · ·	, and entiting	·	
		foundation			A Employer identification	on number
		DARRELL & SUSAN ROSS			05-612545	ς.
		RITABLE FOUNDATION		10		<u> </u>
		and street (or PO box number if mail is not delivered to street	address)	Room/su	D refeblione number	2000
		POLMER PARK		<u></u> -	·	-2000
		own, state or province, country, and ZIP or foreign p M BEACH, FL 33480	ostal code		C If exemption application is	pending, check here
		call that apply Initial return	Initial return of a fo	ormer public charity	D 1 Foreign organization	ns, check here
		Final return	Amended return	, , , , , , , , , , , , , , , , , , , ,		
		Address change	Name change		Foreign organizations makes here and attach of the control of	neeting the 85% test, computation
H (Check	type of organization X Section 501(c)(3) ex	cempt private foundation		E If private foundation st	
] S€		Other taxable private founda	ation	under section 507(b)(1	
I Fa	וור שי	arket value of all assets at end of year J Accounti	ng method X Cash	Accrual	F If the foundation is in a	60-month termination
(fi	om .	Part II, col (c), line 16)	her (specify)		under section 507(b)(1	
	\$	3,488,353. (Part I, colu	mn (d) must be on cash	basis.)		
Pa	art I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net investmen		(d) Disbursements for chantable purposes
		necessarily equal the amounts in column (a)	expenses per books	ıncome	Income	(cash basis only)
	1	Contributions, gifts, grants, etc., received			N/A	
	2	Check ► X if the foundation is not required to attach Sch. B		<u> </u>		
3	3	Interest on savings and temporary cash investments	01.054	00.40		
;	4	Dividends and interest from securities	91,954.	90,48	6.	STATEMENT 1
3	5a	Gross rents		·		
J Cr.	b	Net rental income or (loss)	16 206		····	
	6a	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	46,286.			
Mにじ u Revenue	_b	assets on line 6a		46,28	6	<u> </u>
F S	7	Capital gain net income (from Part IV, line 2)		40,20	0.	<u> </u>
SCANNED Reven	8	Net short-term capital gain Income modifications RECEIVED		<u> </u>		_
ට්	100	Conse sales long estures	*****			+
T		and allowances Less Cost of goods sold	5.2			
	ı	Gross profit or (loss)	1.			
	11	Other income			······	
	12	Total. Add lines 1 through 11	138,240.	136,77	2.	
	13	Compensation of officers, directors, trustees, etc	0.		0.	0.
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
ses	16a	Legal fees				
ĕ	b	Accounting fees STMT 2	4,800.	2,40	0.	2,400.
Ä	C	Other professional fees STMT 3	13,474.	13,47	4.	0.
ĭ.		Interest				
Operating and Administrative Expenses	18	Taxes STMT 4	12,185.	1,88	8.	0.
nis	19	Depreciation and depletion				<u> </u>
Ë	20	Occupancy				ļ
Ā	21	Travel, conferences, and meetings				
a	22	Printing and publications	547			<u> </u>
ing	23	Other expenses STMT 5	747.	69	7.	50.
rat	24	Total operating and administrative	21 206	10 45		2 450
ŏ		expenses. Add lines 13 through 23	31,206.	18,45	フ・	2,450. 150,695.
_		Contributions, gifts, grants paid	150,695.			130,093.
	26	Total expenses and disbursements.	101 001	10 15	a	153,145.
	27	Add lines 24 and 25	181,901.	18,45	7 •	133,143.
		Subtract line 26 from line 12	<43,661.	>		
		Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-)	743,001.	118,31	3	
1		Adjusted net income (if negative, enter -0-)		110,31	N/A	
42350	01	HA For Panerwork Reduction Act Notice and		<u> </u>	11/1	Form 990-DF (2014)

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U:	5-6	12) 4	۔ د	J

For	m 99	OO-PF (2014) CHARITABLE FOUNDATION		05-0	5125455 Page 2
D	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	year
1	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			
	2	Savings and temporary cash investments	13,783.	12,333.	12,333.
	3	Accounts receivable ►			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ►			
		Less allowance for doubtful accounts ▶			
- 1	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons		3,530.	3,530.
İ	7	Other notes and loans receivable		······································	
	-	Less allowance for doubtful accounts			
S	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	1Na	Investments - U.S. and state government obligations			
l		Investments - corporate stock STMT 6	2,458,953.	2,567,919.	3,095,786.
- [Investments - corporate bonds STMT 7	551,009.	396,302.	376,704.
		Investments - land, buildings, and equipment basis			_
1	••	Less accumulated depreciation		1	
	12	Investments - mortgage loans			
J	13	Investments - other		-	
- 1	14	Land, buildings, and equipment basis			
	• •	Less accumulated depreciation		Ţ	
1	15	Other assets (describe			
		Total assets (to be completed by all filers - see the			
İ	•	instructions Also, see page 1, item I)	3,023,745.	2,980,084.	3,488,353.
	17	Accounts payable and accrued expenses			
- 1	18	Grants payable	,		
- 1	19	Deferred revenue			
.≝ ≀	20	Loans from officers, directors, trustees, and other disqualified persons			
ا <u>چ</u>	21	Mortgages and other notes payable			
=		Other liabilities (describe)			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
ヿ		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
es	24	Unrestricted			
al	25	Temporarily restricted			
Bal	26	Permanently restricted			
힏		Foundations that do not follow SFAS 117, check here			
교		and complete lines 27 through 31.		[
ةِ ا	27	Capital stock, trust principal, or current funds	0.	0.	
i šė	 28	Paid-in or capital surplus, or land, bldg, and equipment fund	0.1	0.	
úΩl	29	Retained earnings, accumulated income, endowment, or other funds	3,023,745.	2,980,084.	
펄	30	Total net assets or fund balances	3,023,745.	2,980,084.	
-		. State the addote of fully paralled			
- 1	31	Total liabilities and net assets/fund balances	3,023,745.	2,980,084.	
Pa	irt	Analysis of Changes in Net Assets or Fund Ba	iiances		
1 7	otal	net assets or fund halances at beginning of year - Part II. column (a) line 3	0		

