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Form **990-PF**

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

▶ 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.

F	or c	alei	ndar year 2016 or tax year beginning		, and ending		
2007	Nan	ne o	f foundation			A Employer identification	number
			WEISBERG FAMILY FOUND	ATION		46-7132329	
9	Nun	nber a	and street (or P O box number if mail is not delivered to stree	at address)	Room/suite	B Telephone number	
\geq	4	8	BARBERRY HILL			401-781-61	.00
<i>M</i> :			BARBERRY HILL Sown, state or province, country, and ZIP or foreign VIDENCE, RI 02906	postal code		C If exemption application is p	pending, check here
\subseteq G	С	heck	k all that apply: Initial return Final return Address change k type of organization: X Section 501(c)(3) election 4947(a)(1) nonexempt charitable trust Accounts to the of all accords at and of year.	Initial return of a fo	ormer public charity	D 1. Foreign organization:	s, check here
			Final return	Amended return			
			Address change	Name change		Foreign organizations me check here and attach co	eeting the 85% test, proputation
S.H	C	hecl	k type of organization: X Section 501(c)(3) e	xempt private foundation		E If private foundation sta	tus was terminated
		Se	ection 4947(a)(1) nonexempt charitable trust	Other taxable private founda	ation	under section 507(b)(1	
	Fa	ır ma	arket value of all assets at end of year J Accoun	ting method: X Cash	Accrual	F If the foundation is in a	60-month termination
	-			other (specify)		under section 507(b)(1))(B), check here \blacktriangleright
	▶		273,175. (Part I, cold	umn (d) must be on cash i	basis.)		T 4.11
∐ ~ ~	Pa	rt I	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(0) Disbursements for charitable purposes (cash basis only)
701		1	Contributions, gifts, grants, etc., received			, , , , , , , , , , , , , , , , , , ,	
~	İ	2	Check \ X If the foundation is not required to attach Sch B interest on savings and temporary		504		
0		3	cash investments	701.	701.	701.	STATEMENT 1
		4	Dividends and interest from securities				
¥			Gross rents				
		_	Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10	<u> </u>		<u> </u>	
U	ĕ	h	Gross sales price for all assets not on line to assets on line to			REC	EIVED 1
Ş	Revenue	7	Capital gain net income (from Part IV, line 2)		0.	REU	EIVEU
₹	۳	8	Net short-term capital gain			0	SC
SCANNED SCANNED		9	Income modifications			APR :	9 2017 9
	1	10a	Gross sales less returns and allowances		,		88
		b	Less Cost of goods sold			OGD	EN UT
			Gross profit or (loss)				
		11	Other income	701.	701.	701	
	-	12 13	Total. Add lines 1 through 11	701.	701.	701.	0.
		14	Compensation of officers, directors, trustees, etc Other employee salaries and wages	0.	•		
			Pension plans, employee benefits		•	- :-	
	Ses		Legal fees				
	ğ		Accounting fees				
	ᄶ	C	Other professional fees STMT 2	50.	0.	0.	0.
	Ş.	17	Interest		· · · · · · · · · · · · · · · · · · ·		
-	ā	18	TaxesSTMT _ 3	19.	<u> </u>		
	i <u>s</u> l	19	Depreciation and depletion				
	튀	20	Occupancy			<u> </u>	<u> </u>
	힑	21 22	Travel, conferences, and meetings Printing and publications		· · · · · · · · · · · · · · · · · · ·		
	ga	23	Other expenses STMT 4	78.	0.	0.	0.
	틡	24	Total operating and administrative	, , ,		<u> </u>	.
	Operating and Administrative Expens		expenses. Add lines 13 through 23	147.	0.	0.	0.
	Ō	25	Contributions, gifts, grants paid	40,825.			40,825.
		26	Total expenses and disbursements.				-
_	_		Add lines 24 and 25	40,972.	0.	0.	40,825.
	-	27	Subtract line 26 from line 12:	40.00			
	ļ		Excess of revenue over expenses and disbursements	<40,271.			
	j		Net investment income (if negative, enter -0-)		701.	701	
		C	Adjusted net income (if negative, enter -0-)	<u> </u>		701.	L

For	m 99	00-PF (2016) THE WEISBERG FAMILY FOU	NDATION	46-	7132329 Page 2
	arţ	Balance Sheets Attached schedules and amounts in the description column should be for and at year amounts only	Beginning of year	End o	f year
<u>_</u>	ar l	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
		Savings and temporary cash investments	313,446.	273,175.	273,175.
	3	Accounts receivable -			
		Less: allowance for doubtful accounts			
	4	Pledges receivable			
		Less; allowance for doubtful accounts			
	_	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable		`	
		Less: allowance for doubtful accounts			
ets	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
•		Investments - U.S. and state government obligations			
		Investments - corporate stock			
		Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis	 		
		Less accumulated depreciation	ļ		
		Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment basis		· '	•
	45	Less accumulated depreciation			
		Other assets (describe Total assets (to be completed by all filers - see the			
	10		313,446.	273,175.	273,175.
_	17	Instructions. Also, see page 1, item I) Accounts payable and accrued expenses	313,440.	2/3,1/3.	
		Grants payable			
10	19	Deferred revenue			
ë.		Loans from officers, directors, trustees, and other disqualified persons			\$
Liabilities		Mortgages and other notes payable			
Ë		Other liabilities (describe	 		•
		Other national (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.			*
ě	24	Unrestricted			
anc	25	Temporarily restricted			÷
Bai		Permanently restricted			>
Net Assets or Fund Balances		Foundations that do not follow SFAS 117, check here			
Ē		and complete lines 27 through 31.			
Š	27	Capital stock, trust principal, or current funds	0.	0.	
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0-•		
As	29	Retained earnings, accumulated income, endowment, or other funds	313,446.	273,175.	
Ne.	30	Total net assets or fund balances	313,446.	273,175.	
			<u> </u>	_	
	31_	Total liabilities and net assets/fund balances	313,446.	273,175.	
P	art	Analysis of Changes in Net Assets or Fund B	alances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30	-	
		st agree with end-of-year figure reported on prior year's return)		11	313,446.
		r amount from Part I, line 27a		2	<40,271.>
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	273,175.
5	Decr	eases 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, co	olumo (h), line 30		273 175.

