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Form **990-PF**

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. OMB No 1545-0052

Department of the Treasury Internal Revenue Service

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf Open to Public Inspection

_		endar year 2015 or tax year beginning			, 2015	, and ending		<u>-</u>	, 20
1	lame (of foundation					A	Employer identi	
_		TUA RAINBOW FUND				T	_		-6043659
1	lumbe	er and street (or P O box number if mail is not delivered	to street	address)		Room/suite	В	Telephone numb	er (see instructions)
							Ì		
		. BOX 1802					_	8	88-866-3275
(ity or	town, state or province, country, and ZIP or foreign pos	tal code						. —
							6	If exemption applic pending, check her	
_		VIDENCE, RI 02901-1802					_		
G	Che	ck all that apply: Initial return		Initial return	•	oublic charity	D D	1 Foreign organiza	itions, check here 🕨 🔃
		Final return	X	-				2 Foreign organiza 85% test, check	
_		Address change		Name change			_	computation .	
H	$\overline{}$	ck type of organization: X Section 501(E	If private foundatio	n status was terminated
\perp		ection 4947(a)(1) nonexempt charitable trust		ther taxable pri			_	under section 507(b)(1)(A), check here . D
ı		1 —	-	method: X Ca	ash Acc	rual	F		in a 60-month termination
			ther (sp	· ·			-	under section 507(b)(1)(B), check here . >
			olumn (d) must be on cas	sh basis)				14) DL
Li	art l	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d)		Revenue and	(b) Net inve	estment	(c)	Adjusted net	(d) Disbursements for charitable
		may not necessarily equal the amounts in	ex	penses per books	incon		,	income	purposes
_		column (a) (see instructions))							(cash basis only)
	1	Charles I the foundation is not required to		120,000.		-			
	2	Check Little foundations not required to		-					
	3	Interest on savings and temporary cash investments.		75 215		25.27.5			OTTME 1
	4	Dividends and interest from securities		75,315.	/	5,315.			STMT 1
	5a	Gross rents							
	b	Net rental income or (loss)		FF 140					
Ë	6a b	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all		55,149.					<u> </u>
Revenue	_	assets on line 6a 440, 201.				E 140			
é	7	Capital gain net income (from Part IV, line 2).				55,149.			
_	8	Net short-term capital gain							
	9 10a	Income modifications							
		and allowances							<u> </u>
	b	Less Cost of goods sold						<u>-</u>	-
į	C	Gross profit or (loss) (attaches he quia) Other income (attaches che quie)							
	11 12	Total. Add lines 1 through 11		250,464.	13	0,464.			
_	13	Compensation of officient kinegtogs ကြွေးမြန်နို့ etc.		29,356	· · · · · · · · · · · · · · · · · · ·	7,614.		2	11,742.
ş	14	Other employee salaries and wages		23,330		.,, 022			1 11112
xpenses	15	Pension plans, employee benefits							
be	16a	Legal fees (attachagnen, UT						•	
w		Accounting fees (attach schedule)							
ĕ	c	Other professional fees (attach schedule)							
rat	17	Interest							
<u>s</u>	18	Taxes (attach schedule) (see instruStIDAST, 2.		1,210.		410.	•		
를	19	Depreciation (attach schedule) and depletion.							
퉏	20	Occupancy							
۹ ۲	17 18 19 20 21 22 23 24	Travel, conferences, and meetings							
an	22	Printing and publications							
ō	23	Other expenses (attach schedule)							
atin	24	Total operating and administrative expenses.							
ē		Add lines 13 through 23		30,566.	1	8,024.			11,742
ö	25	Contributions, gifts, grants paid		190,000.					190,000
_	26_	Total expenses and disbursements Add lines 24 and 25		220,566.	1	8,024.			201,742
	27	Subtract line 26 from line 12							
	а	Excess of revenue over expenses and disbursements		29,898.					
	ь	Net investment income (if negative, enter -0-)			11	2,440.			
	C	Adjusted net income (if negative, enter -0-)							

JSA For Paperwork Reduction Act Notice, see instructions.
FAW539 M876 10/05/2016 07:07:41

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Form **990-PF** (2015)

