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Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

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

OMB No 1545-0052

2014

Open to Public Inspection

For calendar year 2014, or tax year beginning 01-01-2014, and ending 12-31-2014

Name of foundation COASTWAY CARES CHARITABLE FOUNDATION II		A Employer identification number 46-3904605	
% RICHARD H PETRARCA		B Telephone number (see instructions) (401) 330-1600	
Number and street (or P O box number if mail is not delivered to street address) ONE COASTWAY BLVD		C If exemption application is pending, check here	
Room/suite		D 1. Foreign organizations, check here	
City or town, state or province, country, and ZIP or foreign postal code WARWICK, RI 02886		2. Foreign organizations meeting the 85% test, check here and attach computation	
G Check all that apply		E If private foundation status was terminated under section 507(b)(1)(A), check here	
<input checked="" type="checkbox"/> Initial return		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here	
<input type="checkbox"/> Initial return of a former public charity			
<input type="checkbox"/> Final return			
<input type="checkbox"/> Amended return			
<input type="checkbox"/> Address change			
<input type="checkbox"/> Name change			
H Check type of organization			
<input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation			
<input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust			
<input type="checkbox"/> Other taxable private foundation			
I Fair market value of all assets at end of year (from Part II, col. (c), line 16)			
J Accounting method			
Cash			
Accrual			
Other (specify)			
(Part I, column (d) must be on cash basis.)			

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	1,520,540			
	2 Check if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	825	825		
	4 Dividends and interest from securities.				
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)				
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)	54,465	0	0	
	12 Total. Add lines 1 through 11	1,575,830	825	0	
	13 Compensation of officers, directors, trustees, etc	0			
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)	3,832	0	0	3,832
	b Accounting fees (attach schedule)				
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)				
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	32,250	0	0	0
	24 Total operating and administrative expenses.				
	Add lines 13 through 23	36,082	0	0	3,832
	25 Contributions, gifts, grants paid	140,891			138,816
	26 Total expenses and disbursements. Add lines 24 and 25	176,973	0	0	142,648
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	1,398,857			
	b Net investment income (if negative, enter -0-)		825		
	c Adjusted net income (if negative, enter -0-)			0	

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing	0	178,317	178,317
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	0	1,220,540	1,418,267
	c	Investments—corporate bonds (attach schedule).			
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
Liabilities	15	Other assets (describe ▶ _____)			
	16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	0	1,398,857	1,596,584
	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶ _____)			
Net Assets or Fund Balances	23	Total liabilities (add lines 17 through 22)	0	0	
		Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
		Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds	0	1,398,857	
	30	Total net assets or fund balances (see instructions)	0	1,398,857	
	31	Total liabilities and net assets/fund balances (see instructions) . . .	0	1,398,857	

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 0
2	Enter amount from Part I, line 27a	2 1,398,857
3	Other increases not included in line 2 (itemize) ▶ _____	3
4	Add lines 1, 2, and 3	4 1,398,857
5	Decreases not included in line 2 (itemize) ▶ _____	5
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6 1,398,857

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				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a				
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		
a				
b				
c				
d				
e				
2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		2	
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 }		3	

Part V

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☐ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see 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			
2012			
2011			
2010			
2009			
2	Total of line 1, column (d).		2
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
4	Enter the net value of noncharitable-use assets for 2014 from Part X, line 5.		4
5	Multiply line 4 by line 3.		5
6	Enter 1% of net investment income (1% of Part I, line 27b).		6
7	Add lines 5 and 6.		7
8	Enter qualifying distributions from Part XII, line 4.		8

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 page 18 of the instructions)

1a		Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1			
b		Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b		117	
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	
3		Add lines 1 and 2.		317	
4		Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	
5		Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		517	
6		Credits/Payments			
a		2014 estimated tax payments and 2013 overpayment credited to 2014		6a	
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.		70	
8		Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.		8	
9		Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		917	
10		Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.		10	
11		Enter the amount of line 10 to be Credited to 2015 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>		11	