Form **990-PF** (2016)

Part VI Excise Tax Based on Investment Income (Section 4940), 4940(e), or 4948 - see instructions) 1			19 - CO			Page 4
Dates of ruling or determination letter:			46 - Se	e instri	uctio	ons)
b Domestor Guundations that meet the section 4940(e) requirements in Part V, check here	1	1				
of Part I, line 27b. • All other domestic foundations enter 2% of line 27b. Exampt foreign organizations enter 4% of Part I, line 12, col. (b). 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 3 Add hins 1 and 2 3 Add hins 1 and 2 5 Subtite A (norme) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 5 Tax destated tax payments. Add lines 8 to through 60 6 Exempt foreign organizations - 1 saw withheld at source 6 Tax paid with application for extension of time to file (Form 8968) 6 Exampt foreign organizations - 1 saw withheld at source 7 Total credits and payments. Add lines 80 through 60 8 Enter any penalty for underpayment of estimated tax. Posts amount eved 8 Tax des. If the total of lines 5 and 8 enter than fine 7, enter amount eved 8 Tax des. If the total of lines 5 and 8 enter than fine 7, enter amount eved 9 1 14. 10 Overpayment. If line 7 is more than the 10tal of lines 5 and 8, enter the amount overpald 1 Destant foreign and 10 fine 10 to be received to 2016 8 Enter any penalty for underpayment of estimated tax. Posts amount of 10 may 10 bit care foreign and 10 may 10 may 10 bit of spend more than 8100 during the year (either directly or indirectly) for political purposes (see instructions for the definition): 1 If the answer is 'I's's' to a or to, attach a detailed description of the activities and copies of any materials published or distributed by the foundation here on 1115th PDL for this year? 1 If the indirection is in the contro						
a All other domestic boundations enter 2% of the 27b. Exempt loregin organizations enter 4% of Part I, Ihe 12, col. (b). 2		i i i	1			14.
2 0 Add lines 1 and 2 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 5 14 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 5 14 5 Tax based on investment income. Subtract line 4 from line 3.11 zaro or less, enter -0- 5 Exempt foreign organizations - 1 ax withheld at source 6 Exempt foreign organizations - 1 ax withheld at source 1 ax paid with application for extension of time to file (form 8868) 6 6 6 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached 8 Tax des. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 14 9 14 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Enter the amount of line 10 to be Credited to 2011 certaintated tax. Payment of lines to the amount of line 10 to the Credited to 2011 certaintated tax (Textinated tax by a capture) to reflect the company of the company			1			
3 11.4. Subtille A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, amer -0- 6 Credits-Payments: 2 90fe estimated tax payments and 2015 overpayment credited to 2016 8 2 10 feetimated tax payments and 2015 overpayment credited to 2016 8 2 1 Exp and with application for extension of time to the (form 8868) 6 3 6 6 6 6 7 7 Total credits and payments. Add lines 5 and 4 sero five (form 8868) 6 4 Backup withholding erroneously withheld 7 Total credits and payments. Add lines 5 and 4 sero five the form 1 form 2220 is attached 8 1 7 Total credits and payments. Add lines 5 and 5 is more than hie 7, enter amount owned 9 Tax due. If the total of lines 5 and 5 is more than hie 7, enter amount owned 9 Tax due. If the total of lines 5 and 5 is more than the roll of the 5 and 6, enter the amount owner lines 1 flee 7 is more than 1 flee 7 is m		· ·	1			_
Subtlik A (noone) bx (domestic section 4947(a)(1) illusts and taxable foundations only. Others enter-0- 5 Tax based on investment income. Subtract line 4 from line 3. if zero or less, enter-0- 6 Credis/Payments: 2 2016 estimated tax payments and 2015 overpayment credited to 2016		The state of the s				
5 Tax based on investment income, Subtract line 4 from line 3. If zero or less, enter -0- Gredds/Payments: 2 076 estimated fax payments and 2015 overpayment credited to 2016 B Exempl foreign or ganzahons - tax withheld at source GB	3					
6. Credits/Payments: a 2016 estimated tax payments and 2015 overpayment credited to 2016 b Sempt foreign organizations - fax withheld at source c Tax paid with application for extension of time to the (Form 8869) 6. 6. 7. Total credits and payments. Add lines 6a through 6d 8. Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8. Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9. 1.4. 10. Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11. Enter the amount of line 10 to be: Credited to 2017 estimated tax. 12. Part VII-A Statements Regarding Activities 1a. During the tax vear, did the foundation attempt to influence any national, state, or local legislation or did it participator influence in any penalty of the sempting of	4					
a 2016 estimated tax payments and 2015 overpayment credited to 2016 b Evempt foreign organizations - tax withheld at source c fax paid with application for extension of time to file (Form 8668) d Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6a through 6d 6d 8 Enter any penalty for underpayment of estimated tax. Check here I form 2220 is attached 8 Tax due. If the total of lines 5 and 6 is more than the 7, enter amount owner. 9 Tax due. If the total of lines 5 and 6 is more than the 7, enter amount owner. 11 Enter the amount of time 10 to be; Credited to 2017 estimated tax. Part VIII-A. Statements Regarding Activities 12 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 campagin? 15 Did is spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? 16 The answer is "Yes" to 1a or 1b, attach a detailed description of the activities. 17 Did the foundation like Form 1120-POL for this year? 18 Enter the amount (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. S. Q. (2) On foundation managers. S. Q. (2) On foundation managers. S. Q. (2) On foundation managers. S. Q. (3) On the similar instruments? If "Yes," attach a detailed description of the activities. 19 If Yes, attach a detailed description of the activities. 19 If Yes, attach a detailed description of the activities. 20 If Yes, attach a detailed description of the activities. 21 If Yes, attach a detailed description of the activities. 22 X 23 X 24 Attach a detailed description of the activities. 25 If Yes, attach a detailed description of the activities. 26 If Yes, attach a detailed description of the activities. 27 If Yes, attach a detailed description of the activities. 28 If Yes, has thied a tax return or Form 990-1 for this year? 29 If Yes, attach a detailed description of the activiti	5		5			14.