58-6043659 Form 990-PF (2015) Page 2 Attached schedules and amounts in the Beginning of year End of year Part II description column should be for end-of-year amounts only (See instructions) Balance Sheets (b) Book Value (c) Fair Market Value (a) Book Value 66,159. 316,743 316,743. Savings and temporary cash investments 2 Accounts receivable ▶ Less allowance for doubtful accounts ▶ Pledges receivable ▶ Less, allowance for doubtful accounts Grants receivable............ Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) Other notes and loans receivable (attach schedule) Less allowance for doubtful accounts ▶ Assets Inventories for sale or use.......... 8 9 96,971 Investments - U S and state government obligations (attack state). . 10a b Investments - corporate stock (attach schedule) . STMT .4. . 3,623,475. 3,499,405 4,612,462 Investments - corporate bonds (attach schedule) Investments - land, buildings, and equipment basis
Less accumulated depreciation
(attach schedule) 12 Investments - other (attach schedule) 13 Land, buildings, and equipment basis
Less accumulated depreciation (attach schedule) 14 15 Other assets (describe 16 Total assets (to be completed by all filers - see the 3,816,148 3,786,605. 17 18 Liabilities 19 Deferred revenue........... 20 Loans from officers, directors, trustees, and other disqualified persons. . . 21 Mortgages and other notes payable (attach schedule) 22 Other liabilities (describe NON 23 Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here . > Balances and complete lines 24 through 26 and lines 30 and 31. 24 25 26 Fund $\triangleright [X]$ Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ŏ 3,786,605. 3,816,148 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 . . 3,786,605 30 Total net assets or fund balances (see instructions) 3,816,148 Net 31 Total liabilities and net assets/fund balances (see 3,816,148 instructions) . . . 3,786,605 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 3,786,605. end-of-year figure reported on prior year's return)...... 2 29,898. 3 Other increases not included in line 2 (itemize) ▶ 3 4 3,816,503. 5 Decreases not included in line 2 (itemize) ►INCOME ADJUSTMENT 355. 5

Form 990-PF (2015)

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3,816,148.

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

Par	IV Capital Gains	and Losses for Tax on Inve	stment Income			
	(a) List and 2-story b	(b) How acquired P - Purchase D - Donation		(d) Date sold (mo , day, yr.)		
1a	PUBLICLY TRADED	S SOMEWON				
b						
С						
d						
е			(g) Cost or other basis		<u> </u>	
	(e) Gross sales price		(h) Gain or (lo (e) plus (f) mini	us (g)		
<u>a</u>	446,261.		391,112.			55,149.
<u>b</u>	_ · · · · · · · · · · · · · · · · · · ·					
<u> </u>			· · · · · · · · · · · · · · · · · · ·		· ·	
<u>d</u>						
<u>e</u> _	Complete only for assets s	showing gain in column (h) and owned	by the foundation on 12/31/69			
	Complete only for assets a		(k) Excess of col. (i)		Gains (Col. (h) ga (k), but not less	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	over col. (j), if any	"	Losses (from co	
			· · · · · · · · · · · · · · · · · · ·			55,149.
						
	 					
d						
е						
2	Capital gain net income		gain, also enter in Part I, line 7 } (loss), enter -0- in Part I, line 7	2		55,149.
3	Net short-term capital ga	in or (loss) as defined in sections 1	222(5) and (6).			
	If gain, also enter in Pa	art I, line 8, column (c) (see inst	ructions). If (loss), enter -0- in			
				3		
Par		Inder Section 4940(e) for Reduce private foundations subject to the				
Was		leave this part blank. the section 4942 tax on the distribnot qualify under section 4940(e). [ase perio	d ⁷	Yes X No
1	Enter the appropriate am	ount in each column for each year	see the instructions before making	g any ent		
Cale	(a) Base period years ndar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		(d) Distribution ra (col (b) divided by	
	2014	170,971.	4,804,652.			0.035584
	2013	151,006.	4,506,650.			0.033507
	2012	56,813.	4,105,754.			0.013837
	2011	77,129.	4,130,371.			0.018674
	2010	97,662.	3,992,103.	ļ		0.024464
_						0 10000
		d)		2		0.126066
		o for the 5-year base period - divide		3		0.025213
	number of years the four	ndation has been in existence if less	s than 5 years			0.025215
4	Enter the net value of no	ncharitable-use assets for 2015 fro	m Part X, line 5	4	4	,856,842.
5	Multiply line 4 by line 3			5		122,456.
6	Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		1,124.
7	Add lines 5 and 6			7		123,580.
8	Enter qualifying distribut	ions from Part XII, line 4 greater than line 7, check the box	un Part VI line 1h and complete	8	using a 10/. +a	201,742.
	Part VI instructions.	greater than fine 7, theth the box	m rate vi, mio ro, and complete	war part	531119 8 1/0 ld	A 19101 DEC 1110

