See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

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EXTENDED TO AUGUST 17, 2015

Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

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

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

OMB No 1545-0052

2014

Open to Public Inspection

For calendar year 2014 or tax year beginning , and ending

Name of foundation

SHRINERS OF RHODE ISLAND CHARITIES TRUST

A Employer identification number

22-3191072

Number and street (or P O box number if mail is not delivered to street address) | Room/suite

ONE RHODES PLACE

B Telephone number

(401)467-7101

City or town, state or province, country, and ZIP or foreign postal code

CRANSTON, RI 02905

C If exemption application is pending, check here ▶ ☐

G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

D 1. Foreign organizations, check here ▶ ☐

2. Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

H Check type of organization: ☒ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐

I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶$ 29,251,584.

J Accounting method: ☒ Cash ☐ Accrual ☐ Other (specify) (Part I, column (d) must be on cash basis.)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

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)
Revenue	1 Contributions, gifts, grants, etc., received	123,532.		N/A	
	2 Check ▶ ☐ if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	1,567,449.	1,567,449.		STATEMENT 1
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	786,870.			
	b Gross sales price for all assets on line 6a 5,342,196.				
	7 Capital gain net income (from Part IV, line 2)		786,870.		
	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				
	12 **Total.** Add lines 1 through 11	2,477,851.	2,354,319.		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	0.	0.		0.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees STMT 2	5,000.	0.		5,000.
	b Accounting fees STMT 3	14,174.	1,417.		12,757.
	c Other professional fees				
	17 Interest				
	18 Taxes STMT 4	28,488.	0.		5,224.
	19 Depreciation and depletion	19,135.	0.		
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses STMT 5	182,446.	0.		182,444.
	24 **Total operating and administrative expenses.** Add lines 13 through 23	249,243.	1,417.		205,425.
	25 Contributions, gifts, grants paid	1,598,195.			1,598,195.
	26 **Total expenses and disbursements.** Add lines 24 and 25	1,847,438.	1,417.		1,803,620.
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	630,413.			
	b **Net investment income** (if negative, enter -0-)		2,352,902.		
	c **Adjusted net income** (if negative, enter -0-)			N/A	

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3 918

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	59,221.	214,161.	214,161.
	2 Savings and temporary cash investments	99,095.	13,438.	13,438.
	3 Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ▶			
	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 6	13,624,583.	14,852,926.	18,367,546.
	c Investments - corporate bonds STMT 7	8,724,622.	7,432,921.	7,860,235.
	11 Investments - land, buildings, and equipment: basis ▶			
	Less accumulated depreciation ▶			
	12 Investments - mortgage loans			
	13 Investments - other STMT 8	1,919,428.	2,563,051.	2,485,274.
	14 Land, buildings, and equipment: basis ▶ 177,752.			
	Less accumulated depreciation STMT 9 ▶ 84,851.	112,036.	92,901.	92,901.
	15 Other assets (describe ▶ INVESTMENT-ANNUITY)	100,000.	100,000.	218,029.
	16 **Total assets** (to be completed by all filers - see the instructions. Also, see page 1, item I)	24,638,985.	25,269,398.	29,251,584.
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	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 ▶ ☐ and complete lines 24 through 26 and lines 30 and 31.**			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ ☒ and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds	0.	0.	
	28 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
	29 Retained earnings, accumulated income, endowment, or other funds	24,638,985.	25,269,398.	
	30 **Total net assets or fund balances**	24,638,985.	25,269,398.	
	31 **Total liabilities and net assets/fund balances**	24,638,985.	25,269,398.	

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	24,638,985.
2	Enter amount from Part I, line 27a	2	630,413.
3	Other increases not included in line 2 (itemize) ▶	3	0.
4	Add lines 1, 2, and 3	4	25,269,398.
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	25,269,398.

