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Form **990-PF**

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

For calendar year 2015 or tax year beginning

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

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

, and ending

Na	ne of	foundation					A Employer identification	number
		HE WEISBERG FAMILY FOUNDATION						•
			46-7132329					
		nd street (or P.O box number if mail is not delivered to street	addre	8 55)		Room/suite	B Telephone number 401-781-61	00
		BARBERRY HILL		l and a		<u> </u>	_	<u> </u>
_		own, state or province, country, and ZIP or foreign p VIDENCE,RI 02906	ostai	i code			C If exemption application is p	ending, check here
				Instal satura of a f	armar public o		D 4 Foreign organizations	a shook bara
G	песк	all that apply: Initial return	L	Initial return of a fo	ormer public c	ananty	D 1. Foreign organizations	s, check here
		Final return	Ľ	Amended return			Foreign organizations me check here and attach co	eeting the 85% test,
Address change H Check type of organization: X Section 501(c)(3) exe				Name change	<u>-</u>		1	
" -	_			r taxable private found	ation		E If private foundation sta under section 507(b)(1)	
<u> </u>		rket value of all assets at end of year J Accounting			Accr	rual	1	
		· —		(specify)	ALLI	uai	F If the foundation is in a under section 507(b)(1)	
("		Part II, col. (c), line 16) U1 (Part I, colu	mn ((d) must be on cash	basis)		under section 507(b)(1)	(D), check here
	ırt I		 			waetmant	(a) Adjusted not	(d) Disbursements
		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))		(a) Revenue and expenses per books	(a) Net iii	ivestment ome	(c) Adjusted net income	for charitable purposes (cash basis only)
	•		-	· · · · · · · · · · · · · · · · · · ·				(casi basis only)
	1 2	Contributions, gifts, grants, etc., received Check X if the foundation is not required to attach Sch B						
	3	Interest on savings and temporary		947.		947.	947	STATEMENT 1
2 <u>6</u> 2	3	Dividends and interest from securities				7410	J = 7 •	DIFFIELD IN I
ð	5.	Gross rents		-				
		Net rental income or (loss)						
2				DECE	\r_D	7		
	Oa h	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all		RECEI	VEU			
SCANNED APR	7	assets on line 6a Capital gain net income (from Part IV, line 2)				<u>ه</u> ا		
<u>~</u> e	΄ .	Net short-term capital gain		를 MAR 2 1	2016	<u>위 </u>		
ž	9	Income modifications		111111111111111111111111111111111111111		<u>& </u>		
\bigcirc	10a	Gross sales less returns		OCOCA	1 117	-		
<u></u> 1	' ' '	Less Cost of goods sold		UGUER	i, U I			
$\frac{2}{2}$	1	Gross profit or (loss)						
2016	11	Other income		100.		0.	100.	STATEMENT 2
	12	Total, Add lines 1 through 11		1,047.		947.	1,047.	
	13	Compensation of officers, directors, trustees, etc		0.	_	0.	0.	0.
	14	Other employee salaries and wages					_	
	15	Pension plans, employee benefits						
nses	16a	Legal fees						
ĕ	۱ .	Accounting fees						
Ä	C	Other professional fees STMT 3		50.		0.	0.	0.
Š	17	Interest						
rati	18	Taxes STMT 4		26.		0.	0.	0.
nist	19	Depreciation and depletion						
Ē	20	Occupancy	L_					
Ψ	21	Travel, conferences, and meetings	_					
aud	22	Printing and publications						
g	23	Other expenses						
rati	24	Total operating and administrative				_		
Operating and Administrative Expe		expenses. Add lines 13 through 23	<u></u>	76.	L <u>-</u>	0.	0.	0.
J	25	Contributions, gifts, grants paid		49,825.				49,825.
	26	•		40 004		^		40 005
	ļ_	Add lines 24 and 25	\vdash	49,901.		0.	0.	49,825.
	1	Subtract line 26 from line 12:		.40 054				
		Excess of revenue over expenses and disbursements		<48,854.	<u> </u>	0.47		
		Net investment income (if negative, enter -0-)	<u> </u>			947.		
5005		Adjusted net income (if negative, enter -0-)	L				1,047.	<u> </u>