Form 990-PF (2015)

X

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	30-1043033			-0
Part	VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the		Yes	No
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement (see instructions)	12		Х
	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
	The books are in care of ▶ U.S. TRUST FIDUCIARY TAX SERVICES Telephone no. ▶ (888) 866	-327	5	
	Located at ▶ P.O. BOX 1802, PROVIDENCE, RI ZIP+4 ▶ 02901-			
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		>	
	and enter the amount of tax-exempt interest received or accrued during the year			_
	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
	the foreign country			
	VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
	During the year did the foundation (either directly or indirectly).	2		33.
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	· 3	, *´, *	(* _}
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No	1	, 18	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	,		
	(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)?	्रं	\$	
	(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.)			٠,
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		X
	Organizations relying on a current notice regarding disaster assistance check here			êÌ.
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		÷	
	were not corrected before the first day of the tax year beginning in 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)).		? ¥.	
а	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and		* * :	#, * J
	6e, Part XIII) for tax year(s) beginning before 2015?			, ,
	If "Yes," list the years	< 1		6. K
	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)		(3) 3	
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement - see instructions.)	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	>	\$0 gx*12.		* × s
3a	Did the foundation, hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			ş`.
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or	,	1	, ,
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the	1,7		
	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		X
		1 3	<	, ,
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its		1	X

	990-PF (2015)		<u>58-60</u>			Page 6
Par	t VII-B Statements Regarding Activities	for Which Form 4	720 May Be Rec	uired (continued)		
5a	During the year did the foundation pay or incur any amo	ount to				
	(1) Carry on propaganda, or otherwise attempt to influe	ence legislation (section	4945(e))?	. Yes X No	o	
	(2) Influence the outcome of any specific public el	ection (see section 4	955); or to carry o	n,		
	directly or indirectly, any voter registration drive?			Yes X No	o	
	(3) Provide a grant to an individual for travel, study, or o			· H H		
	(4) Provide a grant to an organization other than a	• •				
	section 4945(d)(4)(A)? (see instructions)				.	
	(5) Provide for any purpose other than religious, c			• — —		
	purposes, or for the prevention of cruelty to children			• — —	1 1	
a	If any answer is "Yes" to 5a(1)-(5), did any of the		•	•		
	Regulations section 53.4945 or in a current notice rega	_			· 5b	
	Organizations relying on a current notice regarding disa	ster assistance check h	iere		·	
C	If the answer is "Yes" to question 5a(4), does the	foundation claim ex	remption from the t	ax		1
	because it maintained expenditure responsibility for the	grant?		Yes No	□	
	If "Yes," attach the statement required by Regulations se	ction 53 4945-5(d).				
6a	Did the foundation, during the year, receive any fu	nds, directly or indire	ctly, to pay premiu	ms		
	on a personal benefit contract?			. Yes X No	o	
b	Did the foundation, during the year, pay premiums, direct	ctly or indirectly, on a p	ersonal benefit contra	act ⁷	. 6ь	X
	If "Yes" to 6b, file Form 8870					
7a	At any time during the tax year, was the foundation a pa	irty to a prohibited tax	shelter transaction?	. Yes X No	,	
_ b	If "Yes," did the foundation receive any proceeds or have	any net income attrib	utable to the transact	ion ⁷	. 7ь	
Par	Information About Officers, Directo	rs, Trustees, Fou	ndation Manager	s, Highly Paid Em	ployees,	
1	and Contractors List all officers, directors, trustees, foundation m	anagers and their c	omnensation Isea	instructions)		
<u> </u>		(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense	account
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other allov	
			<u></u>			
SEE	STATEMENT 5		29,356.	l i		
	Compensation of five highest-paid employees	(other than those		e 1 - see instructi	ons). If nor	ne enter
2	Compensation of five highest-paid employees "NONE."	(other than those		e 1 - see instruction	ons). If nor	ne, enter
	"NONE."	(b) Title, and average	e included on lin	(d) Contributions to		
	Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	ons). If nor (e) Expense other allov	account,
	"NONE."	(b) Title, and average	e included on lin	(d) Contributionsto employee benefit	(e) Expense	account,
(a)	"NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	e included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allow	account, vances
	"NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	e included on lin	(d) Contributions to employee benefit plans and deferred	(e) Expense	account, vances
(a)	"NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	e included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allow	account, vances
(a)	"NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	e included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allow	account, vances
(a)	"NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	e included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allow	account, vances
(a)	"NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	e included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allow	account, vances
(a)	"NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	e included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allow	account, vances
(a)	"NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	e included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allow	account, vances