b Exempl foreign organizations - Tax withheld at source □ Tax paid with application for extension of time to file (Form 8868) □ Total credits and payments. Add lines 6s atthrough 6d □ Total credits and payments. Add lines 6s atthrough 6d □ Total credits and payments. Add lines 6s and 6s more than line 7, enter amount owed □ Tax die. If the total of lines 5 and 8 is more than line 7, enter amount owed □ Tax die. If the total of lines 5 and 8, enter the amount overpaid □ Tenter the amount of line 10 to be: Credited to 2017 estimated tax ▶ □ Total Part VII-A □ Statements Regarding Activities □ Tax vers, due the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? □ Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? □ It has seen were in Yes 1 to 1 or 10, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. □ Did the foundation file form 1120-POI. for this year? □ Con the condition of the form 1120-POI. for this year? □ Con the condition of the form 1120-POI. for this year? □ Con the condition of the form 1120-POI. for this year? □ Con the condition of the form 1120-POI. for this year? □ Con the condition of the form 1120-POI. for this year? □ Con the condition of the form 1120-POI. for this year? □ Con the condition of the form 1120-POI. for this year? □ Con the condition of the form 1120-POI. for this year? □ Con the condition of the form 1120-POI. for this year? □ Con the condition of the cond	-					
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10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of time 10 to be: Credited to 2017 estimated tax ▶ 12 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? 13 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? 14 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? 15 Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? 16 Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? 16 Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? 17 Did the foundation file Form 1120-POL for this year? 18 Did any political expenditure tax imposed on foundation managers. In the foundation of the activities. 19 Did any political expenditure tax imposed on foundation managers. In the foundation made any changes, not previously been reported to the IRS? 19 Pyss, "attach a detailed description of the activities. 20 Did any political expenditure tax imposed on foundation managers. In the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruction of the activities. 21 Did the foundation have unrelated business gross income of \$1,000 or more during the year? 22 X 23 X 24 Did the foundation have unrelated business gross income of \$1,000 or more during the year? 24 A X 25 Was there a liquidation, termination, dissolution, or substantal contraction during the year? 25 Py stat						
11 Enter the amount of line 10 to be: Credited to 2017 estimated tax ▶ Refunded ▶ 11 Part VII-A Statements Regarding Activities 1 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? 1 Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? 1 If the answer is "Yes" to 1e 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. 2 Did the foundation if Form 1120-PDU for this year? (1) On the foundation if Form 1120-PDU for this year? (1) On the foundation. ▶ \$ O. (2) On foundation managers. ▶ \$ O. 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities. 3 Has the foundation may changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 4 Did the foundation have unrelated business gross income of \$1,000 or more during the year? 1 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 2 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 3 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 4 Press," attach the statement required by General Instruction 7. 5 Was there a liquidation, that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument, or 8 By state legislation that effectively amends the poverning instrument so that no mandatory directions that conflict with the state law remain in the governing instrument, or 9 By state legislation that effectively amends						<u>14.</u>
Part VII-A Statements Regarding Activities 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any opticial campaign? b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. c Did the foundation file Form 1120-POL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ 0. (2) On foundation managers. ▶ \$ 0. e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0. Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities. 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 3 Has the foundation have unrelated business gross income of \$1,000 or more during the year? 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? If "Yes," attach the statement required by General Instruction T. 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, 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, or		· · · · · · · · · · · · · · · · · · ·				
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10 Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule listing their names and addresses 10 X	~		-	9		X
	10					
			-)-PF	