<u> </u>	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of year	<u>ar</u>
Par	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing			
2	Savings and temporary cash investments	362,300.	313,446.	313,446
8	Accounts receivable ►			
	Less: allowance for doubtful accounts			
4	Pledges receivable ►			
	Less: allowance for doubtful accounts			
5	Grants receivable			
6	Receivables due from officers, directors, trustees, and other			
	disqualified persons			
7	Other notes and loans receivable			
ł	Less: allowance for doubtful accounts			
8	Inventories for sale or use			
9	Prepaid expenses and deferred charges			
10	a Investments - U.S. and state government obligations			
]	b Investments - corporate stock			
	c Investments - corporate bonds			
11	Investments - land, buildings, and equipment basis	ľ		
	Less accumulated depreciation			
12	Investments - mortgage loans			
13	Investments - other		<u> </u>	
14	Land, buildings, and equipment: basis			
	Less accumulated depreciation			
15	Other assets (describe ►)			
16	Total assets (to be completed by all filers - see the			
	Instructions. Also, see page 1, item I)	362,300.	313,446.	313,446
17	Accounts payable and accrued expenses			
18	Grants payable			
19	_ ` ` `			
20	Loans from officers, directors, trustees, and other disqualified persons			
21	Mortgages and other notes payable			
22	Other liabilities (describe)			
23	Total liabilities (add lines 17 through 22)	0.	0.	
	Foundations that follow SFAS 117, check here			
	and complete lines 24 through 26 and lines 30 and 31.			
24				
25	Temporarily restricted			
26	· · · ·			
	Foundations that do not follow SFAS 117, check here			
	and complete lines 27 through 31.			
27	Capital stock, trust principal, or current funds	0.	0.	
28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
29	Retained earnings, accumulated income, endowment, or other funds	362,300.	313,446.	
30		362,300.	313,446.	
"				•
31	Total liabilities and net assets/fund balances	362,300.	313,446.	
arl	Analysis of Changes in Net Assets or Fund Ba	lances		
Tot	al net assets or fund balances at beginning of year - Part II, column (a), line 3	0		
	ist agree with end-of-year figure reported on prior year's return)		1	362,300
	er amount from Part I, line 27a		2	<48,854
	er increases not included in line 2 (itemize)		3	0
	lines 1, 2, and 3		4	313,446
	reases not included in line 2 (itemize)		5	0
	al not accets or fund halances at end of year (line 4 minus line 5) - Part II, col	(h) line 20		313 116

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THE WEISBERG FAMILY FOUNDATION

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	rt VI Excise Tax Based on Investment Income (Section 4940(a		0(e), or 4	948 -	· see i	<u>nstru</u>	ctio	<u>ns) </u>
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter	"N/A" on line 1.)					
	Date of ruling or determination letter: (attach copy of letter if necess							
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	and enter 1%	þ	1				<u> 19.</u>
	of Part I, line 27b							
-	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of). J					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Other	rs enter -0-)		2				<u>0.</u>
3	Add lines 1 and 2			3				<u> 19.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Other	rs enter -0-)		4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			5				19.
6	Credits/Payments:	1						
a	2015 estimated tax payments and 2014 overpayment credited to 2015	6a						
		6b						
C	Tax paid with application for extension of time to file (Form 8868)	6c						
d	Backup withholding erroneously withheld	6d						_
	Total credits and payments. Add lines 6a through 6d			7				0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	d		8				
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			9				19.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	1		10				
	Enter the amount of line 10 to be: Credited to 2016 estimated tax	Re	funded 🚩	11				
	rt VII-A Statements Regarding Activities					1	V	NI-
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation	on or did it participate	or intervene	ın			Yes	
	any political campaign?					1a		<u>X</u>
þ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes					1b		<u> </u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and c	opies of any materi	als publishe	ed or				
	distributed by the foundation in connection with the activities							
-	Did the foundation file Form 1120-POL for this year?					1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		^					
	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶		0.					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure	e tax imposed on four	dation					
	managers. ▶ \$							37
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	,				2		<u> </u>
	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 insti	rument, articles of inc	orporation, (JI				v
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes				İ	3		$\frac{\mathbf{x}}{\mathbf{x}}$
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			NT.	/A	4a 4b		
	If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, termination, dissolution, or substantial contraction during the year?			7.4	<i>,</i>	5		X
Ð	If "Yes," attach the statement required by General Instruction T					-		-41
e	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	r•						
6	 By language in the governing instrument, or 	•						
	 By state legislation that effectively amends the governing instrument so that no mandatory displacements. 	rections that conflict i	with the state	law				
	remain in the governing instrument?	ii ootions that commet	min ino sian	,,		6		x
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete	ete Part II. col. (c). a	and Part XV	,		7	Х	
•	Did the foundation have at least the sound in assets at any time during the year. If Test Company							
R۶	Enter the states to which the foundation reports or with which it is registered (see instructions)	•						
Jđ	RI	 .						
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attor	ney General (or desig	nate)					
J	of each state as required by General Instruction G? If "No," attach explanation		,			8b	x	
9	Is the foundation claiming status as a private operating foundation within the meaning of section	on 4942(j)(3) or 4942(j)(5) for cale	ndar				
•	year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," com					9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule in		resses			10		X
For						m 99 0	-PF	(2015)