Part VIII Information About Officers, Directors, Trustees, Foundate	tion Managers Highly Paid Emplo	Page 7
and Contractors (continued)		
3 Five highest-paid independent contractors for professional services (s	(b) Type of service	(c) Compensation
(a) realise and decreases deal percent pare in a distribution	(a) ypo o o o	1-7-0
NONE		NONE
		
Total number of others receiving over \$50,000 for professional services	<u></u>	NONE
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevan organizations and other beneficiaries served, conferences convened, research papers produced, et		Expenses
1NONE		
	···	
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see instruction	ons)	
Describe the two largest program-related investments made by the foundation during the tax year		Amount
1 NONE		
2		
		11
All other program-related investments. See instructions		
3 NONE		
	<u> </u>	
Total. Add lines 1 through 3		
		Form 990-PF (2015)

Part	X Minimum Investment Return (All domestic foundations must complete this part. Forei see instructions.)	gn founda	tions,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes [,]		
а	Average monthly fair market value of securities	1a	4,831,316.
b	Average of monthly cash balances	1b	99,488.
C	Fair market value of all other assets (see instructions)	1c	NONE_
đ	Total (add lines 1a, b, and c)	1d	4,930,804.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)]	
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	4,930,804.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	ınstructions)	4	73,962.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	4,856,842.
6	Minimum investment return. Enter 5% of line 5	6	242,842.
Part	XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foun and certain foreign organizations check here ▶ and do not complete this part.)	dations	
1	Minimum investment return from Part X, line 6	1	242,842.
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	1,124.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	241,718.
4	Recoveries of amounts treated as qualifying distributions	4	NONE
5	Add lines 3 and 4	5	241,718.
6	Deduction from distributable amount (see instructions)	6	NONE
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	241,718.
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	201,742.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	201,742.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b (see instructions)	5	1,124.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	200,618.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when ca		

Form 990-PF (2015)

Page 9

Part XIII Undistributed Income (see instruc	tions)			
1 Distributable amount for 2015 from Part XI,	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
line 7				241,718.
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only			139,859.	
b Total for prior years 20 13 ,20 ,20		NONE		
3 Excess distributions carryover, if any, to 2015				
a From 2010 NONE				
b From 2011 NONE				
c From 2012 NONE				
d From 2013 · · · · · NONE				
e From 2014 NONE				
f Total of lines 3a through e	NONB			
4 Qualifying distributions for 2015 from Part XII,				
line 4 ▶ \$ 201,742.				
a Applied to 2014, but not more than line 2a			139,859.	
b Applied to undistributed income of prior years (Election required - see instructions)		NONE		
c Treated as distributions out of corpus (Election				
required - see instructions)	NONE			
d Applied to 2015 distributable amount		-		61,883.
e Remaining amount distributed out of corpus	NONB			02/0001
Excess distributions carryover applied to 2015	NONB			NONE
(If an amount appears in column (d), the same				
amount must be shown in column (a))				
indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	NONE			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		NONE		
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		NONE		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		NONE		
e Undistributed income for 2014. Subtract line				· —
4a from line 2a. Taxable amount - see				
& Hardretwhystad manner for 2015. Cubarret lines				· —
f Undistributed income for 2015 Subtract lines 4d and 5 from line 1. This amount must be				
distributed in 2016				179,835.
Amounts treated as distributions out of corpus				10 A PHYN
to satisfy requirements imposed by section				12000
170(b)(1)(F) or 4942(g)(3) (Election may be				9000
required - see instructions)	NONB			1.70
Excess distributions carryover from 2010 not				
applied on line 5 or line 7 (see instructions)	NONB			
Excess distributions carryover to 2016.				77700
Subtract lines 7 and 8 from line 6a	NONB			2100
Analysis of line 9				·
a Excess from 2011 NONE				nu
b Excess from 2012 NONE				UNI
c Excess from 2013 NONE				0 5
d Excess from 2014 NONE				
e Excess from 2015 NONE				