Part VII-A

Statements Regarding Activities

1a		During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		1a	Yes	No
b		Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)?		1b		No
		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.				
c		Did the foundation file Form 1120-POL for this year?		1c		No
d		Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input type="checkbox"/> \$ (2) On foundation managers <input type="checkbox"/> \$				
e		Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$				
2		Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		No
		If "Yes," attach a detailed description of the activities.				
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		No
4a		Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		No
b		If "Yes," has it filed a tax return on Form 990-T for this year?		4b		
5		Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		No
		If "Yes," attach the statement required by General Instruction T.				
6		Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
		• By language in the governing instrument, or				
		• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?		6	Yes	
7		Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV.		7	Yes	
8a		Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> DE				
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	Yes	
9		Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV		9		No
10		Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses. <input type="checkbox"/>		10	Yes	

Part VII-A

Statements Regarding Activities *(continued)*

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
Website address N/A				
14	The books are in care of RICHARD H PETRARCA Telephone no (401) 330-1613 Located at ONE COASTWAY BLVD WARWICK RI ZIP+4 02886			
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		
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?	16	Yes	No
See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country				

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? 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)? Organizations relying on a current notice regarding disaster assistance check here.	1b		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2014?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014? If "Yes," list the years 20 , 20 , 20 , 20 Yes No			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions).	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? 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.).	3b		No
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b		No

Part VII-B

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

5a

During the year did the foundation pay or incur any amount to

(1)

Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

YesNo

(2)

Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

YesNo

(3)

Provide a grant to an individual for travel, study, or other similar purposes?

YesNo

(4)

Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? (see instructions).

YesNo

(5)

Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

YesNo

b

If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

5b

Organizations relying on a current notice regarding disaster assistance check here.

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?

YesNo

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?

YesNo

b

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

6b

No

If "Yes" to 6b, file Form 8870.

7a

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

YesNo

b

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

7b

Part VIII

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

1

List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				

2

Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances

Total

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

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Part VIII

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

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

Part IX-A

Summary of Direct Charitable Activities

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

Part IX-B

Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3.	

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	1,307,809
b	Average of monthly cash balances.	1b	207,608
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	1,515,417
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	1,515,417
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	22,731
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,492,686
6	Minimum investment return. Enter 5% of line 5.	6	74,634

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	74,634
2a	Tax on investment income for 2014 from Part VI, line 5.	2a	17
b	Income tax for 2014 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	17
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	74,617
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	74,617
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1.	7	74,617

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	142,648
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	0
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	0
b	Cash distribution test (attach the required schedule).	3b	0
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	142,648
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions).	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	142,648

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				74,617
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only.				
b Total for prior years 2012 , 2011 , 2010				
3 Excess distributions carryover, if any, to 2014				
a From 2009.				
b From 2010.				
c From 2011.				
d From 2012.				
e From 2013.				
f Total of lines 3a through e.				
4 Qualifying distributions for 2014 from Part XII, line 4 ▶ \$ 142,648				
a Applied to 2013, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).				
d Applied to 2014 distributable amount.				74,617
e Remaining amount distributed out of corpus	68,031			
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:	68,031			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income Subtract line 4b from line 2b.				
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.				
d Subtract line 6c from line 6b Taxable amount—see instructions				
e Undistributed income for 2013 Subtract line 4a from line 2a Taxable amount—see instructions				
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)				
8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions) . . .				
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a	68,031			
10 Analysis of line 9				
a Excess from 2010. . . .				
b Excess from 2011. . . .				
c Excess from 2012. . . .				
d Excess from 2013. . . .				
e Excess from 2014. . . . 68,031				

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

1a

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

b

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

☐ 4942(j)(3) or ☐ 4942(j)(5)

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

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

1

Information Regarding Foundation Managers:

a

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

b

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

2

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

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

a

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

RICHARD PETRARA
ONE COASTWAY BLVD
WARWICK, RI 02886
(401) 330-1613

b

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

SEE ATTACHMENT 7

c

Any submission deadlines

SEE ATTACHMENT 7

d

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

SEE ATTACHMENT 7

Part XV

Supplementary Information (continued)

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year See Additional Data Table				
Total			3a	140,891
b Approved for future payment				
Total			3b	

Enter gross amounts unless otherwise indicated

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

[illegible]

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

[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? . . . ☐ Yes ☒ No

b If "Yes," complete the following schedule		
(a) Name of organization	(b) Type of organization	(c) Description of relationship

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.