Page 5

Pε	rt 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		1	
	section 512(b)(13)? If "Yes," attach schedule (see instructions)		ļ.,	X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?		l .	
	If "Yes," attach statement (see instructions)	_ 12	<u> </u>	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	_ 13	_X_	
	Website address ► N/A			
14	The books are in care of ► KRISTINE LEBLANC Telephone no. ► 401			
		<u>02910</u>		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			·
	and enter the amount of tax-exempt interest received or accrued during the year	N	[/A	
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank,		Yes	
	securities, or other financial account in a foreign country?	16		<u> </u>
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country			
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required		1 1	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
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?	lo		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?	I		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	lo		
	(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)?	10		
	(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.)	10		ŕ
ı	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)?	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 2016?	1c	-	<u> </u>
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)):		*	
1	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? Yes X I	110		
		10		
	If "Yes," list the years \(\sum_{in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
1	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
		A 2b		
	statement - see instructions.) If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	1 20		
•				
9	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	· 		
3	during the year?	No		
	of "Yes," did it have excess business holdings in 2016 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 2016.) N/2	А зь		
4:	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	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 2016?	4b		X

Part VII-B Statements Regarding Activities for Which I		Required (contin	46-7132.	349	Page 6
5a During the year did the foundation pay or incur any amount to:	Offit 4720 May be	nequired (contin	ueu)	 	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4045(a)\2		es X No		1
(2) Influence the outcome of any specific public election (see section 4955); of	, ,,	· -	es Las NU		
any voter registration drive?	ir to carry on, directly or mun		es X No	-	
(3) Provide a grant to an individual for travel, study, or other similar purposes	2		es X No	İ	
(4) Provide a grant to an organization other than a charitable, etc., organization		1	es LALINO		}
• • • • • • • • • • • • • • • • • • • •	ii described iii section		es X No		
4945(d)(4)(A)? (see instructions)	ar advectional purposes or		85 LAL NO		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or		es X No		İ
the prevention of cruelty to children or animals?	day tha ayyaantaana daaay,bad		es LALINO		{
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		in Regulations	NT / N	.	
section 53.4945 or in a current notice regarding disaster assistance (see instru	,		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h		unad		,	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi				- 1	,
expenditure responsibility for the grant?		1/A L Y	es L No		
If "Yes," attach the statement required by Regulations section 53.4945 6a Did the foundation, during the year, receive any funds, directly or indirectly, to			1	Į	
a personal benefit contract?	pay premiums on	[es X No	ľ	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	orcopal honofit contract?	L 10	NO LALIS		₹.
If "Yes" to 6b. file Form 8870.	rei Sonai Denenii Connact?		<u> </u>	6b	<u> </u>
7a At any time during the tax year, was the foundation a party to a prohibited tax s	halter transaction2		es X No		.
b If "Yes," did the foundation receive any proceeds or have any net income attribu		L 10	N/A	7b	
Part VIII Information About Officers, Directors, Trust		anagers Highly		70	
Paid Employees, and Contractors	ooo, roundation in	anagoro, mgm	•		
1 List all officers, directors, trustees, foundation managers and their	compensation.	-			
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and detected	(e)	Expense
(a) Name and address	hòurs per week devoted to position	(If not paid, enter -0-)	and deterred compensation	accou	unt, other wances
NAIDA D. WEISBERG	TRUSTEE				
48 BARBERRY HILL				}	
PROVIDENCE, RI 02906	0.00	0.	0.		0.
DAVID D. WEISBERG	TRUSTEE		-		
217 PROMENADE STREET					
WARWICK, RI 02886	0.00	0.	0.		0.
ABBY R. RIBBANS	TRUSTEE				
20 HILL DRIVE			ı		
EAST GREENWICH, RI 02818	0.00	0.	0.		0.
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	100015		<u> </u>	
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Contributions to	(2)	
(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	accou	xpense int, other
NONE	devoted to position	ļ	compensation	allo	wances
NONE				}	
		 			
	<u> </u>	 			
		 		ļ	
				<u> </u>	
Total number of other employees paid over \$50,000				L	0
			Form	990-P	F (2016)

3 Five highest-paid independent contractors for professional services. If none, e	nter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	- 	
		
		
A Lawrence of others recovered over \$50,000 for professional envisor		•
otal number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		<u> </u>
List the foundation's four largest direct charitable activities during the tax year. Include relevant s	tatistical information such as the	Evnance
number of organizations and other beneficiaries served, conferences convened, research papers	produced, etc.	Expenses
N/A		
		
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax yea	r on lines 1 and 2	
N/A	Ull liftes 1 ariu 2.	Amount
41/11		
All other program-related investments. See instructions.		
an other program related investments. God instructions.	_	
otal Add lines 1 through 3		

Page 8

THE WEISBERG FAMILY FOUNDATION

P	Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations,	, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	0.
	Average of monthly cash balances	1b	<u> </u>
C		10	
đ	Total (add lines 1a, b, and c)	1d	304,963.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.	1 1	
2	Acquisition indebtedness applicable to line 1 assets	2	O.
3	Subtract line 2 from line 1d	3	304,963.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	4,574.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	300,389.
6	Minimum investment return. Enter 5% of line 5	6	15,019.
P	Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	ıd certain	
1	Minimum investment return from Part X, line 6	1	15,019.
2a	Tax on investment income for 2016 from Part VI, line 5		
b			
C		2c	14.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	15,005.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add tines 3 and 4	5	15,005.
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	15,005.
P	Part XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		40.00-
a		1a	40,825.
b	<u> </u>	16	<u> </u>
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:		
а	- " ' '	3a	
þ	,	3b	40.005
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	40,825.
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	40,825.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	ualifies fo	or the section

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI,				
line 7				15,005.
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2015 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2016:		<u> </u>		
a From 2011				
b From 2012				
c From 2013 65,799.				
d From 2014 50,503.				
e From 2015 32, 287.				
f Total of lines 3a through e	148,589.			
4 Qualifying distributions for 2016 from				
Part XII, line 4: ►\$ 40,825.				
a Applied to 2015, but not more than line 2a			0.	
b Applied to undistributed income of prior				
vears (Election required - see instructions)		0.		
c Treated as distributions out of corpus		-		
(Election required - see instructions)	0.			
d Applied to 2016 distributable amount				15,005.
e Remaining amount distributed out of corpus	25,820.			
5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount	0.			0.
must be shown in column (a)) 6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	174,409.			
b Prior years' undistributed income. Subtract	1/4,400.		· · · · · · · · · · · · · · · · · · ·	
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2015. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2016. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2017				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 2011				
not applied on line 5 or line 7	0.			· · · · · · · · · · · · · · · · · · ·
9 Excess distributions carryover to 2017.	454 400			
Subtract lines 7 and 8 from line 6a	174,409.			
10 Analysis of line 9:				
a Excess from 2012				
b Excess from 2013 65,799.				
c Excess from 2014 50,503.				
d Excess from 2015 32,287.				
e Excess from 2016 25,820.	<u>. </u>			* 000 DE

Part XIV Private Operating Fo		Y FOUNDATI			7132329 Page
				N/A	
1 a If the foundation has received a ruling or)		
foundation, and the ruling is effective for 2	•	=	,	14040()(0) [14040(1/5)
b Check box to indicate whether the foundar		ng roundation described		4942(j)(3) or L	<u> 4942(j)(5)</u>
2 a Enter the lesser of the adjusted net	Tax year (a) 2016	(b) 2015	Prior 3 years (c) 2014	(d) 2013	(a) Total
income from Part I or the minimum	(a) 2010	(6) 2013	(6) 2014	(0) 2013	(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		Į		l	
exempt activities	<u> </u>				
e Qualifying distributions made directly					
for active conduct of exempt activities.			j		
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:		<u> </u>	\		
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(3)(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 Inform	nation (Comple	te this part only	if the foundation	had \$5,000 or	more in assets
at any time during the			ii tiio ioaiiaatioi		more in assets
1 Information Regarding Foundation					
a List any managers of the foundation who l	-	than 2% of the total co	atributions received by the	foundation before the	close of any tay
year (but only if they have contributed mo			talogation of toodivou by the	, roundation botoro tho	ologe of any tax
NONE					
b List any managers of the foundation who	own 10% or more of th	e stock of a corporation	Or an equally large port	on of the ownership of	a partnership or
other entity) of which the foundation has a	10% or greater interes	st			
NONE_					
2 Information Regarding Contribution	Grant Gift Loan	Scholarship etc. I	Programe:	·	
Check here ► X if the foundation only				not accent unsolicited i	requests for funds. If
the foundation makes gifts, grants, etc. (se					
a The name, address, and telephone numbe					
a monamo, address, and coophone names	. or o man address or i	no porcon to mioni app	module to add to	ood.	
b The form in which applications should be	submitted and informat	tion and materials they	should include:		
c Any submission deadlines:			<u> </u>		
	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	
d Any restrictions or limitations on awards,	such as by geographica	al areas, charitable field:	s, kınds of ınstitutions, or	other factors:	