Pai	t XIV Private Op	erating Foundations	s (see instructions a	<u>nd Part VII-A, questi</u>	on 9)	NOT APPLICABL
1 a	If the foundation has	•		•		
	foundation, and the ruling		=			10/10/VE)
b	Check box to indicate		is a private operating	Prior 3 years	section 4942	2(j)(3) or , 4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year (a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
	justed net income from Part I or the minimum investment		(0) 2014	(6/ 2013	(4) 2012	
	return from Part X for each year listed					
h	85% of line 2a					
	Qualifying distributions from Part					
·	XII fine 4 for each year listed .					
d	Amounts included in line 2c not					Ì
	used directly for active conduct of exempt activities					
е	Qualifying distributions made					
	directly for active conduct of exempt activities Subtract line					
3	2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon					
а	"Assets' alternative test - enter					
	(1) Value of all assets (2) Value of assets qualifying			<u> </u>		
	under section					
ь	4942(j)(3)(B)(i) "Endowment" alternative test-					
	enter 2/3 of minimum invest-					
	ment 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				
	(j)(3)(B)(m)					
	(3) Largest amount of sup- port from an exempt					
	organization (4) Gross investment income .	<u></u>				 - · · · · · · · · · · · · · · · · · · ·
Par		ntary Information (Complete this part	only if the founda	tion had \$5,000	or more in assets at
		uring the year - see		,		
1	Information Regarding	·				
а	List any managers of before the close of any					eved by the foundation
	before the close of any	rtax year (but only if ti	iey nave contributed i	nore trian \$5,000). (5	ee section 507(u)(2).	1
	N/A	the foundation who	100/ 25 2020 2	f the steel of a seri		Ill. laws name of the
D	ownership of a partner					Ily large portion of the
	ownoromp or a partitor	omp or ounce ondry, o		. Had a 1070 of ground		
	N/A					
2	Information Regarding	Contribution, Grant,	Gift, Loan, Scholarsh	ip, etc., Programs:		· · · · · · · · · · · · · · · · · · ·
	Check here ▶ if t	he foundation only	makes contributions	to preselected char	itable organizations	and does not accept
						or organizations under
	other conditions, comp	olete items 2a, b, c, an	d d.			
а	The name, address, an	d telephone number o	or e-mail address of the	e person to whom app	lications should be a	ddressed:
	SEE STATEMENT				 	· · · · · · · · · · · · · · · · · · ·
b	The form in which app			on and materials they	should include:	
	SEE ATTACHED S'	TATEMENT FOR L	INE 2			
	Any submission dood!	noc'	<u> </u>			
C	Any submission deadle		ראום כ			
	PER HITACHED S	TATEMENT FOR L	LING Z			
d	Any restrictions or I	mitations on awards	, such as by geogr	aphical areas, charita	able fields, kınds o	f institutions, or other
_	factors.			,		, 2. 2010
	SEE ATTACHED S'	TATEMENT FOR L	INE 2			
70.4						

3 Grants and Contributions Paid Dur	ing the Year or Appı		uture Payment	
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	contribution	
a Paid during the year				
DIAN SPRINGS HOLINESS CAMP			UNRESTRICTED GENERAL	
0 WATERFORD DR GANTERVILLE GA 30120	N/A	PC	SUPPORT	50,00
V WILLIAM DA GELLIAVILLE GI JULIV	.,			***
BURY UNIVERSITY		•	UNRESTRICTED GENERAL	
MACKLEM DRIVE WILMORE KY 40390	N/A	PC	SUPPORT	20,00
MP SPRING CREEK			UNRESTRICTED GENERAL	
4 SPRING CREEK RD BAKERSVILLE NC 28705	N/A	PC	SUPPORT	10,00
RGE			UNRESTRICTED GENERAL	
485 E. EVANS AVE AURORA CO 80014	NONE	PC	SUPPORT	75,00
100 E. EVANS AVE AURORA CO COULT	NONE	JFC	SOFFORI	75,00
AYWOOD CHRISTIAN ACADEMY			UNRESTRICTED GENERAL	
D BOX 609 LAKE JUNALUSKA NC 28745	N/A	PC	SUPPORT	25,00
IVING LOVED MINISTRIES INC			UNRESTRICTED GENERAL	
D BOX 842 CANTON NC 28716	N/A	PC	SUPPORT	10,00
		}	i 1	
			1	
r				
			1	
Total			▶ 3a	190,00
b Approved for future payment				
			·	
Total	- "		▶ 3b	