Sign Here	*****	2015-11-08	*****	<div style="border: 1px solid black; padding: 5px;"> May the IRS discuss this return with the preparer shown below (see instr)? <input type="checkbox"/> Yes <input type="checkbox"/> No </div>
	_____ Signature of officer or trustee	_____ Date	_____ Title	

Paid Preparer Use Only	Print/Type preparer's name Nicole Bencik	Preparer's Signature	Date	Check if self-employed <input checked="" type="checkbox"/>	PTIN P00756195
	Firm's name <input checked="" type="checkbox"/> Crowe Horwath LLP			Firm's EIN <input checked="" type="checkbox"/>	
	Firm's address <input checked="" type="checkbox"/> 225 WEST WACKER DRIVE SUITE 2600 CHICAGO, IL 606061224			Phone no (312) 899-7000	


Form 990PF Part VIII Line 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
RICHARD PETRARCA	DIRECTOR/PRESIDENT 1 25	0	0	0
ONE COASTWAY BLVD WARWICK, RI 02886				
PHILLIP KYDD	DIRECTOR 0 25	0	0	0
ONE COASTWAY BLVD WARWICK, RI 02886				
MARC GREENFIELD	DIRECTOR 0 25	0	0	0
ONE COASTWAY BLVD WARWICK, RI 02886				
STEPHEN TAMBORELLI	VICE-PRESIDENT/TREASURER 2 0	0	0	0
ONE COASTWAY BLVD WARWICK, RI 02886				
RUSSELL GASTON	SECRETARY 1 0	0	0	0
ONE COASTWAY BLVD WARWICK, RI 02886				


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
4GALS CRANSTON NATL BUDLONG SOFTBALL 225 CRANSTON,RI 02920	RELATIONSHIP	PC	Youth Sports	150
Academic Decathlon RI 3296 POST ROAD WARWICK,RI 02886	NONE	PC	High school academic competition	2,500
Access Point of RI 111 COMSTOCK PARKWAY CRANSTON,RI 02920	NONE	PC	Developmental disabilities	125
Alliance for Better Long Term Care 422 POST RD SUITE 204 WARWICK,RI 02888	NONE	PC	Elderly care	250
American Cancer Society 931 JEFFERSON BLVD 3004 WARWICK,RI 02886	NONE	PC	General Fund	100
Amos House PO BOX 72873 415 FRIENDSHIP STREET PROVIDENCE,RI 02907	NONE	PC	Shelter/meals/services	2,500
Apponaug Area Improvement Assc PO BOX 7892 WARWICK,RI 02887	NONE	PC	General operations support	500
Apponaug Babe Ruth Baseball 36 KEYSTONE DRIVE WARWICK,RI 02889	NONE	PC	Youth Sports	600
Apponaug Girls Softball League PO BOX 6934 WARWICK,RI 02887	NONE	PC	Youth Sports	250
AS220 95 MATHEWSON STREET 204 PROVIDENCE,RI 02903	NONE	PC	Residential & work studios for the arts	2,500
Bay View Academy 3070 PAWTUCKET AVE RIVERSIDE,RI 02915	NONE	PC	Private high school arts & education	2,000
Big Brothers Big Sisters 1540 PONTIAC AVENUE CRANSTON,RI 02920	NONE	PC	Youth Services	600
Border to Border PO BOX 15162 EAST PROVIDENCE,RI 02915	NONE	PC	Support families w/children w/cancer	100
Boys and Girls Club of Cumberland ONE JAMES J MCKEE WAY PO BOX 7505 CUMBERLAND,RI 02864	NONE	PC	Youth Services	200
Boys and Girls Club of EP 115 WILLIAMS AVE EAST PROVIDENCE,RI 02914	NONE	PC	Youth Services	300
Total  3a				140,891