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	UBS STATEMENTS	P		
b				
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	5,342,196.		4,555,326.	786,870.
b				
c				
d				
e				

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) 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				786,870.
b				
c				
d				
e				

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	786,870.
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	1,574,908.	27,250,990.	.057793
2012	1,515,109.	26,152,162.	.057934
2011	1,460,258.	25,156,385.	.058047
2010	1,393,252.	24,106,238.	.057796
2009	1,115,842.	19,414,044.	.057476

2	**Total** of line 1, column (d)	2	.289046
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	.057809
4	Enter the net value of noncharitable-use assets for 2014 from Part X, line 5	4	29,122,619.
5	Multiply line 4 by line 3	5	1,683,549.
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	23,529.
7	Add lines 5 and 6	7	1,707,078.
8	Enter qualifying distributions from Part XII, line 4	8	1,803,620.

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.

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 ▶ ☐ 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 ▶ [X] and enter 1% of Part I, line 27b		1	23,529.
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	23,529.
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	23,529.
6	Credits/Payments:			
a	2014 estimated tax payments and 2013 overpayment credited to 2014	6a 33,205.		
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	33,205.
8	Enter any **penalty** for underpayment of estimated tax. Check here [X] if Form 2220 is attached		8	
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶		9	
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶		10	9,676.
11	Enter the amount of line 10 to be: **Credited to 2015 estimated tax** ▶ 9,676. **Refunded** ▶		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?	1a		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.*	1b		X
c	Did the foundation file **Form 1120-POL** for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ $ 0. (2) On foundation managers. ▶ $ 0.			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ $ 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.*	2		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*	3		X
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	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? *If "Yes," attach the statement required by General Instruction T.*	5		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?	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*	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ 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*	8b	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*	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X

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?	13	X	

Website address ▶ NONE

14 The books are in care of ▶ A SHEFFIELD REYNOLDS Telephone no. ▶ 401 467 7100

Located at ▶ ONE RHODES PLACE, CRANSTON, RI ZIP+4 ▶ 02905

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

			Yes	No
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		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?	☐ Yes ☒ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	☐ Yes ☒ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	☐ Yes ☒ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	☐ Yes ☒ 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)?	☐ Yes ☒ 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.)	☐ Yes ☒ 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)?	N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐				
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?	☐ Yes ☒ 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?	☐ Yes ☒ 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

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)?	N/A	5b		
Organizations relying on a current notice regarding disaster assistance check here	▶ ☐			
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 ☐ Yes ☐ No			
If "Yes," attach the statement required by Regulations section 53.4945-5(d).				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes ☒ No			
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		6b		X
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	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
A SHEFFIELD REYNOLDS 425 MESHANTICUT VALLEY PARKWAY APT 10 CRANSTON, RI 02920	TREASURER 0.00	0.	0.	0.
LEON KNUDSEN 348 PLAINFIELD PIKE GREENE, RI 02827	TRUSTEE 0.00	0.	0.	0.
JOHN TAKIAN JR 12 HYBRID DR CRANSTON, RI 02920	TRUSTEE 0.00	0.	0.	0.
ROBERT H WILLIAMS 109 FRANCIS AVE PAWTUCKET, RI 02860	TRUSTEE 0.00	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

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

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

(a) Name and address of each person paid more than $50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over $50,000 for professional services ▶ 0

Part IX-A **Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 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.	
3	
Total. Add lines 1 through 3 ▶	0.

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	29,373,154.
b	Average of monthly cash balances	1b	192,957.
c	Fair market value of all other assets	1c	
d	**Total** (add lines 1a, b, and c)	1d	29,566,111.
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	29,566,111.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	443,492.
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3. Enter here and on Part V, line 4	5	29,122,619.
6	**Minimum investment return.** Enter 5% of line 5	6	1,456,131.

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	1,456,131.
2a	Tax on investment income for 2014 from Part VI, line 5	2a	23,529.		
b	Income tax for 2014. (This does not include the tax from Part VI.)	2b			
c	Add lines 2a and 2b			2c	23,529.
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	1,432,602.
4	Recoveries of amounts treated as qualifying distributions			4	0.
5	Add lines 3 and 4			5	1,432,602.
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	1,432,602.