JSA 5E1491 1 000

	f Income-Producing Act		<u> </u>	. 540 540 544	
Enter gross amounts unless other	rwise indicated Unrelated (a)	(b)	(c)	section 512, 513, or 514 (d)	(e) Related or exempt function income
1 Program service revenue.	Buşiness code	Amount	Exclusion code	Amount	(See instructions)
a					-
					· · · · ·
c					
e	·				
f					
g Fees and contracts from go	vernment agencies				
2 Membership dues and assess					
3 Interest on savings and temporary	y cash investments •				
4 Dividends and interest from s	securities		14	75,315.	
5 Net rental income or (loss) from	om real estate.				
a Debt-financed property.		.			
b Not debt-financed propert	ty				
6 Net rental income or (loss) from p	personal property.				
7 Other investment income .				== 140	
8 Gain or (loss) from sales of assets	s other than inventory		18	55,149.	
9 Net income or (loss) from spe	ecial events · · ·				
10 Gross profit or (loss) from sale					
11 Other revenue a					
b					
c					
d					
e				130,464.	
12 Subtotal. Add columns (b), (d	***************************************				120 464
13 Total. Add line 12, columns ((See worksheet in line 13 instruc			• • • • • • •	13	130,464.
	nip of Activities to the A	seemplichment of	Evernt Durn	0000	
	how each activity for which t of the foundation's exemp				
				· · · · · · · · · · · · · · · · · · ·	
		· · · · · · · · · · · · · · · · · · ·			
		NOT APPLICAB	LE		
		 			
	.				
				_ _	
	·				
		· · · -		_ -	
					

orm 99	0-PF (20						58-60436					ge 13
Part >	KVII	Information R Exempt Organ		ensfers To and Tra	nsactio	ons an	d Relation	ships Wit	th None	hari	table	;
1 D	id the	organization directi	ly or indirectly	engage in any of the fo	ollowing	with ar	ny other orga	nızatıon de	scribed		Yes	No
ır	section	on 501(c) of the Co	de (other than	section 501(c)(3) orgai	nizations	s) or in s	ection 527,	relating to p	oolitical			
		ations?										ĺ
				a noncharitable exemp						١		.,
										l		X
	•	er assets ansactions:							· · · · ·	1a(2)		Х
(1	I) Sale	s of assets to a non-	charitable exem	pt organization	. .					1b(1)		Х
				le exempt organization								Х
(3	3) Ren	tal of facilities, equip	oment, or other	assets						1b(3)		X
(4	l) Reir	nbursement arrange	ements							1b(4)		X
												X
(€	6) Perf	ormance of services	or membership	o or fundraising solicitat	tions					1b(6)		X
	_		_	s, other assets, or paid							l	X
				s," complete the follow								
		•		ces given by the repor Jement, show in colum	-							
(a) Line		(b) Amount involved	r	oncharitable exempt organiza			cription of transf					
(a) Line	no	(b) Amount involved	(c) Name of the	oncharitable exempt organiza	lion	(0) Des	cription of transi	ers, transaction	is, and snar	ing arra	ingeme	rits
	-+				+							
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	+											
d	escribe		of the Code (or	iliated with, or related ther than section 501(c)						Y	es 🔼	X No
	100,	(a) Name of organization		(b) Type of organi	zation			(c) Description	of relations	hip		
								```				
•				•								
				ned this return, including accompanding accompanding accompanding accompanding accompanding accompanding accomp				to the best of r	my knowledg	e and b	elief, it	is true
Sign			12.		i			~ [ay the IRS	discus	s this	teturn
Here	2	dward K	~ <u>K</u>	10/05/2016	5	Man	gaing Dir.	<u> </u>	th the pro			below
1616	Signa	ature of officer or trustee		Date		Title			ee instruction	s)?	Yes [No