623601 11-23-18

Form **990-PF** (2016)

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to status of Amount any foundation manager contribution Name and address (home or business) recipient or substantial contributor a Paid during the year 300 COMMITTEE NONE ÞC SUPPORT THE PRESERVATION OF THE 201 WASHINGTON STREET PROVIDENCE, RI 02903-3297 NATURAL LANDS IN FALMOUTH, MASSACHUSETTS. 300. NONE ÞС SUPPORT OF THE WORLD'S ALZHEIMERS ASSOCIATION LEADING VOLUNTARY 245 WATERMAN STREET, SUITE 306 PROVIDENCE, RI 02906-5215 HEALTH ORGANIZATION IN ALZHEIMER'S CARE, 100. AUDUBON SOCIETY OF RHODE ISLAND NONE ÞС SUPPORT OF AUDUBON'S DEDICATION TO 12 SANDERSON ROAD EDUCATION, LAND SMITHFIELD, RI 02917 CONSERVATION AND 100. ADVOCACY. NONE PC SUPPORT A PERFORMANCE AUREA INC. ENSEMBLE ENGAGED IN A 195 SESSIONS STREET PROVIDENCE, RI 02906 JOYOUS PURSUIT: TO INVESTIGATE AND INVIGORATE THE HARMONY 250. CENTER OF MEDIATION AND COLABORATION NONE ÞС SUPPORT OF HELING OF RHODE ISLAND RHODE ISLANDERS 500 BROAD STREET RESOLVE DISPUTES IN A PROVIDENCE RI 02907 EACEFUL MANNER 500. SEE CONTINUATION SHEET(S) Total **▶** 3a 40.825. **b** Approved for future payment NONE Total

Form 990-PF (2016) THE WEISBERG Part XVI-A Analysis of Income-Prod	<u>-</u>			46-	7132329 Page 12
Enter gross amounts unless otherwise indicated.		ousiness income (b)	Excluded b	y section 512, 513, or 514	(e) Related or exempt
1 Program service revenue:	(a) Business code	Amount	sion code	Amount	function income
a	-	- , -			
C	l l				
d					
e					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					701
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					
a Debt-financed property	-			 -	
b Not debt-financed property6 Net rental income or (loss) from personal				<u>_</u>	
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory				·	
9 Net income or (loss) from special events10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a		. 10			
b					
c					
d	-				
12 Subtotal. Add columns (b), (d), and (e)			0.	0.	
13 Total. Add line 12, columns (b), (d), and (e)				13	701.
(See worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities	s to the Accor				
Line No. Explain below how each activity for which in the foundation's exempt purposes (other the				Importantly to the accor	nplishment of
					· · · · · · · · · · · · · · · · · · ·
	<u> </u>			· · · · · · · · · · · ·	
					
					<u> </u>

Form 990-PF (2016)				FOUNDATION		46-713			age 13
	formation Recempt Organ		sfers To a	and Transactions a	nd Relations	ships With Noncha	aritabl	e	
			of the followin	g with any other organizatio	n described in sect	tion 501(c) of	7	Yes	No
the Code (other t	han section 501(c)(3) organizations) o	r ın section 52	7, relating to political organ	zations?				
a Transfers from the	ne reporting found	ation to a noncharital	ble exempt org	ganization of:			ŀ		1
(1) Cash							1a(1)		_x_
(2) Other assets	•						1a(2)		X
b Other transaction	ıs:								
(1) Sales of ass	ets to a noncharita	ıble exempt organızat	tion				1b(1)		X
, ,		ncharitable exempt o	rganization				1b(2)	$oxed{oxed}$	Х
• •	cilities, equipment,						1b(3)		X
	nent arrangements	•					16(4)		X
(5) Loans or loa							1b(5)		X
• •		embership or fundrais	=				1b(6)	1-1	X
•		ailing lists, other asse		ployees dule. Column (b) should alv	rave about the fair	market value of the goods	1c		
				ed less than fair market valu		_		5615,	
_		other assets, or serv		ou 1000 man ian market valu	c in any transaction	n or sharing arrangement,	311044 111		
	nount involved			exempt organization	(d) Description	n of transfers, transactions, and	sharing a	Tangeme	nts
		† — — — — — — — — — — — — — — — — — — —	N/A						
		<u> </u>							
		<u> </u>							
		 							
		ļ			 -				
		 							
		 		· -	 				
		 		_ 	 				
		 			 				
		 				-			
					 				
2a Is the foundation	directly or indirec	tly affiliated with, or i	related to, one	or more tax-exempt organi	zations described				
in section 501(c) of the Code (othe	er than section 501(c))(3)) or in sect	tion 527?			Yes	X] No
b If "Yes," complet				_					
	(a) Name of or	ganization		(b) Type of organization		(c) Description of relations	ship		
	N/A								
				<u> </u>					
Under penalti	es of perjury, I declare	e that I have examined thi	ıs return, ıncludır	ng accompanying schedules and	statements, and to the	e best of my knowledge			
				in taxpayer) is based on all inform		er has any knowledge ref	ay the IRS turn with th	e prepar	er
Here //	a:dal	1 Wesis	Sert	1 3/22/17	Truste		own below] No
Signature	of officer or truste	e	9	Date	Title				
Print	/Type preparer's n	name	Preparer's s	signature	Date	Check If PTIN			
ľ						self- employed			
Paid									
Preparer Firm	's name ▶				_	Firm's EIN ▶			

Phone no.