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	1,803,620.
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	1,803,620.
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	23,529.
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	1,780,091.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7				1,432,602.
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only			0.	
b Total for prior years: _____, _____, _____		0.		
3 Excess distributions carryover, if any, to 2014:				
a From 2009 169,424.				
b From 2010 213,340.				
c From 2011 236,339.				
d From 2012 245,721.				
e From 2013 254,726.				
f **Total** of lines 3a through e	1,119,550.			
4 Qualifying distributions for 2014 from Part XII, line 4: ▶ $ 1,803,620.				
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				1,432,602.
e Remaining amount distributed out of corpus	371,018.			
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 **Enter the net total of each column as indicated below:**				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,490,568.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2013. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2014. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2015				0.
7 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.			
8 Excess distributions carryover from 2009 not applied on line 5 or line 7	169,424.			
9 **Excess distributions carryover to 2015.** Subtract lines 7 and 8 from line 6a	1,321,144.			
10 Analysis of line 9:				
a Excess from 2010 213,340.				
b Excess from 2011 236,339.				
c Excess from 2012 245,721.				
d Excess from 2013 254,726.				
e Excess from 2014 371,018.				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2014, enter the date of the ruling ▶

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

	Tax year	Prior 3 years			
	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter: (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the foundation had $5,000 or more in assets at any time during the year-see instructions.)

1 **Information Regarding Foundation Managers:**

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

NONE

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

NONE

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

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

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

SEE STATEMENT 10

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

c Any submission deadlines:

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

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient 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
a *Paid during the year*				
SEE ATTACHED LIST ONE RHODES PLACE CRANSTON, RI 02905	NONE	NONE	PATIENT TRANSPORTATION	5,985.
SEE ATTACHED LIST ONE RHODES PLACE CRANSTON, RI 02905	NONE	NONE	MEDICAL EXPENSES	718,036.
SEE ATTACHED LIST ONE RHODES PLACE CRANSTON, RI 02905	NONE	NONE	CHARITABLE CONTRIBUTIONS	874,174.
Total			▶ 3a	1,598,195.
b *Approved for future payment*				
NONE				
Total			▶ 3b	0.

** SEE PURPOSE OF GRANT CONTINUATIONS

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(e)
	(a) Business code	(b) Amount	(c) Exclu-sion code	(d) Amount	Related or exempt function income
1 Program service revenue:					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	1,567,449.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	786,870.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		2,354,319.	0.
13 **Total.** Add line 12, columns (b), (d), and (e)				13	2,354,319.

(See worksheet in line 13 instructions to verify calculations.)

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

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).

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

			Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a	Transfers from the reporting foundation to a noncharitable exempt organization of:			
	(1) Cash	1a(1)		X
	(2) Other assets	1a(2)		X
b	Other transactions:			
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		X
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		X
	(3) Rental of facilities, equipment, or other assets	1b(3)		X
	(4) Reimbursement arrangements	1b(4)		X
	(5) Loans or loan guarantees	1b(5)		X
	(6) Performance of services or membership or fundraising solicitations	1b(6)		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		X

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

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
		RHODE ISLAND SHRINERS	SEE STATEMENT 11
1C	156,572.	A.A.O.N.M.S.	

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? [X] Yes [ ] No

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
RHODE ISLAND SHRINERS		SEE STATEMENT 12
A.A.O.N.M.S.	501(C)10	

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

▶ _____ | _____ ▶ TRUSTEE

Signature of officer or trustee Date Title

May the IRS discuss this return with the preparer shown below (see instr.)? [X] Yes [ ] No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
GREGORY PORCARO, CPA/ABV MST	GREGORY PORCARO,	05/15/15		P00633303

Firm's name ▶ OTRANDO, PORCARO & ASSOCIATES, LTD. Firm's EIN ▶ 05-0405576

Firm's address ▶ 2258 POST ROAD WARWICK, RI 02886 Phone no. (401)739-9250

Form **990-PF** (2014)

423622
11-24-14

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* .

OMB No 1545-0047

2014

Name of the organization

SHRINERS OF RHODE ISLAND CHARITIES TRUST

Employer identification number

22-3191072

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).