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	3,023,745.
2	Enter amount from Part I, line 27a	2	<43,661.>
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4	2,980,084.
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	2,980,084.

Part IV Capital Gair	ns and L	osses for Tax on In	vestment	t Income						
		kind(s) of property sold (e g , or common stock, 200 shs			[P	How acquir - Purchase - Donation	e '	c) Date acquired (mo , day, yr)		Date sold , day, yr)
1a										
b SEE ATTACHI	ED STA	TEMENT			<u> </u>					
<u>C</u>					 					
<u>d</u>					 					
<u>e</u>					١					
(e) Gross sales price	(1)	Depreciation allowed (or allowable)		st or other basis expense of sale				(h) Gain or (li (e) plus (f) min		
<u>a</u>										
b										
<u>C</u>										
e 506,925				460,63	a					6,286.
Complete only for assets sho		column (h) and owned by t	he foundation		٠,٠		(1) (Color (Col. (b) o		0,200.
Complete only for assets site	Willy gail it			cess of col (I)				Gains (Col. (h) g k), but not less :		
(i) F M V as of 12/31/69		(j) Adjusted basis as of 12/31/69	17	col (I), if any			•	Losses (from co	ol (h))	
2					-					
a b										
С										
d		<u> </u>								
e					$\neg \neg$				4	6,286.
		C 16	D. 44 4		7				<u>-</u>	-/
2 Capital gain net income or (ne	t capital loss	$\begin{cases} \text{If gain, also enter} \\ \text{If (loss), enter -0-} \end{cases}$. 🕽	2			4	6,286.
3 Net short-term capital gain or			d (6)		٦	1				
If gain, also enter in Part I, line		(c)			 			N/	′ π	
If (loss), enter -0- in Part I, lin		Section 4940(e) for		Tay on Not	لل	3	t Inco		A	
If section 4940(d)(2) applies, lead Was the foundation liable for the If "Yes," the foundation does not describe the appropriate the section of the section	section 4942 qualify under	2 tax on the distributable am section 4940(e) Do not co	mplete this pa	rt		 			Ye	s X No
1 Enter the appropriate amount (a)	ili each coil	T	ISTRICTIONS DE	iore making any e				Γ	(d)	
Base periód years Calendar year (or tax year begi	nning in)	(b) Adjusted qualifying dist		Net value of no		ritable-use		(col (b)	tribution rati divided by c	ol (c))
2013		16	9,152.			,339,				050659
2012			8,366.			,074,				051504
2011			3,621.			,165,		 		051688 051413
2010			4,416. 1,300.			,003, ,647,				$031413 \\ 045811$
2009		12	1,300.	<u> </u>		,047,	034.		<u> </u>	043011
2 Total of line 1, column (d)				and the second				2	•	251075
3 Average distribution ratio for t the foundation has been in exi	-		on line 2 by 5,	or by the number	ot ye	ars		3	• '	050215
4 Enter the net value of nonchar	itable-use as	ssets for 2014 from Part X, I	ine 5					4	3,55	4,063.
5 Multiply line 4 by line 3								5	17	8,467.
6 Enter 1% of net investment in	come /1% o	f Part I June 27h\						6		1,183.
7 Add lines 5 and 6								7		9,650.
	B. 4.5									
8 Enter qualifying distributions f If line 8 is equal to or greater t			1b, and comp	olete that part usin	ga1	% tax rate		8	13	3,145.
See the Part VI instructions										DF (22
423521 11-24-14									Form 99 0	0-PF (2014)

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THE DARRELL & SUSAN ROSS				
	5-61254	155	Р	Page 4
Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 494	8 - see in	struc	ction	ıs)
1.a Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1				
Date of ruling or determination letter (attach copy of letter if necessary-see instructions)				
	1	2	2,36	66.
of Part I, line 27b				
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)	-			
	2			0.
	3	2	2,36	<u> 66</u> .
	4			0
	5		2,36	56.
6 Credits/Payments	-			
a 2014 estimated tax payments and 2013 overpayment credited to 2014 6a 2,000.]			
b Exempt foreign organizations - tax withheld at source	1			
c Tax paid with application for extension of time to file (Form 8868) 6c 2,800.	1			
d Backup withholding erroneously withheld 6d 6d	1			
2 Subject to the subj	7	4	1,80	00.
	8			5 .
	9			
	10	2	2,42	29.
	11			0.
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		`	Yes	No
any political campaign?		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 activities and copies of any materials published	or		1	
distributed by the foundation in connection with the activities.	ŧ		1	
c Did the foundation file Form 1120-POL for this year?	Į	10		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.			1	
(1) On the foundation ► \$ O . (2) On foundation managers ► \$ O .	į		1	
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	Ī		1	
managers > \$0	•		1	
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		<u>X</u>
If "Yes," attach a detailed description of the activities.	[1	
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or	İ		1	
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		_ <u>X</u>
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	. 1	4a		_X
b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?	ļ	5		X
If "Yes," attach the statement required by General Instruction T.			1	:
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			1	
By language in the governing instrument, or	ł		1	;
 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law 	N			
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

