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For calendar year 2015, or tax year beginning 01-01-2015 , and ending 12-31-2015

Name of foundation COASTWAY CARES CHARITABLE FOUNDATION II INC		<b>A Employer identification number</b> 46-3904605	
Number and street (or P O box number if mail is not delivered to street address) ONE COASTWAY BLVD		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code WARWICK, RI 02886		<b>B</b> Telephone number (see instructions)  (401) 330-1600	
<b>G</b> Check all that apply <div><input type="checkbox"/> Initial return</div> <div><input type="checkbox"/> Initial return of a former public charity</div> <div><input type="checkbox"/> Final return</div> <div><input type="checkbox"/> Amended return</div> <div><input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Name change</div>		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>  <b>D 1.</b> Foreign organizations, check here <input type="checkbox"/>  <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> <b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>  <b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
<b>H</b> 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			
<b>I</b> Fair market value of all assets at end of year (from Part II, col (c), line 16) <b>\$</b> 1,656,054		<b>J</b> Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> 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) )		Revenue and expenses per books (a)	Net investment income (b)	Adjusted net income (c)	Disbursements for charitable purposes (d) (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule) . . . . .				
	2 Check <input checked="" type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B . . . . .				
	3 Interest on savings and temporary cash investments . . . . .	480	480		
	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 _____	0			
	b Gross sales price for all assets on line 6a _____				
	7 Capital gain net income (from Part IV , line 2) . . . . .		0		
	8 Net short-term capital gain . . . . .				
	9 Income modifications . . . . .				
	10a Gross sales less returns and allowances _____ 0				
	b Less Cost of goods sold . . . . . 0				
	c Gross profit or (loss) (attach schedule) . . . . .	0			
	11 Other income (attach schedule) . . . . .	55,340	0	0	
	12 <b>Total.</b> Add lines 1 through 11 . . . . .	55,820	480	0	
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc . . . . .				
	14 Other employee salaries and wages . . . . .				
	15 Pension plans, employee benefits . . . . .				
	16a Legal fees (attach schedule). . . . .	4,631	0	0	4,631
	b Accounting fees (attach schedule). . . . .	0	0	0	0
	c Other professional fees (attach schedule) . . . . .	0	0	0	0
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see instructions) . . . . .	17	0	0	0
	19 Depreciation (attach schedule) and depletion . . . . .	0	0	0	
	20 Occupancy . . . . .				
	21 Travel, conferences, and meetings. . . . .				
	22 Printing and publications . . . . .				
	23 Other expenses (attach schedule). . . . .	35,358	0	0	0
	24 <b>Total operating and administrative expenses.</b> Add lines 13 through 23 . . . . .	40,006	0	0	4,631
	25 Contributions, gifts, grants paid . . . . .	134,543			134,543
	26 <b>Total expenses and disbursements.</b> Add lines 24 and 25	174,549	0	0	139,174
	27 Subtract line 26 from line 12				
	a <b>Excess of revenue over expenses and disbursements</b>	-118,729			
	b <b>Net investment income</b> (if negative, enter -0-)		480		
	c <b>Adjusted net income</b> (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 . . . . .		178,317	59,588	59,588
	2	Savings and temporary cash investments . . . . .				
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____		0	0	0
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			0	0
	5	Grants receivable . . . . .				
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions). . . . .		0	0	0
	7	Other notes and loans receivable (attach schedule) ▶ _____ 0 Less allowance for doubtful accounts ▶ _____ 0		0	0	0
	8	Inventories for sale or use . . . . .				
	9	Prepaid expenses and deferred charges . . . . .				
	10a	Investments—U S and state government obligations (attach schedule)		0	0	0
	b	Investments—corporate stock (attach schedule) . . . . .		1,220,540	1,220,540	1,596,466
	c	Investments—corporate bonds (attach schedule) . . . . .		0	0	0
	11	Investments—land, buildings, and equipment basis ▶ _____ 0 Less accumulated depreciation (attach schedule) ▶ _____ 0		0	0	0
	12	Investments—mortgage loans . . . . .				
	13	Investments—other (attach schedule) . . . . .		0	0	0
	14	Land, buildings, and equipment basis ▶ _____ 0 Less accumulated depreciation (attach schedule) ▶ _____ 0		0	0	0
15	Other assets (describe ▶ _____)		0	0	0	
16	<b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)		1,398,857	1,280,128	1,656,054	
Liabilities	17	Accounts payable and accrued expenses . . . . .				
	18	Grants payable . . . . .				
	19	Deferred revenue . . . . .				
	20	Loans from officers, directors, trustees, and other disqualified persons		0	0	
	21	Mortgages and other notes payable (attach schedule). . . . .		0	0	
	22	Other liabilities (describe ▶ _____)		0	0	
	23	<b>Total liabilities</b> (add lines 17 through 22) . . . . .		0	0	
Net Assets or Fund Balances	<b>Foundations that follow SFAS 117, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>					
	24	Unrestricted . . . . .				
	25	Temporarily restricted . . . . .				
	26	Permanently restricted . . . . .				
	<b>Foundations that do not follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 27 through 31.</b>					
	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		1,398,857	1,280,128	
30	<b>Total net assets or fund balances</b> (see instructions) . . . . .		1,398,857	1,280,128		
31	<b>Total liabilities and net assets/fund balances</b> (see instructions) . . . . .		1,398,857	1,280,128		