Name of organization	Employer identification number
SHRINERS OF RHODE ISLAND CHARITIES TRUST	22-3191072

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ABBEY FRANCIS LAWTON ONE CITIZENS PLAZA PROVIDENCE, RI 02903	$ 114,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	HENRY STONE & AF PRESTON 225 FRANKLIN STREET BOSTON, MA 02110	$ 6,753.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: SHRINERS OF RHODE ISLAND CHARITIES TRUST

Employer identification number: 22-3191072

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

Name of organization	Employer identification number
SHRINERS OF RHODE ISLAND CHARITIES TRUST	22-3191072

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

(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

(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

(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

Part XV Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - SEE ATTACHED LIST

PATIENT TRANSPORTATION

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 1

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME
UBS FINANCIAL SERVICES INC	1,567,449.	0.	1,567,449.	1,567,449.	
TO PART I, LINE 4	1,567,449.	0.	1,567,449.	1,567,449.	

FORM 990-PF LEGAL FEES STATEMENT 2

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL	5,000.	0.		5,000.
TO FM 990-PF, PG 1, LN 16A	5,000.	0.		5,000.

FORM 990-PF ACCOUNTING FEES STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING	14,174.	1,417.		12,757.
TO FORM 990-PF, PG 1, LN 16B	14,174.	1,417.		12,757.

FORM 990-PF TAXES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FEDERAL EXCISE TAX	23,264.	0.		0.
FOREIGN TAX EXPENSE	5,224.	0.		5,224.
TO FORM 990-PF, PG 1, LN 18	28,488.	0.		5,224.

FORM 990-PF OTHER EXPENSES STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
MANAGEMENT FEES	156,572.	0.		156,572.
MEETINGS	9,571.	0.		9,570.
OFFICE EXPENSES	14,209.	0.		14,208.
INVESTMENT FEES	1,617.	0.		1,617.
MISCELLANEOUS	477.	0.		477.
TO FORM 990-PF, PG 1, LN 23	182,446.	0.		182,444.

FORM 990-PF CORPORATE STOCK STATEMENT 6

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
	14,852,926.	18,367,546.
TOTAL TO FORM 990-PF, PART II, LINE 10B	14,852,926.	18,367,546.

FORM 990-PF CORPORATE BONDS STATEMENT 7

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
	7,432,921.	7,860,235.
TOTAL TO FORM 990-PF, PART II, LINE 10C	7,432,921.	7,860,235.

FORM 990-PF OTHER INVESTMENTS STATEMENT 8

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
	COST	2,563,051.	2,485,274.
TOTAL TO FORM 990-PF, PART II, LINE 13		2,563,051.	2,485,274.

FORM 990-PF DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 9

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
VARIOUS OFFICE EQUIPMENT	4,332.	4,332.	0.
IBM WHEELWRITER 1000	525.	525.	0.
OKIDATA DOT MATRIX	779.	779.	0.
IBM WHEELWRITER 3000	870.	870.	0.
VARIOUS COMPUTERS	19,037.	19,037.	0.
LAND	45,300.	0.	45,300.
LAPTOP	1,750.	1,750.	0.
SOFTWARE	1,100.	1,100.	0.
VARIOUS COMPUTER EQUIPMENT	1,252.	1,252.	0.
LAPTOP COMPUTER FOR RECORDER	1,450.	1,450.	0.
NEW COMPUTER	680.	680.	0.
LAND	5,000.	0.	5,000.
2010 CHRYSLER VAN	27,067.	22,103.	4,964.
2013 CHRYSLER T&C 2C4RC1BGHDR614124	35,981.	16,191.	19,790.
2013 CHRYSLER T&C 2C4RC1BG2DR632573	31,889.	14,350.	17,539.
COMPUTER AND PRINTER	740.	432.	308.
TOTAL TO FM 990-PF, PART II, LN 14	177,752.	84,851.	92,901.