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

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)

year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV

10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses

8a Enter the states to which the foundation reports or with which it is registered (see instructions)

of each state as required by General Instruction G? If "No," attach explanation

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Х

8b

10

Х

3h

4a

N/A

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,

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

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?

. THE DARRELL & SUSAN ROSS	i 1				
Form 990-PF (2014) CHARITABLE FOUNDATION			05-61254	.55	Page 6
Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be F				
5a During the year did the foundation pay or incur any amount to			7	1	T
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Y₁	es X No		1
(2) Influence the outcome of any specific public election (see section 4955), or					}
any voter registration drive?	in to carry on, amount or man		es X No		1
(3) Provide a grant to an individual for travel, study, or other similar purposes	2		es X No		1
(4) Provide a grant to an organization other than a charitable, etc., organization			١٠٠ ريدي در		1
4945(d)(4)(A)? (see instructions)	n desembed in section	v	es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational nurnoses or f		3 (22) 110		1
the prevention of cruelty to children or animals?	or concational purposes, or i		es X No		1
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	dar the excentions described i		.s (<u>.s.</u>) 110		
section 53 4945 or in a current notice regarding disaster assistance (see instru		iii negalations	N/A	5b	-
Organizations relying on a current notice regarding disaster assistance check h	•		P	-	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		hanı			
expenditure responsibility for the grant?		. ,	s No		1
If "Yes," attach the statement required by Regulations section 53 494		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	` <i>'</i>		ļ		
a personal benefit contract?	pay promiums on		es X No		1
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal henefit contract?	۰۰ لــــا	,3 Las 110	66	x
If "Yes" to 6b, file Form 8870	organia beneal contract.		<u> </u>	-	+
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?		s X No		-
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b	1
Part VIII Information About Officers, Directors, Trust		nagers. Highly			
Paid Employees, and Contractors					
1 List all officers, directors, trustees, foundation managers and their	compensation.				
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans		xpense nt, other
(a) Name and address	to position	(If not paid, enter -0-)	and deferred compensation		ances_
	TRUSTEE	1		}	
300 POLMER PARK			ı	}	
PALM BEACH, FL 33480	2.00	0.	0.		0.
	TRUSTEE				
300 POLMER PARK					
PALM BEACH, FL 33480	2.00	0.	0.		0.
		1		1	
		Ì			
				<u> </u>	
				1	
- 		ļ			
			L	<u></u>	
2 Compensation of five highest-paid employees (other than those inc	· · · · · · · · · · · · · · · · · · ·	enter "NONE."	(d) Contributions to	T (a) E	xpense
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit plans and deferred	accour	nt, other
NONE	devoted to position		compensation	allow	vances
NONE					
	 	 		 	
				1	
		 		 	
	1			1	
	 			 	
	· ·	1		1	

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

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Form 990-PF (2014) CHARITABLE FOUNDATION		<u> 51254</u>	55 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundated Paid Employees, and Contractors (continued)	ition Managers, Highly		
3 Five highest-paid independent contractors for professional services. If none, ente	r "NONE."		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	1	(c) Compensation
NONE			
	_		
	_		
Total number of others receiving over \$50,000 for professional services	<u>l </u>	-	
Part IX-A Summary of Direct Charitable Activities			
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis number of organizations and other beneficiaries served, conferences convened, research papers produced.		E	xpenses
1 N/A			
2			
3			
4			
Part IX-B Summary of Program-Related Investments			
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

Total. Add lines 1 through 3

$\overline{}$	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations,	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities	1a	3,600,355.
	Average of monthly cash balances	1b	3,600,355. 7,831.
	Fair market value of all other assets	10	
	Total (add lines 1a, b, and c)	18	3,608,186.
	Reduction claimed for blockage or other factors reported on lines 1a and		
Ť	1c (attach detailed explanation) 1e 0.	. 1	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	3,608,186.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	54,123.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	3,554,063.
6	Minimum investment return. Enter 5% of line 5	6	177,703.
_	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an	d certain	
_	foreign organizations check here 🕨 🔛 and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	177,703.
2a	Tax on investment income for 2014 from Part VI, line 5		
b	Income tax for 2014 (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	2c	2,366. 175,337.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	175,337.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	175,337.
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	175,337.
P	Qualifying Distributions (see Instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
3	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	153,145.
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		
а	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	153,145.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	153,145.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years	ualifies for	the section

Part XIII Undistributed Income (see instructions)