Firm's address

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Y				
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	
COMMON CAUSE RHODE ISLAND	NONE	PC	SUPPORT OF CITIZENS	
245 WATERMAN STREET			MAKING THEIR VOICES	
PROVIDENCE, RI 02906-5215			HEARD.	250
COMMUNITY MUSICWORKS	NONE	PC	SUPPORT A COMMUNITY	
1392 WESTMINSTER STREET			BASED ORGANIZATION	
PROVIDENCE, RI 02909			THAT BUILDS	
			RELATIONSHIPS BETWEEN	
			MUSICIANS AND FAMILIES	2,000
DANA-FABER CANCER INSTITUTE	NONE	PC	SUPPORT TO PROVIDING	
10 BROOKLINE PLACE WEST, 6TH FLOOR			ADULTS AND CHILDREN	
BROOKLINE, MA 02445-7226			WITH CANCER THE BEST	
			TREATMENT AVAILABLE	
			TODAY AND DEVELOPMENT	500
DOCTORS WITHOUT BORDERS	NONE	PC	SUPPORT OF EMERGENCY	
333 SEVENTH AVENUE 2ND FLOOR			MEDICAL AID TO PEOPLE	
NEW YORK, NY_10001			WORLDWIDE IN NEED.	300
EVERETT COMPANY STAGE SCHOOL	NONE	₽C	SUPPORT OF QUALITY ART	
9 DUNCAN AVENUE			AND EDUCATION.	
PROVIDENCE, RI 02906				300
GAMM THEATRE	NONE	PC	SUPPORT OF LOCAL	
PO BOX 6263			THEATRE.	
PROVIDENCE RI 02940	NONE	PC	GUDDODE OD	1,000
HOME AND HOSPICE CARE OF RHODE ISLAND 763 WESTMINSTER STREET	NONE	FC	SUPPORT OF	
PROVIDENCE, RI 02903			COMPASSIONATE HEALTH CARE TO PEOPLE FACING	
ROVIDENCE, RI 02505			THE ADVANCED STAGES OF	
			A SERIOUS ILLNESS.	1,000
INSPIRING MINDS	NONE	PC	SUPPORT THE CREATION	
401 ELMGROVE AVENUE			OF SUCCESSFUL STUDENTS	
PROVIDENCE, RI 02906			BY PROVIDING THEM WITH	
•			ACADEMIC AND SOCIAL	
	<u> </u>		_ SERVICES,	<u> 2-500</u>
JEWISH ALLIANCE OF GREATER RI	NONE	PC	SUPPORT OF THE	
959 NORTH MAIN STREET			CELEBRATION OF JEWISH	
PROVIDENCE, RI 02904			IDENTITY,	3,200,
JEWISH FAMILY SERVICE	NONE	PC	SUPPORT OF HUMAN	
101 ELMGROVE AVENUE			SERVICES AND HEALTH	
PROVIDENCE, RI 02906			CARE REFLECTING JEWISH	
			VALUES OF SOCIAL	
Tabliforn and the discrete	1		RESPONSIBILITY AND	1,100.
Total from continuation sheets				39 575

THE WEISBERG FAMILY FOUNDATION

Part XV Supplementary Information

3 Grants and Contributions Paid During the	Year (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		·
JEWISH HISTORICAL SOCIETY	NONE	₽C	SUPPORT THE	
130 SESSION STREET		1	PRESERVATION OF	
PROVIDENCE, RI 02906	İ		HISTORICAL MATERIAL	
	1	1	RELATING TO THE	
		 	HISTORY OF JEWS IN	150
MACULAR DEGENERATION RESEARCH	NONE	PC	SUPPORT OF RESEARCH TO	
22512 GATEWAY CENTER SRIVE			TREAT AND ONE DAY CURE	
CLARKSBURG, MD 20871			MACULAR DEGENERATION.	100,
WIDIAM MOCDINAL COMBINATION	NONE	PC	SUPPORT THE HOSPITAL	
MIRIAM HOSPITAL FOUNDATION	NONE		IN THEIR EFFORTS TO	
226 CAUSEWAY STREET, 5TH FLOOR			PROVIDE THE HIGHEST	
BOSTON, MA 02114-2206			QUALITY CARE.	3.500.
		 	DOADITI CARE.	3,500,
NAMIONAL MUMININE GGIEROGIG GOGIEROV	NONE	PC	SUPPORT FOR THE	
NATIONAL MULTIPLE SCLEROSIS SOCIETY	NONE	FC	RESEARCH TO FIND A	
345 WHITNEY AVENUE			CURE FOR MS.	125.
NEW HAVEN, CT 06511 NATIONAL MUSEUM OF AFRICAN AMERICAN	NONE	PC	SUPPORT OF THE	125,
	NONE		NATIONAL MUSEUM THAT	
HISTORY AND CULTURE PO BOX 96832		}	DISPLAYS THE RACE AND	
WASHINGTON , DC 20090-6832			THE VITAL ROLE AFRICAN	
WASHINGTON , DC 20090-0032			AMERICANS HAVE PLAYED	200.
NATIONAL WWII MUSEUM	NONE	PC	SUPPORT OF THE	
945 MAGAZINE STREET			NATIONAL WWII MUSEUM	
NEW ORLENSA, LA 70130			THAT TELLS THE STORY	
Man onderion, mr votos			OF THE AMERICAN	
		<u> </u>	EXPERIENCE IN THE WAR	50,
NATURE CONSERVANCY	NONE	PC	SUPPORT THE PROTECTION	
159 WATERMAN STREET	1.01.2		OF THE NATURAL	
PROVIDENCE, RI 02906			CHARACTER OF OUR	
INOVIDENCE, RI 02500			BEAUTIFUL STATE.	200.
NORTH AMERICAN DRAMA THERAPY FUND	NONE	PC	SUPPORT AN	
1626 LEAVENWORTH STREET			EXPERIENTIAL APPROACH	
MAHATTAN, KS 66502		1	TO FACILITATING CHANGE	
, • •			THROUGH STORYTELLING	
<u></u>			PROJECTIVE PLAY	2,000.
	l vour	P.G.	GIIDDODE OF	
PLANNED PARENTHOOD OF SOUTHERN NEW	NONE	₽C	SUPPORT OF	
T1107 11T)		REPRODUCTIVE	
ENGLAND			HEALTHCARE AND	
345 WHITNEY AVENUE			ADVOCACY 1	1 500
		<u> </u>	ADVOCACY,	1,500,
345 WHITNEY AVENUE	NONE	PC	ADVOCACY, SUPPORT THE LIBRARY	1,500,
345 WHITNEY AVENUE NEW HAVEN, CT 06511	NONE	PC		1,500.
345 WHITNEY AVENUE NEW HAVEN, CT 06511 PROVIDENCE COMMUNITY LIBRARY	NONE	₽C	SUPPORT THE LIBRARY	1,500.