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	1,398,857
2	Enter amount from Part I, line 27a . . . . .	2	-118,729
3	Other increases not included in line 2 (itemize) ▶ _____	3	0
4	Add lines 1, 2, and 3 . . . . .	4	1,280,128
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	1,280,128

Part IV

Capital Gains and Losses for Tax on Investment Income

List and describe the kind(s) of property sold (e g , real estate, <b>(a)</b> 2-story brick warehouse, or common stock, 200 shs MLC Co )		How acquired P—Purchase <b>(b)</b> D—Donation	Date acquired <b>(c)</b> (mo , day, yr )	Date sold <b>(d)</b> (mo , day, yr )
1a				
b				
c				
d				
e				

<b>(e)</b> Gross sales price	Depreciation allowed <b>(f)</b> (or allowable)	Cost or other basis <b>(g)</b> plus expense of sale	Gain or (loss) <b>(h)</b> (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			Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h)) <b>(l)</b>
<b>(i)</b> F M V as of 12/31/69	Adjusted basis <b>(j)</b> as of 12/31/69	Excess of col (i) <b>(k)</b> 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	0
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	0

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

<b>(a)</b> Base period years Calendar year (or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	<b>(c)</b> Net value of noncharitable-use assets	<b>(d)</b> Distribution ratio (col (b) divided by col (c))
2014	142,648	1,492,686	0 095565
2013			0
2012			0
2011			0
2010			0

2	Total of line 1, column (d). . . . .	2	0 095565
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	0 095565
4	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5. . . . .	4	1,491,958
5	Multiply line 4 by line 3. . . . .	5	142,579
6	Enter 1% of net investment income (1% of Part I, line 27b). . . . .	6	5
7	Add lines 5 and 6. . . . .	7	142,584
8	Enter qualifying distributions from Part XII, line 4. . . . .	8	139,174

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)

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ <b>(attach copy of letter if necessary—see instructions)</b>		
<b>b</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 . . . . .	<b>1</b>	10
<b>c</b>	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	
<b>3</b>	Add lines 1 and 2. . . . .	<b>3</b>	10
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>	10
<b>6</b>	Credits/Payments		
<b>a</b>	2015 estimated tax payments and 2014 overpayment credited to 2015	<b>6a</b>	
<b>b</b>	Exempt foreign organizations—tax withheld at source . . . . .	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868). . . . .	<b>6c</b>	
<b>d</b>	Backup withholding erroneously withheld . . . . .	<b>6d</b>	
<b>7</b>	Total credits and payments. Add lines 6a through 6d. . . . .	<b>7</b>	0
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	<b>8</b>	
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . . <b>▶</b>	<b>9</b>	10
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . . <b>▶</b>	<b>10</b>	
<b>11</b>	Enter the amount of line 10 to be <b>Credited to 2015 estimated tax</b> <b>▶</b> <b>Refunded</b> <b>▶</b>	<b>11</b>	0