Preparer's signature

Form **990-PF** (2015)

Check _____ if PTIN self-employed

Firm's EIN

Phone no

Date

Paid Preparer Print/Type preparer's name

Firm's name Use Only Firm's address >

Schedule B (Form 990, 990-EZ. or 990-PF)

Department of the Treasury

Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www irs gov/form990 OMB No 1545-0047

Employer identification number

Name of the organization CO TUA RAINBOW FUND 58-6043659 Organization type (check one) Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF),

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization
CO TUA RAINBOW FUND

Employer identification number 58-6043659

Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	BURT LUCE C/O BANK OF AMERICA, N.A. PROVIDENCE, RI 02901-1802	\$ 120,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	·		Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

	NET INVESTMENT INCOME	75,315.
FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES	REVENUE AND EXPENSES PER BOOKS	75,315.
FORM 990PF, PART I - DIV:	DESCRIPTION	DIVIDENDS AND INTEREST

75,315.

75,315.

TOTAL

TAXES	
- 1	Ш
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NET INVESTMENT INCOME	! ! ! !	410.
REVENUE AND EXPENSES PER BOOKS	1 1 1 1	800. 410. 1,210.
		TOTALS
DESCRIPTION	1 1 1 1 1 1 1	EXCISE TAXES FOREIGN TAXES

7

- U.S. AND STATE OBLIGATIONS

FORM 990PF, PART II

DESCRIPTION

912833KB5 UNITED STATES TREAS B2QMXG0#4 SINGAPORE GOVT BD IS B4NHJG4#6 CANADA GOVT BD ISIN

BEGINNING BOOK VALUE

96,971.

TOTALS

96,971.

ENDING FMV 	303,658. 559,713. 1,891,038. 469,114. 288,196.	720,431.
ENDING BOOK VALUE	318,144. 337,692. 1,087,002. 325,675.	734,565.
BEGINNING BOOK VALUE	384,142. 52,973. 337,692. 1,124,873. 325,675.	548,120. 3,623,475.
		TOTALS
DESCRIPTION	101 CURRENCYSHARES AU 105 CURRENCYSHARES CA 400 ISHARES INC MSCI 509 ISHARES INC MSCI 184 ISHARES FTSE CHIN 564 ISHARES FTSE CHIN 564 ISHARES COHEN & S 107 SPDR GOLD TR GOLD 835 VANGUARD TOTAL BD 858 VANGUARD TOTAL BD 637 VANGUARD IARGE-CA 751 VANGUARD SMALL-CA 841 PIMCO HIGH YIELD 416 PRINCIPAL PFD SEC 640 MFS EMERGING MKTS 407 OPPENHEIMER INTL	o Q

4

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

OFFICER NAME:

US TRUST DELAWARE

ADDRESS:

1020 N FRENCH ST

WILMINGTON, DE 19884

TITLE:

TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

STEPHEN LUCE

ADDRESS:

P.O. BOX 32847

KNOXVILLE, TN 37930

TITLE:

TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

BURTON S. LUCE

ADDRESS:

2408 SUNRISE KEY BLVD

FT LAUDERDALE, FL 33304

TITLE:

FOUNDATION MANAGER

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

BETH REED

ADDRESS:

5613 LITTLE ROAD

LUTZ, FL 33549

TITLE:

TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

CO TUA RAINBOW FUND 58-6043659

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

OFFICER NAME: JENNY SHATTUCK ADDRESS:

562 WHISPERING COVE DR

SYLVIA, NC 28779

TITLE:

TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

TOTAL COMPENSATION:

29,356.

CO TUA RAINBOW FUND FORM 990PF, PART XV - LINES 2a - 2d

RECIPIENT NAME:

PATRICIA G KELLY, VP-US TRUST CO OF DE,

ADDRESS:

(302) 432-6706, 1100 N KING ST, DE5-002-04-12, WILMINGTON, DE 19884
FORM, INFORMATION AND MATERIALS:

NO SPECIFIC FORM

SUBMISSION DEADLINES:

NONE

RESTRICTIONS OR LIMITATIONS ON AWARDS:

NONE