THE WEISBERG FAMILY FOUNDATION

Part XV Supplementary Information				
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		
RHODE ISLAND CHAMBER MUSIC CONCERTS	NONE	PC PC	SUPPORT OF BRINGING	
PO BOX 41356			THE WORLD'S MOST	
PROVIDENCE, RI 02940			EXTRAORDINARY	
			CLASSICAL MUSICIANS TO	
		 	RHODE ISLAND.	400.
RHODE ISLAND COMMUNITY FOOD BANK	NONE	PC	SUPPORT THE FOOD BANKS	
ONE UNION STATION			EFFORTS TO PROVIDE	
PROVIDENCE, RI 02903		1	FOOD TO PEOPLE IN NEED AND PROMOTE LONG-TERM	
			SOLUTIONS TO HUNGER.	200.
			BOUCTIONS TO HONGER,	
RHODE ISLAND PBS	NONE	PC	SUPPORT PUBLIC	
PO BOX 696			EDUCATIONAL	
PAWTUCKET, RI 02862-0696	 	<u> </u>	PROGRAMMING	
DWODE TOTAL DWO DWO DWO OR OR OR OR OR OR OR OR OR OR OR OR OR	NO. TO LOS TOLLOS TO LOS TO LOS TO LOS TO LOS TO LOS TO LOS TOLLOS OLLOS TOLLOS TOLLOS TOLLOS TOLLOS TOLLOS TOLLOS TOLLOS TOLLOS		CURRORM OF MUR	
RHODE ISLAND PHILHARMONIC ORCHESTRA & MUSIC SCHOOL	NONE	PC	SUPPORT OF THE LIFELONG INVOLVEMENT	
109 SOMERSET STREET		j	WITH MUSIC.	
PROVIDENCE, RI 02907			Milli Mobile.	4.000.
RHODE ISLAND PUBLIC RADIO	NONE	PC	SUPPORT OF PUBLIC	
PO BOX 7550			RADIO IN RHODE ISLAND.	
WARWICK, RI 02887-7550		 		200,
RHODE ISLAND SCHOOL OF DESIGN	NONE	₽C	SUPPORT THE RHODE	
PO BOX 417603			ISLAND SCHOOL OF	
BOSTON, MA 02241-7603			DESIGN.	250.
DWODY GENERAL TOO MAD ARMS	VOND	DG.	CURRENT AGIGTS AND	
RHODY CENTER FOR THE ARTS 172 EXCHANGE STREET	NONE	PC	SUPPORT MUSIC AND	
PAWTUCKET RI 02860			DANCE EDUCATION IN RHODE ISLAND.	2,500.
				2,500,
SMITH COLLEGE	NONE	PC	SUPPORT SMITH COLLEGE.	
1626 LEAVENWORTH STREET				
MANHATTAN - KS-66502				2,000.
			'	
SOUTHERN POVERTY LAW	NONE	₽C	SUPPORT JUSTICE FOR	
172 EXCHANGE STREET			THE MOST VULNERABLE	
PAWTUCKET, RI 02860	LIONE -		MEMBERS OF SOCIETY,	100.
SOUTHSIDE COMMUNITY LAND TRUST	NONE	PC	SUPPORT COMMUNITY FOOD	
4245 N. FAIRFAX DRIVE, SUITE 100 ARLINGTON, VA 22203			SECURITY, PROVIDING LAND, EDUCATION,	
MULHOLON, VA 22200			TOOLS, AND SUPPORT FOR	
			PEOPLE TO GROW FOOD	2,000.
Total from continuation sheets				

THE WEISBERG FAMILY FOUNDATION

Part XV. Supplementary Information

Part XV Supplementary Information				
3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	
SPECIAL OLYMPICS RHODE ISLAND	NONE	PC	SUPPORT OF THE RHODE	
500 WATERFRONT DRIVE	, ionz		ISLANDS SPECIAL	
EAST PROVIDENCE, RI 02914			OLYMPICS TRAINING AND	
			ATHLETIC PROGRAMS.	500,
				•
TOCKWOTTON HOME	NONE	₽C	SUPPORT OF SENIOR	
100 NIANTIC AVENUE			SERVICES.	
PROVIDENCE, RI 02907		<u> </u>		2,000.
TRINITY REPERTORY COMPANY	NONE	PC	SUPPORT OF PROVIDENCE	
PO BOX 60330	1		THEATRE.	
PROVIDENCE, RI 02906				2,000.
URBAN COLLABORATIVE ACCELERATED	NONE	₽C	SUPPORT THE UNIQUE	
PROGRAM			ALTERNATIVE	
75 CARPENTER STREET			INDEPENDENT PUBLIC	
PROVIDENCE, RI 02903			MIDDLE SCHOOL	
		 -	DEDICATED TO REDUCING	200.
WGBH	NONE	PC	SUPPORT PUBLIC	
PO BOX 55875			EDUCATIONAL	
BOSTON, MA 02205-5875		+	PROGRAMMING	500.
		700		
WILL MILLER SOCIAL JUSTICE SERIES	NONE	PC	SUPPORT THE WILL	
4 PARK AVENUE			MILLER LECTURE SERIES.	E0.
ESSEX JUNCTION, VT 05452		-		50.
		 		