**Part VII-A** Statements Regarding Activities

<b>1a</b>	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? . . . . .		<b>Yes</b>	<b>No</b>
<b>1a</b>				<b>No</b>
<b>b</b>	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? . . . . . <i>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</i>	<b>1b</b>		<b>No</b>
<b>c</b>	Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .	<b>1c</b>		<b>No</b>
<b>d</b>	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year <b>(1)</b> On the foundation <b>▶</b> \$ _____ <b>(2)</b> On foundation managers <b>▶</b> \$ _____			
<b>e</b>	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <b>▶</b> \$ _____			
<b>2</b>	Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . <i>If "Yes," attach a detailed description of the activities</i>	<b>2</b>		<b>No</b>
<b>3</b>	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? <i>If "Yes," attach a conformed copy of the changes</i> . . . . .	<b>3</b>		<b>No</b>
<b>4a</b>	Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>4a</b>		<b>No</b>
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>4b</b>		
<b>5</b>	Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . <i>If "Yes," attach the statement required by General Instruction T</i>	<b>5</b>		<b>No</b>
<b>6</b>	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? . . . . .	<b>6</b>	<b>Yes</b>	
<b>7</b>	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i> . . . . .	<b>7</b>	<b>Yes</b>	
<b>8a</b>	Enter the states to which the foundation reports or with which it is registered (see instructions) <b>▶</b> DE _____			
<b>b</b>	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i> . . . . .	<b>8b</b>	<b>Yes</b>	
<b>9</b>	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 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i> . . . . .	<b>9</b>		<b>No</b>
<b>10</b>	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i> . . . . .	<b>10</b>		<b>No</b>

**Part VII-A Statements Regarding Activities (continued)**

<b>11</b>	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). . . . .	<b>11</b>		<b>No</b>
<b>12</b>	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) . . . . .	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>N/A</u>	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of ► <u>RICHARD H PETRARCA</u> Telephone no ► <u>(401) 330-1613</u> Located at ► <u>ONE COASTWAY BLVD WARWICK RI</u> ZIP+4 ► <u>02886</u>			
<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . . ► <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . ► <b>15</b>			
<b>16</b>	At any time during calendar year 2015, 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 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 ►	<b>16</b>	<b>Yes</b>	<b>No</b>

**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.			<b>Yes</b>	<b>No</b>
<b>1a</b>	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days ). . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> 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)? . . . . . <b>1b</b>			
	Organizations relying on a current notice regarding disaster assistance check here. . . . . ► <input type="checkbox"/>			
<b>c</b>	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 2015? . . . . . <b>1c</b>			<b>No</b>
<b>2</b>	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))			
<b>a</b>	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► 20____, 20____, 20____, 20____			
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement—see instructions ). . . . . <b>2b</b>			
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here ► 20____, 20____, 20____, 20____			
<b>3a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>b</b>	If "Yes," did it have excess business holdings in 2015 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? ( <i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015</i> ). . . . . <b>3b</b>			<b>No</b>
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>		<b>No</b>
<b>b</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 2015?	<b>4b</b>		<b>No</b>

**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)? ☐ Yes ☒ No **5b** **No**

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? ☐ 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? ☐ Yes ☒ No **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? ☐ Yes ☒ No

**b** If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? ☐ Yes ☒ No **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	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) 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	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances

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

**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
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	

**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
<b>1</b>	
<b>2</b>	
All other program-related investments. See instructions.	
<b>3</b>	
<b>Total.</b> Add lines 1 through 3 . . . . . ▶	0



**Part X Minimum Investment Return**

(All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
<b>a</b>	Average monthly fair market value of securities. . . . .	<b>1a</b>	1,389,726
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b>	124,952
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b>	1,514,678
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets. . . . .	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d. . . . .	<b>3</b>	1,514,678
<b>4</b>	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	22,720
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 Enter here and on Part V, line 4	<b>5</b>	1,491,958
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	74,598

**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.)

<b>1</b>	Minimum investment return from Part X, line 6. . . . .	<b>1</b>	74,598
<b>2a</b>	Tax on investment income for 2015 from Part VI, line 5. . . . .	<b>2a</b>	10
<b>b</b>	Income tax for 2015 (This does not include the tax from Part VI ). . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	10
<b>3</b>	Distributable amount before adjustments Subtract line 2c from line 1. . . . .	<b>3</b>	74,588
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	74,588
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . . .	<b>7</b>	74,588