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Boys and Girls Club Pawtucket ONE MOELLER PLACE PAWTUCKET, RI 02860	NONE	PC	Youth Services	500
Boys and Girls Clubs of Warwick 42 FREDERICK STREET PO BOX 8938 WARWICK, RI 028880930	NONE	PC	Youth Services	650
Bras for a Cause 249 ROOSEVELT AVE PAWTUCKET, RI 02860	NONE	PC	Cancer Research	850
Bristol Good Neighbors 378 HOPE STREET PO BOX 223 BRISTOL, RI 028090414	NONE	PC	Meals/clothing/hygiene to the needy	100
CCAP 311 DORIC AVE CRANSTON, RI 02920	NONE	PC	Community Action Program	1,500
Central RI Chamber of Commerce 3288 POST ROAD WARWICK, RI 028867131	NONE	PC	Benefit Boys & Girls Club, RI Mentoring	250
Childrens Dyslexia Center ONE RHODES PLACE CRANSTON, RI 02905	NONE	PC	General Fund	200
Citizens Who Care PO BOX 1146 EAST GREENWICH, RI 02818	NONE	PC	Health & wellness care	250
City Meal Site Inc 36 ALEXANDER COURT WAKEFIELD, RI 02879	NONE	PC	Soup Kitchen	425
CLCF Soccer P O BOX 8947 CRANSTON, RI 02920	NONE	PC	Youth Sports	200
Coastway Softball Team ONE COASTWAY BLVD WARWICK, RI 02886	NONE	PC	Adult Sports	1,000
Cranston Chamber of Commerce 150 MIDWAY ROAD CRANSTON, RI 02920	NONE	PC	General operations support	600
Cranston East Baseball 899 PARK AVENUE CRANSTON, RI 029102799	NONE	PC	Youth Sports	250
Cranston National Budlong 8 PENNY LANE CRANSTON, RI 02921	NONE	PC	Youth Sports	350
Cranston West LL 45 SHERMAN AVE CRANSTON, RI 02920	NONE	PC	Youth Sports	200
Total  3a				140,891


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
Cumberland School Volunteers 2602 MENDON ROAD CUMBERLAND,RI 02864	NONE	PC	Volunteers in public schools	100
E G Basketball Assc 10 SQUIRREL LANE EAST GREENWICH,RI 02818	NONE	PC	Youth Sports	200
E G Little League PO BOX 542 EAST GREENWICH,RI 02886	NONE	PC	Youth Sports	500
E G Rotary CharitableALS 235 CINDYANN DR EAST GREENWICH,RI 02818	NONE	PC	Benefit ALS Assn, RI Chapter	500
East Bay Coalition for the Homeless 100 BULLOCKS POINT AVENUE EAST PROVIDENCE,RI 02915	NONE	PC	Homeless shelter/support	1,000
East Providence Chamber of Commerce 1011 WATERMAN AVENUE EAST PROVIDENCE,RI 02914	NONE	PC	General operations support	450
East Providence Heritage Days 610 WATERMAN AVENUE EAST PROVIDENCE,RI 02914	NONE	PC	Community Support	150
Edgewood Eagles 79 Taft St CRANSTON,RI 02905	NONE	PC	Youth Sports	250
Edgewood Eagles Cheerleaders 79 Taft St CRANSTON,RI 02905	NONE	PC	Youth Sports	300
Elizabeth Buffum Chace Center PO BOX 9476 WARWICK,RI 028890476	NONE	PC	Women's Shelter	1,400
Friends of Hearthside Inc 677 GREAT RD LINCOLN,RI 02865	NONE	PC	General operations support	99
Fund for Community Progress 90 JEFFERSON BOULEVARD SUITE B WARWICK,RI 02888	NONE	PC	Alliance of 27 social services agencies	500
Ginger Bread Express 99 BALD HILL RD CRANSTON,RI 02920	NONE	PC	Holiday gifts program for underprivileged	736
Homenetmen Providence Chapter P O BOX 8623 CRANSTON,RI 02920	NONE	PC	Scouting sponsorship	50
Hometown Christmas 75 MAIN STREET WOONSOCKET,RI 02895	NONE	PC	Holiday baskets for the needy	199
Total  3a				140,891