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION STATEMENT 10
PART XV, LINES 2A THROUGH 2D

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

A SHEFFIELD REYNOLDS TREASURER C/O PALESTINE TEMPLE CHARITIES TRUST
ONE RHODES PLACE
CRANSTON, RI 02905

TELEPHONE NUMBER	NAME OF GRANT PROGRAM
401 467 7100	NONE

FORM AND CONTENT OF APPLICATIONS

A WRITTEN REQUEST FROM THE INDIVIDUAL OR ORG. TO THE BOARD WITH MED INFO

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

CHARITABLE RELIEF IS GRANTED UPON BOARD APPROVAL OF REQUEST

990-PF INVOLVEMENT WITH NONCHARITABLE ORGANIZATIONS STATEMENT 11
PART XVII, LINE 1, COLUMN (D)

NAME OF NONCHARITABLE EXEMPT ORGANIZATION

RHODE ISLAND SHRINERS A.A.O.N.M.S.

DESCRIPTION OF TRANSFERS, TRANSACTIONS, AND SHARING ARRANGEMENTS

MANAGEMENT FEES/ SHARING OF ASSETS

990-PF AFFILIATION WITH TAX-EXEMPT ORGANIZATIONS STATEMENT 12
PART XVII, LINE 2, COLUMN (C)

NAME OF AFFILIATED OR RELATED ORGANIZATION

RHODE ISLAND SHRINERS A.A.O.N.M.S.

DESCRIPTION OF RELATIONSHIP WITH AFFILIATED OR RELATED ORGANIZATION

COMMON DIRECTORS

2014 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1 990-PF

Asset No	Description	Date Acquired	Method	Life	Conv	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	OFFICE EQUIPMENT														
1	VARIOUS OFFICE EQUIPMENT	11/21/94	SL	6.00		16	4,332.				4,332.	4,332.		0.	4,332.
2	IBM WHEELWRITER 1000	02/15/95	SL	5.00		16	525.				525.	525.		0.	525.
3	OKIDATA DOT MATRIX	06/12/95	SL	5.00		16	779.				779.	779.		0.	779.
4	IBM WHEELWRITER 3000	12/19/97	SL	5.00		16	870.				870.	870.		0.	870.
	* 990-PF PG 1 TOTAL - OFFICE EQUIPMENT						6,506.				6,506.	6,506.		0.	6,506.
	COMPUTER EQUIPMENT														
5	VARIOUS COMPUTERS	12/31/91	SL	5.00		16	19,037.				19,037.	19,037.		0.	19,037.
17	LAPTOP	07/01/03	SL	5.00		16	1,750.				1,750.	1,750.		0.	1,750.
18	SOFTWARE	09/15/03	SL	5.00		16	1,100.				1,100.	1,100.		0.	1,100.
20	VARIOUS COMPUTER EQUIPMENT	08/12/05	SL	5.00		16	1,252.				1,252.	1,252.		0.	1,252.
21	LAPTOP COMPUTER FOR RECORDER	02/27/06	SL	5.00		16	1,450.				1,450.	1,450.		0.	1,450.
23	NEW COMPUTER	02/21/07	SL	5.00		16	680.				680.	680.		0.	680.
29	COMPUTER AND PRINTER	02/06/12	SL	5.00		16	740.				740.	284.		148.	432.
	* 990-PF PG 1 TOTAL - COMPUTER EQUIPMENT						26,009.				26,009.	25,553.		148.	25,701.
	MOTOR VEHICLES														
26	2010 CHRYSLER VAN	12/14/10	SL	5.00		16	27,067.				27,067.	16,690.		5,413.	22,103.
27	2013 CHRYSLER T&C 2C4RC1BGHDR614124	10/03/12	SL	5.00		16	35,981.				35,981.	8,995.		7,196.	16,191.

428111
05-01-14

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2014 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1 990-PF

Asset No	Description	Date Acquired	Method	Life	Conv	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	2013 CHRYSLER T&C														
28	2C4RC1BG2DR632573	10/13/12	SL	5.00		16	31,889.				31,889.	7,972.		6,378.	14,350.
	* 990-PF PG 1 TOTAL - MOTOR VEHICLES						94,937.				94,937.	33,657.		18,987.	52,644.
	LAND														
14	LAND	01/01/88	L				45,300.				45,300.			0.	
25	LAND	11/01/09	L				5,000.				5,000.			0.	
	* 990-PF PG 1 TOTAL - LAND						50,300.				50,300.	0.		0.	0.
	* GRAND TOTAL 990-PF PG 1 DEPR						177,752.				177,752.	65,716.		19,135.	84,851.