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
<b>a</b>	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26 <del>991</del> . . . . .	<b>1a</b>	139,174
<b>b</b>	Program-related investments—total from Part IX-B. . . . .	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes. . . . .	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required). . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule). . . . .	<b>3b</b>	0
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	139,174
<b>5</b>	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). . . . .	<b>5</b>	
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	<b>6</b>	139,174

**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 2014	(c) 2014	(d) 2015
<b>1</b> Distributable amount for 2015 from Part XI, line 7				74,588
<b>2</b> Undistributed income, if any, as of the end of 2015				
<b>a</b> Enter amount for 2014 only. . . . .			0	
<b>b</b> Total for prior years 20____, 20____, 20____				
<b>3</b> Excess distributions carryover, if any, to 2015				
<b>a</b> From 2010. . . . .				
<b>b</b> From 2011. . . . .				
<b>c</b> From 2012. . . . .				
<b>d</b> From 2013. . . . .				
<b>e</b> From 2014. . . . .				68,031
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	68,031			
<b>4</b> Qualifying distributions for 2015 from Part XII, line 4 ► \$ 139,174				
<b>a</b> Applied to 2014, but not more than line 2a			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2015 distributable amount. . . . .				74,588
<b>e</b> Remaining amount distributed out of corpus	64,586			
<b>5</b> Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a) )				0
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	132,617			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b. . . . .		0		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .				
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .		0		
<b>e</b> Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
<b>f</b> Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015. . . . .				0
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .	0			
<b>8</b> Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions). . . . .	0			
<b>9</b> <b>Excess distributions carryover to 2016.</b> Subtract lines 7 and 8 from line 6a. . . . .	132,617			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2011. . . . .				0
<b>b</b> Excess from 2012. . . . .				0
<b>c</b> Excess from 2013. . . . .				0
<b>d</b> Excess from 2014. . . . .				68,031
<b>e</b> Excess from 2015. . . . .				64,586

Part XIV

Private 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 2015, 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)

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) 2015	(b) 2014	(c) 2013	(d) 2012	
0				0
85% of line 2a . . . . .	0			0
c Qualifying distributions from Part XII, line 4 for each year listed . . . . .	0			0
d Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .				0
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .	0			0

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 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

N/A

c

Any submission deadlines

N/A

d

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

N/A

Form 990-PF (2015)

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)				
<div>a Paid during the year</div> <div>See Additional Data Table</div>				
<div>Total . . . . .</div>			<div>3a</div>	134,543
<div>b Approved for future payment</div>				
<div>Total . . . . .</div>			<div>3b</div>	0

Enter gross amounts unless otherwise indicated

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

Form **990-PF** (2015)

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?

<b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of			
<b>(1)</b> Cash.		<b>1a(1)</b>	<b>No</b>
<b>(2)</b> Other assets.		<b>1a(2)</b>	<b>No</b>
<b>b</b> Other transactions			
<b>(1)</b> Sales of assets to a noncharitable exempt organization.		<b>1b(1)</b>	<b>No</b>
<b>(2)</b> Purchases of assets from a noncharitable exempt organization.		<b>1b(2)</b>	<b>No</b>
<b>(3)</b> Rental of facilities, equipment, or other assets.		<b>1b(3)</b>	<b>No</b>
<b>(4)</b> Reimbursement arrangements.		<b>1b(4)</b>	<b>No</b>
<b>(5)</b> Loans or loan guarantees.		<b>1b(5)</b>	<b>No</b>
<b>(6)</b> Performance of services or membership or fundraising solicitations.		<b>1b(6)</b>	<b>No</b>
<b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees.		<b>1c</b>	<b>No</b>
<b>d</b> If the answer to any of the above is "Yes," complete the following schedule. Column <b>(b)</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 <b>(d)</b> 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

<b>Sign Here</b>	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.		
	<div style="text-align: center;">*****</div> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> Signature of officer or trustee	<div style="text-align: center;">2016-11-10</div> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> Date	<div style="text-align: center;">*****</div> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> Title