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THE WEISBERG FAMILY FOUNDATION

Pa	art VII-A Statements Regarding Activities (continued)			
			Yes	No
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		<u>X</u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?	İ		
	If "Yes," attach statement (see instructions)	12		_X_
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A	1 6	100	
14	The books are in care of ► KRISTINE LEBLANC Telephone no. ► 401-78		TOO	
	Located at ► 47 MOLTER STREET, CRANSTON, RI ZIP+4 ►02	3TO		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	3.7	-	· 🗀
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A Yes	No
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank,	40	162	
	securities, or other financial account in a foreign country?	16		<u>X</u>
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
Dr	foreign country ► art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
-			Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		163	110
18	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 X No			
	(-) = 0			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No Yes X No Yes X 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)? (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 X No			
	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
U	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
^	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?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
_	defined in section 4942(j)(3) or 4942(j)(5)):			
я	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?			
	If "Yes," list the years \blacktriangleright			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.) N/A	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
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? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2015.)	3b		
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		<u>X</u>
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?	4b		<u>X</u>
	Fo.	rm 99 (ノーピト	(2015)

orm 990-PF (2015) THE WEISBERG FAMILY FOUN Part VII-B Statements Regarding Activities for Which I			<u>46-71323</u> ued)	29	Page 6
5a During the year did the foundation pay or incur any amount to:				_	Т
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4045(a\\?	□ v ₄	s X No		
(2) Influence the outcome of any specific public election (see section 4955); of			3 110		
• •	n to carry on, unecting or muni		es X No		
any voter registration drive?	n		es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes		T6	s LAJ NO		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section	,	es X No	l	
4945(d)(4)(A)? (see instructions)			NO LALI 8:		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t				
the prevention of cruelty to children or animals?			s X No		1
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described	ın Regulations			
section 53.4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h	ere			ŀ	1
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for	rom the tax because it mainta	ined			
expenditure responsibility for the grant?	N	I/A. LYe	s L No		
If "Yes," attach the statement required by Regulations section 53.494	5-5 <i>(d).</i>				1
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
a personal benefit contract?		Ye	s X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6ь	X
If "Yes" to 6b, file Form 8870.					
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	☐ Ye	s X No		1
b If "Yes," did the foundation receive any proceeds or have any net income attribute				7b	
Part VIII Information About Officers, Directors, Trust		nagers Highly			
Paid Employees, and Contractors	oco, i odiladion ma	inagoro, riigini	•		
List all officers, directors, trustees, foundation managers and their	compensation.				
	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) E	xpense
(a) Name and address	hours per week devoted to position	(If not paid,	(d) Contributions to employee benefit plans and deferred	ačcou	xpense nt, other vances
INTEND WEIGHEDO	·	enter -0-)	compensation	41101	various
	TRUSTEE				
18 BARBERRY HILL	0 00		^		0
PROVIDENCE, RI 02906	0.00	0.	0.		0.
	TRUSTEE				
217 PROMENADE STREET					_
NARWICK, RI 02886	0.00	0.	0.		<u> </u>
ABBY R. RIBBANS	TRUSTEE				
20 HILL DRIVE					
EAST GREENWICH, RI 02818	0.00	0.	0.	ļ	0.
Compensation of five highest-paid employees (other than those inc		enter "NONE."			
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) E	xpense nt, other
(a) Name and address of each employee paid more than \$50,000	devoted to position	(c) Compensation	and deferred compensation	allov	vances
NONE					
				1	
					-
		<u> </u>			
		 		 	
	}			1	
- 1				<u> </u>	0
Fotal number of other employees part over \$50,000					

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Part	VIII Information About Officers, Directors, Trustees, Foundat Paid Employees, and Contractors (continued)	tion Managers, Highly	
3 Fiv	e highest-paid independent contractors for professional services. If none, enter	"NONE."	
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
	NONE	_	
Total	umber of others receiving over \$50,000 for professional services		> 0
	IX-A Summary of Direct Charitable Activities		
List the	e foundation's four largest direct charitable activities during the tax year. Include relevant statistic r of organizations and other beneficiaries served, conferences convened, research papers produ	cal information such as the iced, etc.	Expenses
1	N/A		
2			
3			
4			
Part	IX-B Summary of Program-Related Investments		<u></u>
	be the two largest program-related investments made by the foundation during the tax year on his	nes 1 and 2.	Amount
1	N/A		
All othe	er program-related investments. See instructions.		
			