			ļ	
				 -
	+	 		
Total from continuation sheets			1	·

Part XV. Supplementary Information

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

NAME OF RECIPIENT - AUREA INC.

SUPPORT A PERFORMANCE ENSEMBLE ENGAGED IN A JOYOUS PURSUIT: TO

INVESTIGATE AND INVIGORATE THE HARMONY OF MUSIC AND THE SPOKEN WORD.

NAME OF RECIPIENT - COMMUNITY MUSICWORKS

SUPPORT A COMMUNITY BASED ORGANIZATION THAT BUILDS RELATIONSHIPS

BETWEEN MUSICIANS AND FAMILIES IN URBAN NEIGHBORHOODS.

NAME OF RECIPIENT - DANA-FABER CANCER INSTITUTE

SUPPORT TO PROVIDING ADULTS AND CHILDREN WITH CANCER THE BEST TREATMENT

AVAILABLE TODAY AND DEVELOPMENT OF TOMORROW'S CURES THROUGH CUTTING

EDGE RESEARCH.

NAME OF RECIPIENT - JEWISH FAMILY SERVICE

SUPPORT OF HUMAN SERVICES AND HEALTH CARE REFLECTING JEWISH VALUES OF

SOCIAL RESPONSIBILITY AND COMMUNITY CONCERN.

NAME OF RECIPIENT - JEWISH HISTORICAL SOCIETY

SUPPORT THE PRESERVATION OF HISTORICAL MATERIAL RELATING TO THE HISTORY

OF JEWS IN RHODE ISLAND.

NAME OF RECIPIENT - NATIONAL MUSEUM OF AFRICAN AMERICAN HISTORY AND

CULTURE

SUPPORT OF THE NATIONAL MUSEUM THAT DISPLAYS THE RACE AND THE VITAL

ROLE AFRICAN AMERICANS HAVE PLAYED IN THE AMERICAN STORY.

NAME OF RECIPIENT - NATIONAL WWII MUSEUM

SUPPORT OF THE NATIONAL WWII MUSEUM THAT TELLS THE STORY OF THE

623655 04-01-16

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.lrs.gov/form990.

OMB No 1545-0047

2016

Name of the organization

Employer identification number

<u>TF</u>	HE WEISBERG FAMILY FOUNDATION	<u>46-7132329</u>
Organization type (check o	ne)·	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le See instructions.
General Rule		
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's	•
Special Rules		
sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amoun line 1. Complete Parts I and II.	or 16b, and that received from
year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a strong of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educatively to children or animals. Complete Parts I, II, and III	- · · ·
year, contributions is checked, enter h purpose. Don't cor	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from a exclusively for religious, charitable, etc., purposes, but no such contributions totaled material the total contributions that were received during the year for an exclusively religious, implete any of the parts unless the General Rule applies to this organization because it reports, contributions totaling \$5,000 or more during the year	ore than \$1,000-If this box
but it must answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (For Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its For filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	,,

LHA 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) (2016)

Name of organization

Employer identification number

THE WEISBERG FAMILY FOUNDATION

46-7132329

Part I	Contributors (See instructions). Use duplicate copies of Part I in	f additional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NAIDA D. WESIBERG 48 BARBERRY HILL PROVIDENCE, RI 02906	\$	Person X Payroll
(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
623452 10-1	8-16	\$Schedule B (Forn	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE WEISBERG FAMILY FOUNDATION

46-7132329

Part II	Noncash Property (See instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

(a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift

Transferee's name, address, and ZIP + 4

(e) Transfer of gift

Relationship of transferor to transferee Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

FORM 990-PF INTEREST ON SAV	INGS AND TEM	PORARY CASH	INVESTMENTS	STATEMENT 1
SOURCE	(A REVE PER B	NUE NET	(B) INVESTMENT INCOME	(C) ADJUSTED NET INCOME
ROCKLAND TRUST		701.	701.	701.
TOTAL TO PART I, LINE 3		701.	701.	701.
FORM 990-PF (OTHER PROFES	SIONAL FEES		STATEMENT 2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	
RHODE ISLAND ANNUAL REPORT	50.	0	. 0	. 0.
TO FORM 990-PF, PG 1, LN 16C	50.	0	. 0	0.
FORM 990-PF	TAX	ES		STATEMENT 3
	(A) EXPENSES	(B) NET INVEST-	(C) ADJUSTED	(D)
DESCRIPTION	PER BOOKS	MENT INCOME		
DESCRIPTION 2015 EXCISE TAX		MENT INCOME	NET INCOME	PURPOSES
	PER BOOKS	MENT INCOME	NET INCOME 0	PURPOSES 0.
2015 EXCISE TAX	PER BOOKS 19.	MENT INCOME	NET INCOME 0 0	PURPOSES 0.
2015 EXCISE TAX TO FORM 990-PF, PG 1, LN 18	PER BOOKS 19. 19. OTHER E (A) EXPENSES	MENT INCOME 0 0 XPENSES (B) NET INVEST-	NET INCOME 0 0	PURPOSES 0. 0. STATEMENT 4 (D) CHARITABLE
2015 EXCISE TAX TO FORM 990-PF, PG 1, LN 18 FORM 990-PF	PER BOOKS 19. 19. OTHER E (A) EXPENSES	MENT INCOME 0 0 XPENSES (B) NET INVEST- MENT INCOME	NET INCOME O O (C) ADJUSTED NET INCOME	PURPOSES . 0. . 0. STATEMENT 4 (D) CHARITABLE PURPOSES
2015 EXCISE TAX TO FORM 990-PF, PG 1, LN 18 FORM 990-PF DESCRIPTION	PER BOOKS 19. 19. OTHER E (A) EXPENSES PER BOOKS	MENT INCOME 0 0 XPENSES (B) NET INVEST- MENT INCOME	NET INCOME O (C) ADJUSTED NET INCOME O	PURPOSES 0. 0. STATEMENT 4 (D) CHARITABLE PURPOSES 0.