May the IRS discuss this return with the preparer shown below?  
 (see instr.)? ☐ Yes ☒ No

<b>Paid Preparer Use Only</b>	Print/Type preparer's name NICOLE BENCIK	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00756195
	Firm's name ▶ CROWE HORWATH LLP			Firm's EIN ▶ 35-0921680	
	Firm's address ▶ 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	Title, and average hours per week (b) devoted to position	(c) Compensation(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
Richard Petrarca	President / Director 2 000	0	0	0
ONE COASTWAY BLVD WARWICK,RI 02886				
Phillip Kydd	Director 0 500	0	0	0
ONE COASTWAY BLVD WARWICK,RI 02886				
Marc Greenfield	Director 0 500	0	0	0
ONE COASTWAY BLVD WARWICK,RI 02886				
Stephen Tamborelli	VP / Treasurer 4 000	0	0	0
ONE COASTWAY BLVD WARWICK,RI 02886				
Kathy Generali	Secretary 2 000	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)				
<b>a</b> Paid during the year				
A door to the Future 797 Westminister St Providence, RI 02903	None	PC	Youth Services	500
ABLTC Foundation 422 Post Rd Suite 204 Warwick, RI 02888	None	PC	Other	270
Academic Decathlon 3296 Post Road Warwick, RI 02886	None	PC	Youth Services	2,500
AFP - RI Chapter PO Box 40489 Providence, RI 02940	None	PC	Other	500
After Prom EG PO Box 102 East Greenwich, RI 02818	None	PC	Youth Services	250
American Youth Soccer PO Box 15132 Riverside, RI 02915	None	PC	Youth Services	375
Apponaug Girls Softball PO Box 6934 Warwick, RI 02887	None	PC	Youth Services	250
ARARAT Assocation PO Box 7602 Warwick, RI 02887	None	PC	Other	100
Association of Fundraising Professionals PO Box 40489 Providence, RI 02940	None	PC	Community Development	300
Back to School Program PO Box 72799 Providence, RI 02907	None	PC	Youth Services	500
Big Brothers Big Sisters 1540 Pontiac Avenue Cranston, RI 02920	None	PC	Youth Services	250
Boys Girls Club Warwick 42 Frederick Street PO Box 8938 Warwick, RI 02888	None	PC	Youth Services	2,800
Button Hole Invitational 1 Buttonhole Dr Providence, RI 02909	None	PC	Other	4,000
The Call 75 South Main St Woonsocket, RI 02895	None	PC	Community Development	199
Capital Good Fund 56 Pine St Providence, RI 02903	None	PC	Community Development	500
<b>Total . . . . . ▶ 3a</b>				134,543



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)				
<b>a</b> <i>Paid during the year</i>				
CCAP 311 Doric Ave Cranston, RI 02920	None	PC	Community Development	1,500
Center for Women and Enterprises RI 132 George M Cohan Blvd Providence, RI 02903	None	PC	Economic Development	500
Childhood Lead Acton Program 1192 Westminister St Providence, RI 02909	None	PC	Youth Services	500
Childrens Friend 153 Summer St Providence, RI 02903	None	PC	Youth Services	175
CLCF Soccer PO Box 8947 Cranston, RI 02920	None	PC	Youth Services	400
Coastway Softball One Coastway Blvd Warwick, RI 02886	None	PC	Youth Services	1,000
Cranston Babe Ruth League 142 River St Warwick, RI 02888	None	PC	Youth Services	250
Cranston East Baseball 899 Park Avenue Cranston, RI 02910	None	PC	Youth Services	135
Cranston National Budlong LL 8 Penny Lane Cranston, RI 02921	None	PC	Youth Services	350
Cranston Western Little League 45 Sherman Ave Cranston, RI 02920	None	PC	Youth Services	200
Cumberland School Volunteers 2602 Mendon Road Cumberland, RI 02864	None	PC	Youth Services	100
E Greenwich LL PO Box 542 East Greenwich, RI 02886	None	PC	Youth Services	300
East Bay Coalition for the Homeless 100 Bullocks Point Ave East Providence, RI 02915	None	PC	Homeless/Food Bank	1,250
East Providence Boys and Girls Club 115 Williams Ave East Providence, RI 02914	None	PC	Youth Services	100
East Providence Chamber 1011 Waterman Ave East Providence, RI 02914	None	PC	Youth Services	275
<b>Total</b> . . . . .			<b>▶ 3a</b>	134,543