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Total. Add lines 1 through 3

For	m 990-PF (2015) THE WEISBERG FAMILY FOUNDATION	40-	7132329 Fage 6
P	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, s	see instructions.)
<u> </u>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	0.
	Average of monthly cash balances	1b	356,480.
	Fair market value of all other assets	1c	
	Total (add lines 1a, b, and c)	1d	356,480.
	Reduction claimed for blockage or other factors reported on lines 1a and		
Ī	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	356,480.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	5,347.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	351,133.
6	Minimum investment return. Enter 5% of line 5	6	17,557.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an	d certain	
	foreign organizations check here and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	17,557.
2a	Tax on investment income for 2015 from Part VI, line 5		
b	Income tax for 2015. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	19.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	17,538.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	17,538.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	17,538.
P	art XII Qualifying Distributions (see instructions)		
	Qualitying 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	49,825.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
	Surtability test (prior IRS approval required)	3a	
	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	49,825.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	49,825.

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

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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
Distributable amount for 2015 from Part XI.	Corpus	Tours prior to 2014	2014	2010
line 7				17,538.
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only			0.	· · · · · · · · · · · · · · · · · · ·
b Total for prior years:		_		
,,		0.		
3 Excess distributions carryover, if any, to 2015:				
a From 2010				
b From 2011		i		
c From 2012				
d From 2013 65,799.				
e From 2014 50,503.	116,302.			
f Total of lines 3a through e	110,302.			
4 Qualifying distributions for 2015 from Part XII, line 4: ▶\$ 49,825.				
a Applied to 2014, but not more than line 2a			0.	
b Applied to undistributed income of prior	-			
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2015 distributable amount				17,538.
e Remaining amount distributed out of corpus	32,287.			
5 Excess distributions carryover applied to 2015	0.			0.
(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:	440 500			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	148,589.			
b Prior years' undistributed income. Subtract		0.		
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		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2014. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2015. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2016				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2010				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a	148,589.			
Subtract lines 7 and 8 from line 6a 10 Analysis of line 9:	140,3030			
a Excess from 2011				
b Excess from 2012				
c Excess from 2013 65,799.				
d Excess from 2014 50,503.				
e Excess from 2015 32,287.				

			Y FOUNDATIO		46-71	32329 Page 10
P	art XIV Private Operating F	oundations (see in	structions and Part VII	-A, question 9)	N/A	
1	a If the foundation has received a ruling o	r determination letter tha	t it is a private operating			
	foundation, and the ruling is effective fo	r 2015, enter the date of	the ruling	▶ <u> </u>		
	b Check box to indicate whether the found	dation is a private operati	ng foundation described i	n section		42(j)(5)
2	a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
	income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
	investment return from Part X for					
	each year listed					
	b 85% of line 2a					
	c Qualifying distributions from Part XII,					
	line 4 for each year listed					
	d Amounts included in line 2c not	·-				
	used directly for active conduct of					
	exempt activities					
	e Qualifying distributions made directly					
	for active conduct of exempt activities.					
3	Subtract line 2d from line 2c 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					
P	art XV Supplementary Info			if the foundatio	n had \$5,000 or mo	re in assets
	at any time during t	he year-see instr	ructions.)			
	Information Regarding Foundation List any managers of the foundation wh year (but only if they have contributed in ONE	o have contributed more		ributions received by th	e foundation before the clos	e of any tax
	b List any managers of the foundation who ther entity) of which the foundation has			or an equally large por	tion of the ownership of a pa	ortnership or
N	ONE					
2	Information Regarding Contribution Check here ► X if the foundation of the foundation makes gifts, grants, etc.	nly makes contributions (see instructions) to indiv	to preselected charitable or organizations u	organizations and does nder other conditions,	complete items 2a, b, c, and	ests for funds. If d.
	a The name, address, and telephone num	ber or e-mail address of t	he person to whom appli	cations should be addr	essed:	
_	b The form in which applications should b	e submitted and informa	tion and materials they sh	nould include:		
	c Any submission deadlines:					
	d Any restrictions or limitations on awards	s, such as by geographica	al areas, charitable fields,	kınds of ınstitutions, or	other factors:	