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
Hope Alzheimers Center 25 BRAYTON AVENUE CRANSTON,RI 029203336	NONE	PC	Dementia services	1,000
House of Hope PO BOX 6130 WARWICK,RI 02887	NONE	PC	Homeless services	2,000
Inspiring Minds 763 WESTMINSTER STREET PROVIDENCE,RI 02903	NONE	PC	Youth mentoring/tutoring	3,670
Izzy Foundation 25 LAUREL WOOD DRIVE EAST GREENWICH,RI 02818	NONE	PC	Support families w/children w/diseases	500
J Arthur Trudeau Center 3445 POST ROAD WARWICK,RI 028867147	NONE	PC	Autism & other developmental disabilities	1,500
Junior Achievement of RI 120 WATERMAN STREET SUITE 200 PROVIDENCE,RI 029062610	NONE	PC	Youth services	350
Justice Assistance 943 PARK AVENUE CRANSTON,RI 02910	NONE	PC	Victims of crime support services	1,000
Kent Center 2756 POST ROAD SUITE 104 WARWICK,RI 028863003	NONE	PC	Social services - behavioral health	250
Kent County YMCA 900 CENTERVILLE RD WARWICK,RI 02886	NONE	PC	Youth Services	1,500
Kent Washington Assoc of Realtors 2240 SOUTH COUNTY TRAIL 3 EAST GREENWICH,RI 02818	NONE	PC	General operations support	100
Kenvo Foundation 128 TEN ROD ROAD EXETER,RI 02822	NONE	PC	Tuberous Sclerosis	600
Lasalle Academy Alumni Golf Tournament 612 ACADEMY AVE PROVIDENCE,RI 02908	NONE	PC	Tuition assistance fund	125
Lauren Zarembka Memorial Foundation PO BOX 154544 RIVERSIDE,RI 02915	NONE	PC	Scholarships/Cancer support programs	250
Leadership RI 1570 WESTMINSTER STREET 1ST FLOOR PROVIDENCE,RI 02909	NONE	PC	Community leadership programs	850
Lincoln High School - Post Grad 135 OLD RIVER ROAD LINCOLN,RI 02865	NONE	PC	High school safe graduation party	100
Total  3a				140,891


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
Lincoln HS Athletic Council 135 OLD RIVER ROAD LINCOLN,RI 02865	NONE	PC	High school sports	200
Lincoln North Stars 135 OLD RIVER ROAD LINCOLN,RI 02865	NONE	PC	Special Olympics	100
MADD RI 2 REGENCY PLAZA SUITE 3 PROVIDENCE,RI 029033149	NONE	PC	General fund	100
Main St Assc of EG PO BOX 903 EAST GREENWICH,RI 02818	NONE	PC	Benefit The Odeum	250
Meeting Street School 1000 EDDY STREET PROVIDENCE,RI 029054739	NONE	PC	Special needs	20,295
Miriam Hospital FoundationPO BOX H PROVIDENCE,RI 02901	NONE	PC	Non profit hospital - general fund	2,500
Muscular Dystrophy Association 931 JEFFERSON BLVD SUITE 1005 WARWICK,RI 02886	NONE	PC	General fund	500
North Kingstown American LL PO BOX 846 NORTH KINGSTOWN,RI 02852	NONE	PC	Youth Sports	850
NRI Chamber of Commerce 6 BLACKSTONE VALLEY PLACE SUITE 40 LINCOLN,RI 028651162	NONE	PC	General operations support	150
Ocean State Soccer 650 STONY LN NORTH KINSGTOWN,RI 02852	NONE	PC	Youth Sports	200
Pan Mass Challenge 77 4TH AVE NEEDHAM,MA 02494	NONE	PC	Benefit Dana Farber Cancer Institute	100
MEMORIAL SCHOLARSHIP FUND Patrolman Gregory W Bol 46 COLDBROOK ROAD WARWICK,RI 028885214	NONE	PC	Scholarship fund	200
Pawtucket YMCA 660 ROOSEVELT AVENUE PAWTUCKET,RI 028602152	NONE	PC	""Support A Child"" program	425
Progreso Latino 626 BROAD STREET CENTRAL FALLS,RI 028632835	NONE	PC	Social services	300
Project Sweet Peas 45 BOYLSTON STREET WARWICK,RI 02889	NONE	PC	Support families w/newborn illness or loss	550
Total  3a				140,891