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)				
<b>a</b> <i>Paid during the year</i>				
East Providence Heritage Days 610 Waterman Ave East Providence, RI 02914	None	PC	Community Development	150
East Providence Rotary PO Box 14303 East Providence, RI 02914	None	PC	Community Development	125
Edgewood Eagles Pee Wee 79 Taft Street Cranston, RI 02905	None	PC	Youth Services	300
Elizabeth Buffum Chace Center PO Box 9476 Warwick, RI 02889	None	PC	Other	1,000
Gerskoff Baseball Club 10 Country View Dr Cranston, RI 02921	None	PC	Community Development	100
Gingerbread Express 99 Bald Hill Road Cranston, RI 02920	None	PC	Youth Services	612
Good Neighbors 55 Turner Ave East Providence, RI 02915	None	PC	Community Development	250
Goodwill Industries of RI 100 Houghton St Providence, RI 02904	None	PC	Community Development	250
Greater Providence Chamber of Commerce 30 Exchange Terrace Providence, RI 02903	None	PC	Community Development	1,400
Hope Alzheimers Center 25 Brayton Ave Cranston, RI 02920	None	PC	Medical	850
Iggy's Dough Boy Dash 889 Oakland Beach Ave Warwick, RI 02889	None	PC	Community Development	250
Inspiring Minds 763 Westminster Street Providence, RI 02903	None	PC	Youth Services	545
Izzy Foundation 25 Laurel Wood Drive East Greenwich, RI 02818	None	PC	Other	500
Izzy Foundation 25 Laurel Wood Drive East Greenwich, RI 02818	None	PC	Medical	500
Junior Achievement 120 Waterman Street Suite 200 Providence, RI 02906	None	PC	Youth Services	1,420
<b>Total . . . . . ▶ 3a</b>				134,543

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)				
<b>a</b> Paid during the year				
Junior League of RI 21 Meeting St Providence, RI 02903	None	PC	Youth Services	300
Kent Center 2756 Post Road Suite 104 Warwick, RI 02886	None	PC	Medical	250
Kenvo Foundation 128 Ten Rod Road Exeter, RI 02822	None	PC	Other	600
Leadership RI 1570 Westminster Street 1st Floor Providence, RI 02909	None	PC	Other	2,000
Leadership Transformation Academy 150 Miller Ave Providence, RI 02905	None	PC	Youth Services	400
Learning Community 21 Lincoln Ave Central Falls, RI 02863	None	PC	Youth Services	1,000
Lincoln High School 135 Old River Road Lincoln, RI 02865	None	PC	Youth Services	100
Lincoln Little League 270 River Rd Lincoln, RI 02865	None	PC	Youth Services	375
Living History 20 Moore St Providence, RI 02907	None	PC	Youth Services	250
Main Street Association PO Box 903 East Greenwich, RI 02818	None	PC	Community Development	250
Meeting Street 1000 Eddy Street Providence, RI 02905	None	PC	Youth Services	2,500
Meldvack Corporation PO Box 15162 East Providence, RI 02915	None	PC	Other	480
Miriam Hospital PO Box H Providence, RI 02901	None	PC	Medical	1,000
Moms for Moms Family First RI 139 Ocean Ave Cranston, RI 02905	None	PC	Other	500
N Kingstown American L L PO Box 846 North Kingstown, RI 02852	None	PC	Youth Services	850
<b>Total . . . . . ▶ 3a</b>				134,543