Supplementary Information (continued) Part XV Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year ÞС SUPPORT THE NONE 300 COMMITTEE PRESERVATION OF THE 201 WASHINGTON STREET NATURAL LANDS IN PROVIDENCE, RI 02903-3297 FALMOUTH, MASSACHUSETTS. 250. ÞС SUPPORT A PERFORMANCE NONE AUREA INC. ENSEMBLE ENGAGED IN A 195 SESSIONS STREET JOYOUS PURSUIT: TO PROVIDENCE, RI 02906 INVESTIGATE AND INVIGORATE THE HARMONY 250. ÞC TRIBUTE GIVING IN CHILD HEALTH SERVICES AT MCHC NONE MEMORY OF SELMA DEITCH 145 HOLLIS STREET 500. SIGEL, MANCHESTER NH 03101 CHILDREN'S SCHOOL OF SCIENCE, INC. NONE ÞС SUPPORT THE CHILDREN'S 24 SCHOOL STREET, PO BOX 522 SCHOOL OF SCIENCE IN ITS EFFORT TO WOODS HOLE, MA 02543 ENCOURAGE A LOVE OF 500. SCIENCE THROUGH SUPPORT A POSITIVE PC CHILDRENS FRIEND NONE DIFFERENCE FOR RHODE 153 SUMMER STREET ISLAND'S YOUNGEST, PROVIDENCE, RI 02903 POOREST AND MOST VULNERABLE CHILDREN 200. SEE CONTINUATION SHEET(S) ▶ 3a 49.825. Total b Approved for future payment NONE **▶** 3b Total

Part VAI-W Wildians of income-Liouncing Achains	Part XVI-A	Analysis of	Income-Producing	Activitie
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Enter gross amounts unless otherwise indicated.	Unrelated	business income		ded by section 512, 513, or 514	(e)
•	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue:	Code	<u>.</u>			
a					
b		<u> </u>			
<u> </u>					
d	 				
e	· · · · · · · · · · · · · · · · · · ·			-	
g Fees and contracts from government agencies		 ,			-
g Fees and contracts from government agencies 2 Membership dues and assessments					_
- · · · · · ·					
3 Interest on savings and temporary cash	1 1				947.
Investments 4 Dividends and interest from securities			<u> </u>		747.
5 Net rental income or (loss) from real estate:					<u>-</u>
			<u> </u>		
a Debt-financed property b Not debt-financed property	1		 		
	·				
6 Net rental income or (loss) from personal	1				
property 7 Other investment upgens					
7 Other investment income			_		
8 Gain or (loss) from sales of assets other					
than inventory					
9 Net income or (loss) from special events	 	 -			
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:	1				
a OUTSTANDING CHECK FROM					100.
ь 2014					100.
<u> </u>	 				
d					
e		0.	 	0.	1,047.
12 Subtotal. Add columns (b), (d), and (e)	L		1		1,047.
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)				10_	1,0476
				. 5	
Part XVI-B Relationship of Activities to	o the Acco	mplishment of Ex	emp	t Purposes	
Line No. Explain below how each activity for which incorrect the foundation's exempt purposes (other than line).	ne is reported in	column (e) of Part XVI-A	contrit	outed importantly to the accon	nplishment of
the foundation's exempt purposes (other than i	by providing lun	us for such purposes).			
					
					
					
		· - · · - · - · - · - · - · - · - · - ·		- · · · · - · · · · · · · · · · · · · ·	
					
					
	_				
					
					
					

		Exempt Organ	izations						_	
1	Did the or			of the follows	ng with any other organizati	ion described in se	ction 501(c) of	T	Yes	No
					27, relating to political orga		.,			
a		from the reporting found								ĺ
	(1) Cash	• -		·				1a(1)		X
	(2) Other							1a(2)		X
Ь	Other tran									
-		of assets to a noncharita	ble exempt organizat	tion				1b(1)		х
		hases of assets from a no						1b(2)		X
	` '	al of facilities, equipment,	-	, ga				1b(3)		X
	• •	bursement arrangements						1b(4)		X
		s or loan guarantees						1b(5)		X
	• •	=	mharchin ar fundrau	cina colinitatio	one					X
		ormance of services or me of facilities, equipment, ma						1b(6)		X
	_		=			heave chose the for	market value of the goods,		Ll	
u				-			on or sharing arrangement, s		5615,	
		i) the value of the goods, (ue in any transaction	on or snaring arrangement, s	IIOW III		
۱۱ و		(b) Amount involved			e exempt organization	(d) Descripti	on of transfers, transactions, and	nhoring on	rangeme.	
-/-		(b) / tillount involved	(b) Harric or		o oxompt organization	(a) Descripti	on or dansies, dansactions, and	Silainiy an	angente	
	- -			N/A						
										