	(-)	(6)	(a)	(d)
	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI,				175 227
line 7				175,337.
2 Undistributed income, if any, as of the end of 2014	ŧ		<u>, </u>	
a Enter amount for 2013 only			0.	
h Total for prior years	*	0.	1	
3 Excess distributions carryover, if any, to 2014		0.		
a From 2009	-		1	
b From 2010 5,613.	1		1	
c From 2011 6,731.	<u> </u>		{	
d From 2012 7, 102.			1	
e From 2013 22,846.	1		į	
f Total of lines 3a through e	42,292.		1	
4 Qualifying distributions for 2014 from				
Part XII, line 4 ►\$ 153, 145.	‡		‡	
a Applied to 2013, 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 2014 distributable amount				153,145.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2014	22,192.			22,192.
(If an amount appears in column (d), the same amount must be shown in column (a))			1	
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	20,100.			
b Prior years' undistributed income Subtract			1	
line 4b from line 2b	:	0.		
c Enter the amount of prior years'			1	
undistributed income for which a notice of	1		1	
deficiency has been issued, or on which the section 4942(a) tax has been previously		_	1	
assessed		0.		
d Subtract line 6c from line 6b Taxable	1		1	
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		1	1	
lines 4d and 5 from line 1. This amount must	1			0.
be distributed in 2015				
7 Amounts treated as distributions out of			1	
corpus to satisfy requirements imposed by			1	
section 170(b)(1)(F) or 4942(g)(3) (Election	0.		1	
may be required - see instructions)		· · · · · · · · · · · · · · · · · · ·		
8 Excess distributions carryover from 2009	0.		‡	
not applied on line 5 or line 7				
9 Excess distributions carryover to 2015 Subtract lines 7 and 8 from line 6a	20,100.			
10 Analysis of line 9	20,1000			
a Excess from 2010	1		1	
b Excess from 2011	}			
c Excess from 2012	ļ		1	
d Excess from 2013 20, 100.				
e Excess from 2014			1	
423581 11-24-14				Form 990-PF (2014)

	BLE FOUNDAT		 		.25455 Page 11
Part XIV Private Operating F				N/A	
1 a If the foundation has received a ruling of	r determination letter that	t it is a private operating			
foundation, and the ruling is effective fo	r 2014, enter the date of t	the ruling	▶		
b Check box to indicate whether the found	dation is a private operatir	ng foundation described		4942(j)(3) or 4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years	1 (11.00)	(-) 7 4-1
income from Part I or the minimum	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a		ļ			
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				İ	}
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	<u> </u>		 		
alternative test relied upon	!				
a "Assets" alternative test - enter					1
(1) Value of all assets			 		
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)	,			Ì	
b "Endowment" alternative test - enter			 	-	
2/3 of minimum investment return					
shown in Part X, line 6 for each year listed	}) 			l
c "Support" alternative test - enter.				 	
(1) Total support other than gross					
investment income (interest,	,			1	
dividends, rents, payments on					1
securities loans (section 512(a)(5)), or royalties)					1
(2) Support from general public					
and 5 or more exempt	1				
organizations as provided in section 4942(j)(3)(B)(iii)	ļ				
(3) Largest amount of support from					
an exempt organization	!				
(4) Gross investment income .				T	
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	had \$5,000 or m	ore in assets
at any time during t	he year-see instr	ructions.)			
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation wh			ntributions received by the	foundation before the clo	se of any tax
year (but only if they have contributed n	nore than \$5,000) (See s	ection 507(d)(2))			
SEE STATEMENT 8					
b List any managers of the foundation wh			ı (or an equally large porti	on of the ownership of a p	artnership or
other entity) of which the foundation has	s a 10% of greater interes	SI.			
NONE					
2 Information Regarding Contribution					and a factor of the
Check here Lifthe foundation of the foundation makes gifts, grants, etc.					
a The name, address, and telephone num					
a The name, address, and telephone num	per or e-mail address of the	ne person to whom app	nications should be addres	sseu	
SEE STATEMENT 9					
b The form in which applications should b	e submitted and informat	tion and materials they	should include	·	
c Any submission deadlines					
d Any rootstations or limit-time	a such as by as to a to a	al arone obsertable field	kinds of institutions	other factors	
d Any restrictions or limitations on awards	s, such as by geographica	ы атеах, спапцаріе неіо:	s, kings of institutions, of	OHIEL IGENIES	

Page 11

CHARITABLE FOUNDATION Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount status of contribution any foundation manager Name and address (home or business) or substantial contributor recipient a Paid during the year PUBLIC CHARITY OPERATING SUPPORT ALWAYS OUR KIDS (AOK) NONE 2001 FLATBUSH AVENUE BROOKLYN, NY 11234 20,000. PUBLIC CHARITY OPERATING SUPPORT AMERICAN FRIENDS OF THE HEBREW NONE UNIVERSITY 100 WEST CYPRESS CREEK ROAD STE 865 4,500. FORT LAUDERDALE, FL 33309 AMERICAN FRIENDS OF THE ISRAEL MUSEUM NONE PUBLIC CHARITY OPERATING SUPPORT 500 FIFTH AVENUE, SUITE 2540 5,000. NEW YORK, NY 10110 AMERICAN FRIENDS OF THE ISRAEL NONE PUBLIC CHARITY OPERATING SUPPORT PHILHARMONIC ORCHESTRA 122 EAST 42ND STREET SUITE 4507 NEW YORK, NY 10168 1,000. PUBLIC CHARITY OPERATING SUPPORT AUTISM SPEAKS NONE 2 PARK AVENUE, 11TH FLOOR 500<u>.</u> NEW YORK, NY 10016 SEE CONTINUATION SHEET(S) ➤ 3a 150 695. Total b Approved for future payment NONE Tota!