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)				
<b>a</b> <i>Paid during the year</i>				
Patrolman Gregory W Bolden 46 Coldbrook Road Warwick, RI 02888	None	PC	Branch Donations	200
Pawtucket YMCA 660 Roosevelt Ave Pawtucket, RI 02860	None	PC	Community Development	125
Progreso Latino 626 Broad Street Central Falls, RI 02863	None	PC	Community Development	300
Prout School 4640 Tower Hill Rd Wakefield, RI 02879	None	PC	Youth Services	600
Providence Center 528 North Main Street Providence, RI 02904	None	PC	Youth Services	2,700
Providence Children's Museum 100 South Street Providence, RI 02903	None	PC	Youth Services	500
Providence Haiti Outreach Corp 854 Providence Street West Warwick, RI 02893	None	PC	Community Development	300
Providence Housing 100 Broad St Providence, RI 02903	None	PC	Youth Services	400
Punctuation Inc 218 Richardson St Brooklyn, NY 11222	None	PC	Youth Services	200
RI American Parkinsons Disease Assoc PO Box 41659 Providence, RI 02940	None	PC	Medical	1,000
RI Black Business Assc 3 Regency Plaza Suite 3 East Providence, RI 02903	None	PC	Community Development	450
RI Coalition for the Homeless 1070 Main Street Suite 202 Pawtucket, RI 02860	None	PC	Homeless/Food Bank	75
RI Community Food Bank 200 Niantic Ave Providence, RI 02907	None	PC	Homeless/Food Bank	1,000
RI Family Shelter 165 Beach Avenue Warwick, RI 02889	None	PC	Homeless/Food Bank	500
RI Knights 155 Gansett Ave Cranston, RI 02910	None	PC	Youth Services	150
<b>Total . . . . . ▶ 3a</b>				134,543

**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)				
<b>a</b> <i>Paid during the year</i>				
RI Lesbian and Gay Pride 1055 Westminster St Providence, RI 02903	None	PC	Community Development	1,000
RI Mentoring Partnership 3296 Post Road Warwick, RI 02886	None	PC	Youth Services	25,000
RI State Elks Assc 1915 West Shore Rd Warwick, RI 02889	None	PC	Youth Services	100
RIMOM - RI Mission of Mercy 1438 Park Ave Woonsocket, RI 02895	None	PC	Community Development	250
RISAS 300 Centerville Road Suite 301 South Warwick, RI 02886	None	PC	Youth Services	1,000
Riverside L L PO Box 15331 Riverside, RI 02915	None	PC	Youth Services	325
RIVMA 11 South Angell Street 311 Providence, RI 02906	None	PC	Other	2,000
Robert Bailey Benefit 53 Lauriston St Providence, RI 02906	None	PC	Other	500
Ronald McDonald House 45 Gay St Providence, RI 02905	None	PC	Community Development	600
Rotary Club Cumberland Lincoln Po Box 7734 Cumberland, RI 02864	None	PC	Other	250
San Miguel School PO Box 6367 Providence, RI 02940	None	PC	Youth Services	400
Sargent Rehabilitation Center 800 Quaker Lane East Greenwich, RI 02818	None	PC	Medical	5,000
Schwartz Center One Posa Pl Dartmouth, MA 02747	None	PC	Youth Services	300
Schwartz Center One Posa Pl Dartmouth, MA 02747	None	PC	Other	700
Scott Carlson Memorial Race 2374 Post Rd Suite 103 Warwick, RI 02886	None	PC	Other	500
<b>Total . . . . . ▶ 3a</b>				134,543

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)				
<b>a</b> <i>Paid during the year</i>				
Special Olympics RI 370 George Washington Hwy Smithfield,RI 02917	None	PC	Community Development	225
St Elizabeth Community One Saint Elizabeth Way East Greenwich,RI 02818	None	PC	Community Development	5,250
St Marys Bay View 3070 Pawtucket Ave Riverside,RI 02915	None	PC	Youth Services	2,000
St Rita Church 722 Oakland Beach Ave Warwick,RI 02889	None	PC	Other	150
Stages of Freedom 101 Dyer St Providence,RI 02903	None	PC	Youth Services	300
Tee Off for Tara 138 Chestnut St Rehoboth,MA 02769	None	PC	Medical	175
Tomorrow Fund 593 Eddy Street Providence,RI 02903	None	PC	Medical	1,400
United Way of RI 50 Valley Street Providence,RI 02909	None	PC	Community Development	25,000
United Way of RI 50 Valley Street Providence,RI 02909	None	PC	Other	1,282
URI Alumni Assc Scholarship Fund PO Box 1579 Kingston,RI 02881	None	PC	Other	500
URI Alumni Golf Tournament PO Box 1579 Kingston,RI 02881	None	PC	Other	500
VOWS Inc 575 Centerville Road Warwick,RI 02886	None	PC	Youth Services	1,000
Warwick American LL PO Box 9314 Warwick,RI 02889	None	PC	Youth Services	550
Warwick Continental LL PO Box 7293 Warwick,RI 02887	None	PC	Youth Services	1,525
Warwick Dance & Gymnastics 18 Whitford St Warwick,RI 02886	None	PC	Youth Services	200
<b>Total . . . . . ▶ 3a</b>				134,543