_							<u></u>			
		,			<u> </u>					
			-							
		· 					·			
								_		
										
										
				<u></u>						
			<u> </u>		<u>. </u>					
2a	Is the four	ndation directly or indirect	lly affiliated with, or re	elated to, one	or more tax-exempt organ	izations described	_	_		_
	ın section	501(c) of the Code (other	than section 501(c)	(3)) or in sect	tion 527?		L	Yes	LX.	No
b	If Yes, co	omplete the following sche			· · · · · · · · · · · · · · · · · · ·					
		(a) Name of org	anization		(b) Type of organization		(c) Description of relations	nip		
		N/A	<u> </u>					_		
								_		
	Under	penalties of perjury, I declare t	that I have examined this	s return, includin	ng accompanying schedules and n taxpayer) is based on all inform	statements, and to the	e best of my knowledge May	the IRS o	iscuss t	his
Sig	3n 🛌 (ellet, it is true, correct, and dom	blete Declaration of pre	eparer (other tha	, ,	· ,	retu	rn with the wn below	e prepare	er
He	re 📄)/ U	lh		3/16/16	Irust	ee 🗀	Yes		Νο
	Sign	ature of officer or trustee			Date	Title		-		
		Print/Type preparer's na	me	Preparer's s	ignature	Date	Check if PTIN			
							self- employed			
Pa	id									
Pr	eparer	Firm's name ▶		· · · · · · · · · · · · · · · · · · ·			Firm's EIN ▶			
	e Only									
	-	Firm's address							·	
							Phone no.			
					···			rm 99 0)-PF	2015)
									1	/

Part XV Supplementary Information	<u> </u>			
3 Grants and Contributions Paid During the Y	ear (Continuation)			
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	33711.321137	
COMMON CAUSE RHODE ISLAND	NONE	PC	SUPPORT OF CITIZENS	
245 WATERMAN STREET			MAKING THEIR VOICES	
PROVIDENCE RI 02906-5215			HEARD.	500
COMMUNITY MUSICWORKS	NONE	PC	SUPPORT A COMMUNITY	
1392 WESTMINSTER STREET			BASED ORGANIZATION	
PROVIDENCE, RI 02909			THAT BUILDS	
•			RELATIONSHIPS BETWEEN	
			MUSICIANS AND FAMILIES	2,500
EVERETT COMPANY STAGE SCHOOL	NONE	PC	SUPPORT OF QUALITY ART	
9 DUNCAN AVENUE	NONE		AND EDUCATION.	
PROVIDENCE RI 02906	 			200
GAMM THEATRE	NONE	PC	SUPPORT OF LOCAL	
PO BOX 6263			THEATRE.	
PROVIDENCE RI 02940				2,000
HOME AND HOSPICE CARE OF RHODE ISLAND	NONE	PC	SUPPORT OF	
763 WESTMINSTER STREET			COMPASSIONATE HEALTH	
PROVIDENCE, RI 02903			CARE TO PEOPLE FACING	
			THE ADVANCED STAGES OF	1 000
	YOYD	PC	A SERIOUS ILLNESS. SUPPORT THE CREATION	1,000,
INSPIRING MINDS	NONE		OF SUCCESSFUL STUDENTS	
401 ELMGROVE AVENUE			BY PROVIDING THEM WITH	
PROVIDENCE, RI 02906			ACADEMIC AND SOCIAL	
		<u> </u>	SERVICES.	3,000
JEWISH ALLIANCE OF GREATER RI	NONE	PC	SUPPORT OF THE	
959 NORTH MAIN STREET			CELEBRATION OF JEWISH	
PROVIDENCE, RI 02904			IDENTITY,	3,000
JEWISH FAMILY SERVICE	NONE	PC	SUPPORT OF HUMAN	
401 ELMGROVE AVENUE			SERVICES AND HEALTH	
PROVIDENCE, RI 02906			CARE REFLECTING JEWISH	
			VALUES OF SOCIAL RESPONSIBILITY AND	1 000
TOWIGH HIGHOPICAL COOLERS	NONE	PC	SUPPORT THE	1,000
JEWISH HISTORICAL SOCIETY 130 SESSION STREET	HOME	[PRESERVATION OF	
PROVIDENCE, RI 02906			HISTORICAL MATERIAL	
		1	RELATING TO THE	
			HISTORY OF JEWS IN	150
JEWISH SENIORS AGENCY	NONE	₽C	SUPPORT OF JEWISH	
355 BLACKSTONE BOULEVARD			ELDERCARE IN RHODE	
PROVIDENCE RI 02906	1	1	ISLAND.	200