nter gross amounts unless otherwise indicated		usiness income		y section 512, 513, or 514	(e)
Program service revenue	(a) Business code	(b) Amount	Exclu sion code	(d) Amount	Related or exempt function income
a					
b					
С	1				
d					
e	1 1				
1					
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash					
investments					
Dividends and interest from securities			14	91,954.	
Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal					
property					
Other investment income					
Gain or (loss) from sales of assets other				45.005	
than inventory	<u> </u>		18	46,286.	
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue				-	
a	-				
b	1 1				
<u> </u>	_		- 		
	-		- 		
d					
e)	138.740.1	
e Subtotal Add columns (b), (d), and (e)		().	138,240.	138.24
e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)		-).	138,240.	138,24
e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations		-		13	138,24
e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations	to the Accom	-		13	138,24
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations) Relationship of Activities		plishment of	Exempt Pu	13	138,24
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations) art XVI-B Relationship of Activities ne No. Explain below how each activity for which income	ome is reported in c	plishment of	Exempt Pu	13	138,24
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations) Relationship of Activities	ome is reported in c	plishment of	Exempt Pu	13	138,24
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations) art XVI-B Relationship of Activities ne No. Explain below how each activity for which incompared to the subtraction of the subtra	ome is reported in c	plishment of	Exempt Pu	13	138,24
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations) art XVI-B Relationship of Activities ne No. Explain below how each activity for which incompared to the subtraction of the subtra	ome is reported in c	plishment of	Exempt Pu	13	138,24
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations) art XVI-B Relationship of Activities ne No. Explain below how each activity for which incompared to the subtraction of the subtra	ome is reported in c	plishment of	Exempt Pu	13	138,24
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities ine No. Explain below how each activity for which income	ome is reported in c	plishment of	Exempt Pu	13	138,24
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities ine No. Explain below how each activity for which income	ome is reported in c	plishment of	Exempt Pu	13	138,24
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations) art XVI-B Relationship of Activities ne No. Explain below how each activity for which incompared to the subtraction of the subtra	ome is reported in c	plishment of	Exempt Pu	13	138,24
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations) art XVI-B Relationship of Activities ne No. Explain below how each activity for which income	ome is reported in c	plishment of	Exempt Pu	13	138,24
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations) art XVI-B Relationship of Activities ne No. Explain below how each activity for which income	ome is reported in c	plishment of	Exempt Pu	13	138,24
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations) art XVI-B Relationship of Activities ne No. Explain below how each activity for which incompared to the subtraction of the subtra	ome is reported in c	plishment of	Exempt Pu	13	138,24
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations) art XVI-B Relationship of Activities ne No. Explain below how each activity for which income	ome is reported in c	plishment of	Exempt Pu	13	138,24
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations) art XVI-B Relationship of Activities ne No. Explain below how each activity for which income	ome is reported in c	plishment of	Exempt Pu	13	138,24
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations) art XVI-B Relationship of Activities ne No. Explain below how each activity for which incompared to the subtraction of the subtra	ome is reported in c	plishment of	Exempt Pu	13	138,24
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations) art XVI-B Relationship of Activities ne No. Explain below how each activity for which income	ome is reported in c	plishment of	Exempt Pu	13	138,24
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations) art XVI-B Relationship of Activities ne No. Explain below how each activity for which income	ome is reported in c	plishment of	Exempt Pu	13	138,24
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities ine No. Explain below how each activity for which income	ome is reported in c	plishment of	Exempt Pu	13	138,24

Part XVII	Information Regarding Transfers T Exempt Organizations	o and Transactions a	and Relationships With Nonc	haritable	•	
1 Did the oi	ganization directly or indirectly engage in any of the follo	wing with any other organization	on described in section 501(c) of		Yes	No
	(other than section 501(c)(3) organizations) or in section			t		
	from the reporting foundation to a noncharitable exempt				1	
(1) Cash	, ,	. organization or		1a(1)	1	Х
(2) Other				1a(2)		X
b Other tran						
(1) Sales	of assets to a noncharitable exempt organization			1b(1)		Χ
(2) Purc	hases of assets from a noncharitable exempt organization	n		1b(2)		X
(3) Renta	al of facilities, equipment, or other assets			1b(3)		X
(4) Reim	bursement arrangements			1b(4)		X
(5) Loan	s or loan guarantees			1b(5)		X
(6) Perfo	rmance of services or membership or fundraising solicit	ations		16(6)		X
_	f facilities, equipment, mailing lists, other assets, or paid			1c	1	X
	wer to any of the above is "Yes," complete the following s				ets,	
	s given by the reporting foundation. If the foundation rec I) the value of the goods, other assets, or services receiv		ie in any transaction or sharing arrangemen	it, snow in		
1) Line no		able exempt organization	(d) Description of transfers, transactions, a	and shanno am	andemer	
272	N/A		(a) bescription of durisiers, durisactions, c	ing straing are	angemen	
		<u>- </u>				
		· · · · · · · · · · · · · · · · · · ·				
			 			