428111
05-01-14

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Shriners of Rhode Island Charities Trust
Hospital Expense Report
Through December 31, 2014

Miscellaneous Other Providers and Parent Reimbursements

Horseback Riding	47,485
Bikes	37,686
Dental	9,305
Home Medical	831
Physical Therapy	144,062
Speech	286,115
Other	85,311
Total Other Providers	610,797

Rhode Island Hospital

Hearing	76,629
Physical Therapy	10,553
Speech	17,742
Other	2,316
Total Rhode Island Hospital	107,239

Total Hospital Expense	718,036
Hospital	718,036
Contributions	874,174
Transportation	5,985
Grand Total	1,598,195

Shriners of Rhode Island Charities Trust
2014 Contributions
As of December 31, 2014

Date	Check no.	Paid to	Memo	Paid amt	Balance
01/16/2014	10279	Apple Store		7,865	
12/15/2014	10775	Bradley Hospital		30,000	
12/15/2014	10779	Butler Hospital		10,500	
12/09/2014	10739	Dana Farber		30,000	
05/05/2014	10417	Caritas Inc		6,000	
04/01/2014	10367	Children's Dyslexia Center of RI	2nd Qtr Donation	11,550	
06/25/2014	10489	Children's Dyslexia Center of RI	3rd Qtr Donation	11,550	
09/26/2014	10639	Children's Dyslexia Center of RI	4th qtr donation	11,550	
12/22/2014	10793	Children's Dyslexia Center of RI		75,000	
04/01/2014	10314	Connecticut Burns Camp		5,000	
09/17/2014	10624	Day One		10,000	
03/14/2014	10349	Dunkin Donuts Center Providence	Circus tickets - Ringling Bros and Barnum Bailey 5/3/14 at 11AM	14,000	
05/05/2014	10411	Hasbro Children's Hospital		5,000	
12/09/2014	10744	Hasbro Hospital		30,000	
12/15/2014	10782	Heart & Hope Fund		12,500	
12/15/2014	10786	Homefront Health Care		7,488	
07/31/2014	10537	JDRF	Shriners PawSox Nite - Contribution	5,000	
12/15/2014	10777	Kent Center		5,000	
12/09/2014	10745	Kent Hospital		36,000	
11/18/2014	10689	Insight	functional vision program	5,000	
12/15/2014	10789	Landmark Hospital		9,500	
07/22/2014	10525	Masonic Youth Center	Donation - 1/2 of Insurance Expenses Masonic Youth Center	8,455	
04/03/2014	10373	Masonic Youth Foundation Inc	2014 Operations Grant	57,775	
09/12/2014	5011	Masonic Youth Foundation Inc	refund - overpayment on insurance	(1,096)	
12/15/2014	10785	Memorial Hospital		11,528	
05/19/2014	10437	Pawtucket RED SOX	Invoice No 13829 - 2014 Sponsorship Agreement	8,850	
12/15/2014	10781	Project Underwear		5,000	
12/09/2014	10741	Providence Center		12,000	
11/18/2014	10693	R I Grand Assembly R I O R G		10,000	
12/09/2014	10740	Ronald McDonald House		25,000	
12/15/2014	10780	Salvation Army		12,000	
06/25/2014	10485	Shriners Hospitals for Children	Annual Donation	75,000	
12/09/2014	10746	Shriners Hospitals for Children		25,000	
12/15/2014	10787	South County Hospital		9,500	
12/15/2014	10778	South Providence Ministries		7,500	
12/09/2014	10738	St Mary's Home for Children		50,000	
05/05/2014	10410	St Joseph Health Services of RI		25,000	
12/15/2014	10783	St Joseph Health Services of RI		25,000	
05/14/2014	10434	Stony Lane School Playground Cor	Contribution towards playground - Stony Lane School	10,000	
11/18/2014	10690	Tech Access	Grant	5,000	
09/10/2014	10599	The Tomorrow Fund		5,000	
05/05/2014	10413	Trudeau Center		10,000	
12/09/2014	10742	WAshington Park Citizens Association		5,000	
12/15/2014	10788	Westerly Hospital		9,500	
02/24/2014	10312	Women & Infants' Hospital	Hearing Program	5,000	
12/09/2014	10743	Women & Infants' Hospital		31,700	
12/15/2014	10784	Women & Infants' Hospital		15,000	
			Contributions $5000 and over		801,215
09/22/2014	10637	Adaptive Mobility		4,000	
04/01/2014	10363	American Lifesaving	Douglas Davis - certification	300	
02/24/2014	10306	Amy Quinn	Camp - 2 boys - 1 Week/Ea	430	
03/14/2014	10348	Amy Quinn	Ethan & Brett to artist exchange camp 1 week/ea	413	
05/27/2014	10456	Aquidneck Island Day Camp		720	
04/25/2014	10388	Autism Project	Campership - Nicholas Parillo	475	
04/25/2014	10390	Camp Isola Bella	Hearing Camp - John Silva	950	
04/01/2014	10364	Camp Ruggles	Alexis Sastre - camp	1,132	
05/05/2014	10408	Camp Ruggles		2,500	
02/24/2014	10308	Catherine Chabot	Wheelchair restraints	399	
11/18/2014	10692	Child & Family	Grant	4,000	
09/17/2014	10626	Children's Friend		4,000	
04/25/2014	10391	Citizens Bank Credit Card	About Families - Misc Items	427	
08/27/2014	10597	Citizens Bank / Visa Account	Lifeprotekt	906	
06/23/2014	10483	Custom Adaptive Systems LLC	towards Van lift for Callanan Family	4,000	
04/01/2014	10386	Cranston YMCA	Aniana Santana - Membership	360	
04/25/2014	10389	Cranston YMCA	Campership - Nunez	780	