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Providence Center 528 NORTH MAIN STREET PROVIDENCE, RI 029045762	NONE	PC	Mental health/addiction services	4,000
Providence Childrens Museum 100 SOUTH STREET PROVIDENCE, RI 029034749	NONE	PC	General fund	500
Providence Haiti Out Reach 854 PROVIDENCE STREET WEST WARWICK, RI 02893	NONE	PC	Education in Haiti	150
RI FAMILY SHELTER 165 BEACH AVENUE WARWICK, RI 028892729	NONE	PC	Homeless shelter	1,000
RI APDA P O BOX 41659 PROVIDENCE, RI 02940	NONE	PC	American Parkinson's Disease Assn	1,000
RI Coalition for the Homeless 1070 MAIN STREET SUITE 202 PAWTUCKET, RI 02860	NONE	PC	Homeless services	75
RI Food Bank 200 Niantic Ave PROVIDENCE, RI 02907	NONE	PC	General fund	1,000
RI Mentoring 3296 POST ROAD WARWICK, RI 02886	NONE	PC	One-on-one mentoring of children	4,200
RI Score 380 WESTMINSTER STREET PROVIDENCE, RI 029033239	NONE	PC	Volunteer business counseling	2,000
RI Shriners ONE RHOADES PLACE PROVIDENCE, RI 02905	NONE	PC	Underprivileged children	50
RIODAC 18 BLIVEN AVE BRISTOL, RI 02809	NONE	PC	Organ donor awareness	250
RISAS 300 CENTERVILLE ROAD SUITE 301 SOU WARWICK, RI 02886	NONE	PC	Student social services (behavioral, substance abu	1,000
Riverside Little League PO BOX 15331 RIVERSIDE, RI 02915	NONE	PC	Youth Sports	325
RIVMA Companion Animal Foundation 11 SOUTH ANGELL STREET 311 PROVIDENCE, RI 02906	NONE	PC	Financial assistance for low income pet owners	2,000
Rotary Club of Cranston PO BOX 3723 CRANSTON, RI 02910	NONE	PC	Holiday baskets for the needy	105
Total  3a				140,891

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
Rotary Club of CumberlandLincoln PO BOX 7734 CUMBERLAND,RI 02864	NONE	PC	Charity event	250
Rotary Club of E Providence PO BOX 14303 EAST PROVIDENCE,RI 02914	NONE	PC	General operations support	212
Sargent Center 800 QUAKER LANE EAST GREENWICH,RI 02818	NONE	PC	Rehabilitation Center	1,200
Seven Hills Foundation 34 ADIN ST HOPEDALE,MA 01747	NONE	PC	Mental Health Counseling/Rehab	5,000
Sierra Stanton Book Award Fund UNIVERSITY OF RHODE ISLAND KINGSTON,RI 02881	NONE	PC	Assists Native American college students	1,000
Special Olympics 370 GEORGE WASHINGTON HWY SMITHFIELD,RI 02917	NONE	PC	General fund	125
St Elizabeth Community ONE SAINT ELIZABETH WAY EAST GREENWICH,RI 02818	NONE	PC	Non profit nursing homes/assisted living/elder day	8,000
St Greg's Baseball League 360 COWESETT ROAD WARWICK,RI 02886	NONE	PC	Youth Sports	300
Stephen Marra Foundation PO BOX 2234 EAST GREENWICH,RI 02818	NONE	PC	Wounder Warrior Project	525
The ARARAT Assc PO BOX 7602 WARWICK,RI 02887	NONE	PC	Services to Armenian community	100
Tomorrow Fund 593 EDDY STREET PROVIDENCE,RI 029034947	NONE	PC	Support families w/children w/cancer	2,600
Tri City Elk Lodge #14 1915 WEST SHORE ROAD WARWICK,RI 02889	NONE	PC	Drug awareness program	250
United Way of RI 50 VALLEY ST PROVIDENCE,RI 02909	NONE	PC	Employer matching donations	25,000
URI Alumni Assc P O BOX 1579 KINGSTON,RI 02881	NONE	PC	Scholarship fund	500
URI Alumni Golf Tournament P O BOX 1579 KINGSTON,RI 02881	NONE	PC	Scholarship fund	500
Total  3a				140,891