						
			 			
			 			
						
		· 				
a Is the four	ndation directly or indirectly affiliated with, or related to, o	one or more tax-exempt organi	zations described			
ın section	501(c) of the Code (other than section $501(c)(3)$) or in s	section 527?		Yes	X	No
b If Yes, c	omplete the following schedule					
····	(a) Name of organization	(b) Type of organization	(c) Description of relation	onship		
	N/A					

Under	penalties of penury, I declare that I have examined this return, incl	uding accompanying schedules and	statements, and to the best of my knowledge			_
Sign and be	elief, it is true, correct, and complete. Declaration of preparer (other		nation of which preparer has any knowledge	May the IRS di return with the shown below (prepare	r I
Here	(INVIII)	7-11-15	Task	X Yes	(See IIISE	No
Sign	nature of officer or trustee	Date	ritle			
	Print/Type preparer's name Preparer'	s signature	Date Check If PT	IN		
	1 Anh		self-employed			
Paid	DEBORAH A. HOPKINS	JUL JUN DYPUND		001678		
Preparer	Firm's name KAHN, LITWIN, REN	ÍZA & CO'. √ LTD	• Firm's EIN ► 05-	04093	84	
Use Only	First address N. O.E. I. Modern 167 Text	7mp 17m				
	Firm's address > 951 NORTH MAIN S		401	274 24	001	
	PROVIDENCE, RI	72704	Phone no 401-	274-20 Form 990	_	2014)
				ていいい サラし	,-rr[2014}

Part IV Capital Gains and Los	sses for Tax on Investment Income				
	describe the kind(s) of property solick warehouse, or common stock, 2		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a GOLDMAN SACHS	- AVAILABLE UPON	REQUEST	P		VARIOUS
b GOLDMAN SACHS	P		VARIOUS		
c CHARLES SCHWAB		4	VARIOUS_		
d CHARLES SCHWAB					VARIOUS
e CHARLES SCHWAB		N REQUEST	P	VARIOUS	VARIOUS_
t CAPITAL GAINS I	DIVIDENDS				
g					
<u>h</u>					
<u> </u>					
1				ļ	
<u>k</u>					
1					
m					
n					
0					L
(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 4,767.					4,767.
b 5,450.		50,244.			<44,794.
c 13,047.		13,058.			<11.
d 361,490.		357,448.			4,042.
e 39,940.		39,889.			51. 82,231.
f 82,231.					02,231.
9 '-					
<u>h</u>					
<u> </u>			· · · · · · · · · · · · · · · · · · ·		
16		-			
k I		 			
m					
n ·					
0					
	g gain in column (h) and owned by	the foundation on 12/31/69	(I) Los	ses (from cot (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	Gains (excess o	of col (h) gain ove ot less than "-0-")	
a					4,767.
b			· · · · · · · · · · · · · · · · · · ·		<44,794.>
c					<11.>
d					4,042.
e					51.
f					82,231.
g					
h					
J					
k					
1					
m					
n					
0					
2 Capital gain net income or (net cap 3 Net short-term capital gain or (loss	11 (1033), 01101 0	, I	2		46,286.
If gain, also enter in Part I, line 8, o If (loss), enter "-0-" in Part I, line 8		}	3	N/A	

Part XV Supplementary Information 3 Grants and Contributions Paid During the Y				
· Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
BRIGHAM AND WOMEN'S HOSPITAL 116 HUNTINGTON AVENUE, 5TH FLOOR BOSTON, MA 02116	NONE	PUBLIC CHARITY	OPERATING SUPPORT	1,100.
FRIENDS OF MORSELIFE 4847 FRED GLADSTONE DRIVE WEST PALM BEACH, FL 33417	NONE	PUBLIC CHARITY	OPERATING SUPPORT	7,800.
JEWISH COMMUNITY DAY SCHOOL OF RHODE ISLAND 85 TAFT AVENUE	NONE	PUBLIC CHARITY	OPERATING SUPPORT	
PROVIDENCE, RI 02906 JEWISH FEDERATION OF PALM BEACH 4601 COMMUNITY DRIVE WEST PALM BEACH, FL 33417	NONE	PUBLIC CHARITY	DPERATING SUPPORT	3,600.
JEWISH FEDERATION OF RHODE ISLAND 130 SESSIONS STREET PROVIDENCE, RI 02906	NONE	PUBLIC CHARITY	OPERATING SUPPORT	40,000.
NATIONAL CENTER ON ADDICTION AND SUBSTANCE ABUSE 633 3RD AVENUE #19 NEW YORK, NY 10017	NONE	PUBLIC CHARITY	OPERATING SUPPORT	4,500.
NEW ENGLAND RABBINICAL COLLEGE 262 BLACKSTONE BLVD PROVIDENCE, RI 02906	NONE	PUBLIC CHARITY	OPERATING SUPPORT	12,500.
NORTON MUSEUM OF ART 1451 S OLIVE AVENUE WEST PALM BEACH, FL 33401	NONE	PUBLIC CHARITY	OPERATING SUPPORT	200.
PALM BEACH COUNTRY CLUB FOUNDATION 760 N OCEAN BLVD PALM BEACH, FL 33480	NONE	PUBLIC CHARITY	OPERATING SUPPORT	1,000.
PALM BEACH ORTHODOX SYNAGOGUE 120 NORTH COUNTY ROAD PALM BEACH, FL 33480	NONE	PUBLIC CHARITY	OPERATING SUPPORT	3,600.