Shriners of Rhode Island Charities Trust
2014 Contributions
As of December 31, 2014

Date	Check no	Paid to	Memo	Paid amt	Balance
05/21/2014	10441	Cranston YMCA	Mera - to camp	850	
06/26/2014	10492	Cranston YMCA	2 Gonzalez kids to camp	1,170	
09/12/2014	10622	Cranston YMCA	Family Membership - Ferland	839	
12/02/2014	231310	Greater Providence YMCA	Refund Romel Mena Cranston YMCA - overpayment	(34)	
02/24/2014	10309	David Simmons	Wheelchair accessible van	4,000	
05/05/2014	10412	Davisville Free Library		2,000	
07/24/2014	10528	Eastside YMCA	Nathan Acosta	719	
03/21/2014	10351	Easter Seals of RI		3,000	
05/05/2014	10414	ES Rhodes School PTA		125	
12/15/2014	10790	Gear Productions		1,500	
02/24/2014	10313	Grand LOdge Charities	Generator & accessories - CHIPS	1,500	
09/22/2014	10636	Hillary Williamson	reimburse - car seat purchased out of pocket	150	
05/05/2014	10420	Homefront Health Care		2,500	
02/24/2014	10310	J Arthur Trudeau Center	2 portable AEDs	3,000	
02/24/2014	10307	John Zolli	Walker	257	
07/31/2014	10534	Jewish Alliance of RI	3 weeks camp - Paulino boy	825	
09/12/2014	Aug2015R	Jewish Alliance of RI	Reverse of GJE Aug2015 -- For CHK 10534 voided on 09/12/2014	(825)	
07/24/2014	10527	Kara Houle	reimburse - Autism Camp for daughter	475	
04/01/2014	10365	Kent County YMCA	Corinne Mudge - camp	408	
05/12/2014	10431	Kent County YMCA	4 Cartwright Children to Camp	2,040	
06/26/2014	10490	Kent County YMCA	2 Harrison kids to camp	680	
06/26/2014	10491	Kent County YMCA	2 Finegan kids to camp	1,170	
07/31/2014	10536	Kent County YMCA	3 Weeks camp - 2 Khan kids	690	
09/10/2014	10600	Kent County YMCA	Khan to camp	690	
05/05/2014	10421	Krylo Dance Studios, Inc		1,390	
09/10/2014	10601	Leon Knudsen	reimbursement - Paulino to camp	385	
11/18/2014	10691	Literacy Volunteers of America	tutoring of children and adolescents thru 18th year	2,000	
05/05/2014	10424	MacColl YMCA		804	
10/15/2014	10672	Michael Quinn	Towards Handicap Van	4,000	
03/14/2014	10347	Mr & Mrs Bruce Rinebolt	daughter Andrea Krumm to attend Bayside YMCA	239	
06/11/2014	10481	Mr Paul Vollaro, Jr	handicapped accessible van lift	4,000	
09/17/2014	10625	Narragansett Council BSA-001		2,500	
05/21/2014	10443	Narragansett Parks & Recreation	Unzeto - 2 to camp	1,350	
05/21/2014	10440	Newman YMCA Camp	Ellis - to camp	575	
05/27/2014	10455	Newman YMCA Camp	Nascimento to Camp	470	
05/05/2014	10415	Newport County YMCA		866	
02/24/2014	10311	NU Motion (Miro child)	Special oversize car seat & walker	2,753	
01/28/2014	10286	Pawtucket Family YMCA	Family of 2yr old child Leah Rideiro	839	