**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)				
<b>a</b> <i>Paid during the year</i>				
Warwick Fire Fighters Soccer PO Box 8605 Warwick, RI 02888	None	PC	Youth Services	500
Warwick Neck PTA 150 Lennox Ave Warwick, RI 02889	None	PC	Youth Services	200
Warwick North Little League PO Box 9474 Warwick, RI 02889	None	PC	Youth Services	575
Warwick North LL PO Box 9474 Warwick, RI 02889	None	PC	Youth Services	150
Warwick Police Athletic League PO Box 9157 Warwick, RI 02889	None	PC	Youth Services	250
Warwick Wrestling Booster Club 2401 West Shore Rd Warwick, RI 02889	None	PC	Youth Services	50
West Bay Community Action 224 Buttonwoods Ave Warwick, RI 02886	None	PC	Community Development	1,500
West Elmwood Housing Development 224 Dexter Street Providence, RI 02907	None	PC	Homeless/Food Bank	1,000
Women & Infants 101 Dudley Street Providence, RI 02905	None	PC	Medical	2,500
YMCA Pawtucket 600 Roosevelt Ave Pawtucket, RI 02860	None	PC	Youth Services	300
Young Voices 150 Miller Ave Providence, RI 02905	None	PC	Youth Services	400
Youth in Action 672 Broad Street Providence, RI 02907	None	PC	Youth Services	1,200
<b>Total . . . . . ▶ 3a</b>				134,543

**TY 2015 Investments Corporate Stock Schedule****Name:** COASTWAY CARES CHARITABLE FOUNDATION II INC**EIN:** 46-3904605**Software ID:** 15000238**Software Version:** 2015v2.1

Name of Stock	End of Year Book Value	End of Year Fair Market Value
Common Stock	1,220,540	1,596,466



## TY 2015 Investments - Land Schedule

**Name:** COASTWAY CARES CHARITABLE FOUNDATION II INC

**EIN:** 46-3904605

**Software ID:** 15000238

**Software Version:** 2015v2.1

Category/ Item	Cost/Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
Land				
Building			0	
LeasholdImprovement			0	
Equipment			0	
Other			0	

**TY 2015 Land, Etc.  
Schedule****Name:** COASTWAY CARES CHARITABLE FOUNDATION II INC**EIN:** 46-3904605**Software ID:** 15000238**Software Version:** 2015v2.1

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
Land				
Building			0	
LeasholdImprovement			0	
Equipment			0	
Other			0	

**TY 2015 Legal Fees Schedule****Name:** COASTWAY CARES CHARITABLE FOUNDATION II INC**EIN:** 46-3904605**Software ID:** 15000238**Software Version:** 2015v2.1

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Legal Expense	4,631			4,631

**TY 2015 Other Expenses Schedule****Name:** COASTWAY CARES CHARITABLE FOUNDATION II INC**EIN:** 46-3904605**Software ID:** 15000238**Software Version:** 2015v2.1

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Golf Tournament Expense	35,358			

**TY 2015 Other Income Schedule****Name:** COASTWAY CARES CHARITABLE FOUNDATION II INC**EIN:** 46-3904605**Software ID:** 15000238**Software Version:** 2015v2.1

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
Golf Tournament Income	55,340		

**TY 2015 Taxes Schedule****Name:** COASTWAY CARES CHARITABLE FOUNDATION II INC**EIN:** 46-3904605**Software ID:** 15000238**Software Version:** 2015v2.1

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Excise Taxes on Investment Income	17			