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient NONE ÞС TRIBUTE GIVING IN JOHN HOPKINS HOSPITAL 750 EAST PRATT STREET MEMORY OF MIRIAM L. BALTIMORE MD 21202 BRIN 200. NONE PC SUPPORT OF RESEARCH TO MACULAR DEGENERATION RESEARCH 22512 GATEWAY CENTER SRIVE TREAT AND ONE DAY CURE MACULAR DEGENERATION 50. CLARKSBURG MD 20871 РC MIRIAM HOSPITAL FOUNDATION NONE SUPPORT THE HOSPITAL 226 CAUSEWAY STREET, 5TH FLOOR IN THEIR EFFORTS TO PROVIDE THE HIGHEST BOSTON, MA 02114-2206 QUALITY CARE, 5,000. SUPPORT FOR THE NATIONAL MULTIPLE SCLEROSIS SOCIETY NONE ÞС 345 WHITNEY AVENUE RESEARCH TO FIND A NEW HAVEN, CT 06511 CURE FOR MS. 125. NATURE CONSERVANCY NONE PC SUPPORT THE PROTECTION OF THE NATURAL 159 WATERMAN STREET PROVIDENCE, RI 02906 CHARACTER OF OUR 200. BEAUTIFUL STATE. ЬC NORTH AMERICAN DRAMA THERAPY FUND NONE SUPPORT AN 1626 LEAVENWORTH STREET EXPERIENTIAL APPROACH MAHATTAN, KS 66502 TO FACILITATING CHANGE THROUGH STORYTELLING PROJECTIVE PLAY 2,000, PLANNED PARENTHOOD OF SOUTHERN NEW NONE ÞС SUPPORT OF ENGLAND REPRODUCTIVE 345 WHITNEY AVENUE HEALTHCARE AND ADVOCACY, 2,500. NEW HAVEN CT 06511 PROVIDENCE COMMUNITY LIBRARY NONE ÞС SUPPORT THE LIBRARY SERVICES THAT ENRICH PO BOX 9267 PROVIDENCE RI 02940 THE LIVES OF THE PEOPLE IN PROVIDENCE. 3,000. RHODE ISLAND COMMUNITY FOOD BANK NONE PC SUPPORT THE FOOD BANKS ONE UNION STATION EFFORTS TO PROVIDE PROVIDENCE, RI 02903 FOOD TO PEOPLE IN NEED AND PROMOTE LONG-TERM SOLUTIONS TO HUNGER 200. RHODE ISLAND COUNCIL FOR HUMANITIES NONE ÞС SUPPORT THE PUBLIC UNDERSTANDING AND 667 WATERMAN AVENUE PROVIDENCE, RI 02914-1712 APPRECIATION OF THE TRADITION OF THOUGHT AND ACCOMPLISHMENT 150. Total from continuation sheets

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor SUPPORT PUBLIC NONE ÞС RHODE ISLAND PBS EDUCATIONAL PO BOX 696 PROGRAMMING 200. PAWTUCKET RI 02862-0696 NONE PC SUPPORT OF THE RHODE ISLAND PHILHARMONIC ORCHESTRA & LIFELONG INVOLVEMENT MUSIC SCHOOL WITH MUSIC. 109 SOMERSET STREET 5,000. PROVIDENCE, RI 02907 NONE ÞС SUPPORT THE RHODE RHODE ISLAND SCHOOL OF DESIGN ISLAND SCHOOL OF PO BOX 417603 500. DESIGN. BOSTON, MA 02241-7603 SUPPORT MUSIC AND NONE ÞС RHODY CENTER FOR THE ARTS DANCE EDUCATION IN 172 EXCHANGE STREET PAWTUCKET RI 02860 RHODE ISLAND. 2,500. ÞС SUPPORT SMITH COLLEGE. NONE SMITH COLLEGE 1626 LEAVENWORTH STREET 2,000. MANHATTAN KS 66502 SUPPORT COMMUNITY FOOD SOUTHSIDE COMMUNITY LAND TRUST NONE ÞС SECURITY, PROVIDING 4245 N. FAIRFAX DRIVE, SUITE 100 ARLINGTON, VA 22203 LAND, EDUCATION, TOOLS, AND SUPPORT FOR PEOPLE TO GROW FOOD 2,700. SUPPORT OF THE RHODE SPECIAL OLYMPICS RHODE ISLAND NONE PC ISLANDS SPECIAL 500 WATERFRONT DRIVE OLYMPICS TRAINING AND EAST PROVIDENCE, RI 02914 ATHLETIC PROGRAMS. 500. TOCKWOTTON HOME NONE PC SUPPORT OF SENIOR SERVICES. 100 NIANTIC AVENUE 3,000. PROVIDENCE RI 02907 SUPPORT OF PROVIDENCE NONE ÞС TRINITY REPERTORY COMPANY THEATRE. PO BOX 60330 2,000. PROVIDENCE RI 02906 URBAN COLLABORATIVE ACCELERATED NONE ÞС SUPPORT THE UNIQUE ALTERNATIVE PROGRAM INDEPENDENT PUBLIC 75 CARPENTER STREET MIDDLE SCHOOL PROVIDENCE, RI 02903 DEDICATED TO REDUCING 1,500. Total from continuation sheets

Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Purpose of grant or contribution Foundation Amount status of Name and address (home or business) recipient NONE ÞС SUPPORT OF MUNICIPAL VOLUNTEER SERVICES FOR ANIMALS ANIMAL SHELTERS. PO BOX 6263 200. PROVIDENCE, RI 02940 NONE ÞС SUPPORT PUBLIC WGBH EDUCATIONAL PO BOX 55875 PROGRAMMING 1,000, BOSTON, MA 02205-5875 WILL MILLER SOCIAL JUSTICE SERIES NONE ÞC SUPPORT THE WILL MILLER LECTURE SERIES. 4 PARK AVENUE ESSEX JUNCTION VT 05452 50, Total from continuation sheets

NAME OF RECIPIENT - RHODE ISLAND COUNCIL FOR HUMANITIES

SUPPORT THE PUBLIC UNDERSTANDING AND APPRECIATION OF THE TRADITION OF

THOUGHT AND ACCOMPLISHMENT THAT WE CALL THE HUMANITIES.

	THE WEISBERG FAMILY FOUNDATION	46-7132329
Part XV	Supplementary Information	
3a Grants a	nd Contributions Paid During the Year Continuation of Purpose of Grant or Contribution	
		
NAME OF	RECIPIENT - SOUTHSIDE COMMUNITY LAND TRUST	
SUPPORT	COMMUNITY FOOD SECURITY. PROVIDING LAND, EDUCATION,	TOOLS, AND
-		
SUPPORT	FOR PEOPLE TO GROW FOOD FOR THEMSELVES IN GREATER PR	ROVIDENCE.
NAME OF	RECIPIENT - URBAN COLLABORATIVE ACCELERATED PROGRAM	
CIIDDODM	THE INTOIR ALTERNATIVE INDEPENDENT PUBLIC MIDDLE SCH	ioot.
BOLLOKI	Supplementary Information and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution RECIPIENT - SOUTHSIDE COMMUNITY LAND TRUST COMMUNITY FOOD SECURITY, PROVIDING LAND, EDUCATION, TOOLS, AND FOR PEOPLE TO GROW FOOD FOR THEMSELVES IN GREATER PROVIDENCE.	
DEDICAT		
		
		
-		
 		
		
		
		
·		

FORM 990-PF INTEREST ON SAVI	INGS AND TE	MPORARY	CASH :	INVESTMENTS	STATEMENT 1	
SOURCE	REV	(A) (B) REVENUE NET INVESTMENT PER BOOKS INCOME 947. 947.		(C) ADJUSTED NET INCOME		
ROCKLAND TRUST				947.	947. 947.	
TOTAL TO PART I, LINE 3				947.		
FORM 990-PF	OTHER	INCOME			STATEMENT 2	
DESCRIPTION		(A) REVEN PER BO	_	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	
OUTSTANDING CHECK FROM 2014	_		100.	0	. 100.	
TOTAL TO FORM 990-PF, PART I,	LINE 11 =		100.	0	100.	
FORM 990-PF C	THER PROFE	SSIONAL	FEES		STATEMENT 3	
DESCRIPTION	(A) EXPENSES PER BOOKS	NET I	B) NVEST- INCOME	(C) ADJUSTED NET INCOM	(D) CHARITABLE PURPOSES	
501(C)3 APPLICATION FEE AND REGISTRATION FEE	50	•	0	. (0.	
TO FORM 990-PF, PG 1, LN 16C	50	•	0	. (0.	
FORM 990-PF	TAXES		STATEMENT 4			
DESCRIPTION	(A) EXPENSES PER BOOKS	NET I		(C) ADJUSTED NET INCOM		
2014 EXCISE TAX	26	•	0	. (0.	
TO FORM 990-PF, PG 1, LN 18	26	•	0		0.	
=						