04/01/2014	10361	Pawtucket YMCA	Christian Cuello-Frias - membershi[	468	
04/01/2014	10360	Pawtucket YMCA	Louren & Elizabeth Cabrera - Membvership	552	
06/11/2014	10480	RI Food Bank	"Kids Cafe" food Program	3,500	
09/12/2014	10621	Roger Williams Zoo	Family Membrship - Ferland	119	
05/21/2014	10439	Safety 1st Security	Drake security system	1,170	
10/31/2014	10686	Sky Zone Providence	Davon Fortes	676	
05/21/2014	10442	Warwick Boys & Girls Camp	Comella - 2 to camp	1,320	
05/05/2014	10409	Woonsocket Head Start		1,000	
05/05/2014	10416	YMCA of Pawtucket, Inc		825	
05/05/2014	10419	Zachary Knight		1,200	
			Total Contributions under $5000/ea		86,522
			Total Contributions paid in 2014		**887,737**

void checks in 2014 that were still outstanding as of 12/31/2013 - per accountant

04/17/2014	Tm close3	Gregorian School Playground	Void #9203 2012 Gregorian School	(10,000)
04/17/2014	Tm close3	Amy Quinn	Void #9204 2012 Amy Quinn	(1,500)
04/17/2014	Tm close3	Autism Camp	Void #9705 2012 Autism Camp	(475)
04/17/2014	Tm close3	Newman YMCA Camp	Void #10000 2013 Newman YMCA Camp	(420)
04/17/2014	Tm close3	Kent County YMCA-001	Void# 2012 9704 Kent County YMCA	(1,168)
				(13,563)
			Total Contribuitons after void checks in 2014	**874,174**

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

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing *(e-file)*. You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only . . . . . ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return See instructions	Name of exempt organization or other filer, see instructions.	Enter filer's identifying number: Employer identification number (EIN) or
	SHRINERS OF RHODE ISLAND CHARITIES TRUST	22-3191072
	Number, street, and room or suite no. If a P.O. box, see instructions. ONE RHODES PLACE	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CRANSTON, RI 02905	

Enter the Return code for the return that this application is for (file a separate application for each return) . . . 04

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ A SHEFFIELD REYNOLDS ONE RHODES PLACE - CRANSTON, RI 02905
  Telephone No. ▶ 401 467 7100 Fax No. ▶
- If the organization does not have an office or place of business in the United States, check this box . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2015, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [X] calendar year 2014 or
▶ [ ] tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$ 21,200.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	$ 21,200.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	$ 0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.