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
VOWS Inc 575 CENTERVILLE ROAD WARWICK,RI 02886	NONE	PC	Volunteers in public schools	1,000
Warwick American Little League PO BOX 9314 WARWICK,RI 028890314	NONE	PC	Youth Sports	550
Warwick Continental Little League PO BOX 7293 WARWICK,RI 02887	NONE	PC	Youth Sports	1,025
Warwick Fire Fighters Soccer Club PO BOX 8605 WARWICK,RI 028888605	NONE	PC	Youth Sports	650
Warwick Junior Hockey Assc 183 SHARON ST WARWICK,RI 02886	NONE	PC	Youth Sports	450
Warwick National Little League PO BOX 9474 WARWICK,RI 02889	NONE	PC	Youth Sports	425
Warwick Police Athletic League PO BOX 9157 WARWICK,RI 02889	NONE	PC	Youth Sports	575
West Elmwood Housing Development Corp 224 DEXTER STREET PROVIDENCE,RI 02907	NONE	PC	Non profit housing/community services	1,000
Will Speck Memorial 75 KIMBERLY LANE NORTH CRANSTON,RI 02921	NONE	PC	Roanld McDonald House	250
Women and Infants Devlopment Foundation 101 DUDLEY ST PROVIDENCE,RI 029052499	NONE	PC	Non profit hospital - general fund	3,800
Youth in Action 672 BROAD STREET PROVIDENCE,RI 02907	NONE	PC	Youth education & leadership skills	1,000
Total  3a				140,891

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2014 Depreciation Schedule

Name: COASTWAY CARES CHARITABLE FOUNDATION II

EIN: 46-3904605

TY 2014 Legal Fees Schedule

Name: COASTWAY CARES CHARITABLE FOUNDATION II

EIN: 46-3904605

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	3,832	0	0	3,832

TY 2014 Other Expenses Schedule

Name: COASTWAY CARES CHARITABLE FOUNDATION II

EIN: 46-3904605

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
GOLF TOURNAMENT EXPENSES	32,250	0	0	0

TY 2014 Other Income Schedule

Name: COASTWAY CARES CHARITABLE FOUNDATION II

EIN: 46-3904605

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
GOLF TOURNAMENT INCOME	54,465	0	0

TY 2014 Substantial Contributors Schedule

Name: COASTWAY CARES CHARITABLE FOUNDATION II

EIN: 46-3904605

Name	Address
COASTWAY COMMUNITY BANK	ONE COASTWAY BLVD WARWICK,RI 02886

<div>Schedule B</div> <div>(Form 990, 990-EZ, or 990-PF)</div> <div>Department of the Treasury Internal Revenue Service</div>	<div>Schedule of Contributors</div> <div>▶ Attach to Form 990, 990-EZ, or 990-PF.</div> <div>▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.</div>	<div>OMB No 1545-0047</div> <div>2014</div>
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<div>Name of the organization</div> <div>COASTWAY CARES CHARITABLE FOUNDATION II</div>	<div>Employer identification number</div> <div>46-3904605</div>
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Organization type (check one)

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

General Rule

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other 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 33¹/₃% 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 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 1 </u>	<div>COASTWAY COMMUNITY BANK</div> <hr/> <div>ONE COASTWAY BLVD</div> <hr/> <div>WARWICK, RI 02886</div> <hr/>	\$ <u> 1,520,540 </u>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input checked="" type="checkbox"/></div> (Complete Part II for noncash contributions)
<u> </u>	<hr/> <hr/> <hr/> <hr/>	\$ _____	<div>Person <input type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> (Complete Part II for noncash contributions)
<u> </u>	<hr/> <hr/> <hr/> <hr/>	\$ _____	<div>Person <input type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> (Complete Part II for noncash contributions)
<u> </u>	<hr/> <hr/> <hr/> <hr/>	\$ _____	<div>Person <input type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> (Complete Part II for noncash contributions)
<u> </u>	<hr/> <hr/> <hr/> <hr/>	\$ _____	<div>Person <input type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> (Complete Part II for noncash contributions)

Employer identification number
46-3904605

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	122,054 SHARES OF COASTWAY BANCORP COMMON STOCK	\$ 1,220,540	2014-01-14
(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 COASTWAY CARES CHARITABLE FOUNDATION II	Employer identification number 46-3904605
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Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of <i>exclusively</i> religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____ Use duplicate copies of Part III if additional space is needed.
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	<div></div> <div></div>	<div></div> <div></div> <div></div>	

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

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

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