Part XV Supplementary Information 3 Grants and Contributions Paid During the		·]
. Recipient	If recipient is an individual,	Foundation	Durnous of secret or	
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
PALM BEACH UNITED WAY	NONE	PUBLIC CHARITY	OPERATING SUPPORT	
44 COCOANUT ROW, M201				
PALM BEACH, FL 33480				1,000.
PALM HEALTHCARE FOUNDATION INC 1016 N DIXIE HWY #1	NONE '	PUBLIC CHARITY	OPERATING SUPPORT	325.
WEST PALM BEACH, FL 33401				323.
RYAN LICHT SANG BIPOLAR FOUNDATION P.O. BOX 2657	NONE	PUBLIC CHARITY	OPERATING SUPPORT	500
PALM BEACH, FL 33480			,	500.
TEMPLE EMANU-EL 99 TAFT AVENUE	NONE	PUBLIC CHARITY	OPERATING SUPPORT	
PROVIDENCE, RI 02906				14,000.
THE JIMMY FUND 10 BROOKLINE PLACE WEST 6TH FLOOR BROOKLINE, MA 02445	NONE	PUBLIC CHARITY	OPERATING SUPPORT	2,000.
BABY2BABY 6435 WHILSHIRE BOULEVARD LOS ANGELES, CA 90048	NONE	PUBLIC CHARITY	OPERATING SUPPORT	1,000.
CEDAR BROOK SCHOOL 24 RALSIE ROAD	NONE	PUBLIC CHARITY	OPERATING SUPPORT	
REHOBOTH, MA 02769				100.
CENTRAL PARK CONSERVANCY 14 E 60TH STREET, 8TH FL	NONE	PUBLIC CHARITY	OPERATING SUPPORT	
NEW YORK, NY 10022				200.
CITY OF HOPE 1500 E DUARTE ROAD	NONE	PUBLIC CHARITY	OPERATING SUPPORT	
DUARTE, CA 91010				350.
HOLOCAUST EDUCATION AND RESOURCE CENTER OF RHODE ISLAND 401 ELMGROVE AVENUE	NONE	PUBLIC CHARITY	OPERATING SUPPORT	
PROVIDENCE, RI 02906		<u> </u>		1,800.
Total from continuation sheets				<u> </u>

Part XV Supplementary Informati 3 Grants and Contributions Paid During the				T
Recipient	If recipient is an individual	1		
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
The title date as the first of businessy	or substantial contributor	recipient		
MASSACHUSETTS GENERAL HOSPITAL	NONE	PUBLIC CHARITY	OPERATING SUPPORT	
100 CAMBRIDGE ST, SUITE 1310			}	}
BOSTON, MA 02114				150
PLANNED PARENTHOOD	NONE	PUBLIC CHARITY	OPERATING SUPPORT	
111 POINT STREET				
PROVIDENCE, RI 02940				3,170
TEMPLE SINAI	NONE	PUBLIC CHARITY	OPERATING SUPPORT	
30 HAGEN AVENUE CRANSTON, RI 02920				1,800
CRANSION, RI 02920				1,000
				ł
		 		
		1		
		1		
			!	
				1
				ł
		·		
				1
Total from continuation sheets	<u> </u>		<u> </u>	

FORM 990-PF	DIVIDEND	S AND INTER	EST FROM SECU	RITIES S	TATEMENT
SOURCE	GROSS AMOUNT	CAPITAI GAINS DIVIDENE	REVENUE	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM
CHARLES SCHWAB (5198) CHARLES SCHWAB	126,603	. 81,37	3. 45,230	. 45,025.	
(7297)	22,652	. 85	8. 21,794	. 20,531.	
GOLDMAN SACHS ACCT 59657	24,930	•	0. 24,930	. 24,930.	
TO PART I, LINE 4	174,185	. 82,23	1. 91,954	90,486.	
FORM 990-PF		ACCOUNTI			PATEMENT
		(A) EXPENSES	(B) NET INVEST-	(C) ADJUSTED	(D) CHARITABL
DESCRIPTION		PER BOOKS	MENT INCOME	NET INCOME	PURPOSES
ACCOUNTING FEES	_	4,800.	2,400.		2,400
TO FORM 990-PF, PG 1	_, LN 16B =	4,800.	2,400.		2,400
FORM 990-PF	· · · · · · · · · · · · · · · · · · ·	THER PROFES	SIONAL FEES	S'J	TATEMENT
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABL PURPOSES
INVESTMENT MANAGEMEN	T FEES	13,474.	13,474.		0
TO FORM 990-PF, PG 1		13,474.	13,474.		0

FORM 990-PF	TAX	ES		STATEMENT 4	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME			
FEDERAL TAX FOREIGN TAX PAID	10,297. 1,888.	1,888		0.	
TO FORM 990-PF, PG 1, LN 18	12,185.	1,888		0.	
FORM 990-PF	OTHER E	XPENSES		STATEMENT 5	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME			
BANK SERVICE CHARGES FILING FEES	697. 50.	697 0		0. 50.	
TO FORM 990-PF, PG 1, LN 23	747.	697	•	50.	
FORM 990-PF	CORPORAT	E STOCK		STATEMENT 6	
DESCRIPTION		В	OOK VALUE	FAIR MARKET VALUE	
SECURITIES SECURITIES - OTHER			2,338,025. 229,894.	2,864,921. 230,865.	
TOTAL TO FORM 990-PF, PART II	LINE 10B		2,567,919.	3,095,786.	
FORM 990-PF	CORPORAT	E BONDS		STATEMENT 7	
DESCRIPTION		В	OOK VALUE	FAIR MARKET VALUE	
CORPORATE POWER			206 202	276 704	
CORPORATE BONDS			396,302.	376,704.	

FORM 990-PF

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT

NAME OF MANAGER

DARRELL S. ROSS SUSAN S. ROSS

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

MR. STEPHEN J. CARLOTTI 1500 FLEET CENTER PROVIDENCE, RI 02903

TELEPHONE NUMBER

(401) 274-2000

FORM AND CONTENT OF APPLICATIONS

GENERAL INFORMATION ABOUT THE ORGANIZATION WITH DETAILED DESCRIPTIONS ABOUT THE SPECIFIC USES OF THE FUNDS, IF ANY.

ANY SUBMISSION DEADLINES

N/A

RESTRICTIONS AND LIMITATIONS ON AWARDS

RECIPIENTS MUST BE ORGANIZATIONS WHICH ARE EXEMPT FROM TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, WHICH ORGANIZATIONS ARE ALSO IN SECTION 509(A)(1), (2), OR (3) OF THE CODE (OR THE CORRESPONDING PROVISIONS OF ANY FUTURE UNITED STATES INTERNAL REVENUE LAW).

Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868

OMB No 1545-1709

Form 8868 (Rev. 1-2014)

	re filing for an Automatic 3-Month Extension, comple					► X
-	re filing for an Additional (Not Automatic) 3-Month Ex			•		
	omplete Part II unless you have already been granted a					
	c filing (e-file). You can electronically file Form 8868 if y					
required t	o file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically f	ile Form 8	868 to request	an extension
	file any of the forms listed in Part I or Part II with the ex-					
Personal	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions) For more details of	on the elec	ctronic filing of t	his form,
	irs gov/efile and click on e-file for Charities & Nonprofits					
Part I	Automatic 3-Month Extension of Time				l)	
A corpora	tion required to file Form 990-T and requesting an autor	matic 6-mo	onth extension - check this box and	complete		
Part I only	1					▶ ∟
	corporations (including 1120-C filers), partnerships, REM	IICs, and t	rusts must use Form 7004 to reques	st an exten	sion of time	
to file inco	ome tax returns			Enter file	er's identifying	number
Type or	Name of exempt organization or other filer, see instru	ctions		Employe	r identification r	number (EIN) or
print	THE DARRELL & SUSAN ROSS					
File by the	CHARITABLE FOUNDATION				05-6125	3455
due date for	Number, street, and room or suite no. If a P.O. box, so	ee instruc	tions	Social se	curity number (SSN)
filing your return See	300 POLMER PARK					
nstructions	City, town or post office, state, and ZIP code For a fo	oreign add	ress, see instructions			
	PALM BEACH, FL 33480					
						·
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 4
	·-					
Application	on	Return	Application			Return
s For		Code	Is For ,			Code
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990	BL	02	Form 1041-A			08
Form 472	O (individual)	03	Form 4720 (other than individual)			09
Form 990		04	Form 5227			10
	T (sec. 401(a) or 408(a) trust)	05	Form 6069		··	11
	T (trust other than above)	06	Form 8870			12
01111 330	HINCKLEY, ALLEN					
The bo	oks are in the care of 1500 FLEET CENT			903-2	393	
	one No. ► (401) 274-2000		Fax No ▶	<u> </u>		
	rganization does not have an office or place of business	s in the Lie				.
	s for a Group Return, enter the organization's four digit (f thin in fai	r tha whala ara	up obsolvithin
oox ► [If it is for part of the group, check this box					
	quest an automatic 3-month (6 months for a corporation				ers the extensi	JII IS 101.
	2 15 0015		tion return for the organization name		The outcooler	
	or the organization's return for:	i Organiza	non return for the organization frame	eu above.	THE EXTENSION	
_	\overline{X} calendar year 2014 or					
						
- L	tax year beginning	, an	d ending		- •	
2 If th	e tax year entered in line 1 is for less than 12 months, cl	neck reaso	on:	Fınal retur	n	
<u> </u>	Change in accounting period				<u> </u>	
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any						4 000
	refundable credits. See instructions.			3a	\$.	4,800.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					2 000	
	mated tax payments made. Include any prior year overp			3b	\$	2,000.
by L	sing EFTPS (Electronic Federal Tax Payment System).	See instru	ctions	3с	_\$_	<u>2,800.</u>
	f you are going to make an electronic funds withdrawal	(dırect del	bit) with this Form 8868, see Form 8	453-EO ar	nd Form 8879-E	O for payment
nstruction	IS.					

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

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