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Form 990-PF

Department of the Treasury Internal Revenue Service Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

► 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.irs.gov/form990pf. OMB No 1545-0052

2016

Open to Public Inspection

| | lendar year 2016 or tax year beginning | , 2016 | , and ending | <u> </u> | |
|----------------|-----------------------------------------------------------------------------------------------|----------------------------------------------|--------------------------------------------------|---------------------------------------------------------------------------------|-------------------------------|
| | foundation | | j | A Employer identification nur | nber |
| ROBE: | RT D WRAY CHARITABLE TRUST and street (or P O box number if mail is not delivered to street a | address) | Room/suite | 47-6419741 B Telephone number (see instri | |
| | • | addi 633) | Roomisaile | Telephone number (see instruction (401) 289-099 | • |
| City or toy | R MAPLE AVENUE wn, state or province, country, and ZIP or foreign postal code | | ' | (401) 289-095 | |
| - | INGTON | рт | 02806 | C If exemption application is | pending, check here . 🕨 🦳 |
| | | Initial return of a forme | | | , |
| G Che | | = | er public charity | D 1 Foreign organizations, che | ck here • • • • • ► |
| | Final return | Amended return | | • Foreign organizations mad | ت بامع the OEO/ test sheet |
| | Address change | Name change | | 2 Foreign organizations mee here and attach computation | ing the 63 % test, thetk |
| H Che | | (c)(3) exempt private fou | | | |
| | Section 4947(a)(1) nonexempt charitable trus | other taxable p | | E If private foundation status | was terminated |
| | market value of all assets at end of year J Acc | ounting method C | ash X Accrual | under section 507(b)(1)(A), | check here |
| (fron | m Part II, column (c), line 16) | Other (specify) | _ | F If the foundation is in a 60- | month termination — |
| > \$ | 0/000/0021 | column (d) must be on c | ash basis) | under section 507(b)(1)(B), | check here · · · · ► |
| Part I | Analysis of Revenue and | | | | (d) Disbursements |
| | Expenses (The total of amounts in columns (b), (c), and (d) may not neces- | (a) Revenue and | (b) Net investment | | for charitable |
| | columns (b), (c), and (d) may not neces- sanly equal the amounts in column (a) | expenses per books | income | income | purposes |
| | (see instructions)) | | | } | (cash basis only) |
| | Contributions, gifts, grants, etc., received (attach schedule) | | | | |
| | 2 Check X if the foundation is not required to attach Sch B | | | | |
| | TALL IN THE TOURNAMENT IS THE TENDER TO BUILD SELL D | | | - | |
| | 3 Interest on savings and temporary cash investments | 26. | 20 | 6. | |
| | 4 Dividends and interest from secunities | 191,243. | 191,243 | | |
| | 5 a Gross rents | | | | |
| | D Net rental income or (loss) | | | | |
| R | 6 a Net gain or (loss) from sale of assets not on line 10 | | | | |
| E | b Gross sales price for all assets on line 6a | | | | |
| V | 7 Capital gain net income (from Part IV, line 2) · · · | | 9,86 | 5. | |
| 2017mczm< | 8 Net short-term capital gain | | | | |
| ñ | 9 Income modifications | | | 1 | CEIVED |
| ₽ | 10 a Gross sales less returns and | | | S NU | 701 |
| 01 | allowances | | | | 15 20:2 |
| | b Less Cost of goods sold | | | | , 7 col/ (X) |
| © | C Gross profit or (loss) (attach schedule) | | | OG | ع العالم |
| F=; | 11 Other income (attach schedule) | | | | JE4. 01 |
| ≥ | See Line 11 Stmt | 26,097. | 4,40 | 7. | |
| \0\ \0\ | 12 Total Add lines 1 through 11 | 217,366. | 205,541 | 1. | |
| | 13 Compensation of officers, directors, trustees, etc | 70,000. | 35,000 | 0. | |
| ដែ ! | 14 Other employee salaries and wages | | | | |
| 2 | 15 Pension plans, employee benefits | | | | |
| 3 A | 16a Legal fees (attach schedule)L-16a Stmt | 1,668. | | | · |
| 25 M | b Accounting fees (attach sch) L-16b Stmt. | 2,145. | | | |
| S I | c Other professional fees (attach sch) L-16c Stmt | 6,285. | | | |
| 0 1 | 17 Interest | | | | |
| P S | 18 Taxes (attach schedule)(see instrs) See Line. 18 Stmt | 8,449. | 1,20 | 4: | |
| R R | 19 Depreciation (attach | | | | |
| ŢÏ | schedule) and depletion | | | | |
| N V | 20 Occupancy | | | | |
| | 21 Travel, conferences, and meetings | | | | |
| A E N X D P | 22 Printing and publications | | _ | ·: | |
| D P | 23 Other expenses (attach schedule) | , <u>, , , </u> | | · [| |
| N I | See Line 23 Stmt | 8,539. | | - | |
| S E | 24 Total operating and administrative expenses. Add lines 13 through 23 | 97,086. | 36,204 | , | |
| s | 25 Contributions, gifts, grants paid | 235,000. | 30,204 | · | 235,000. |
| | 1 7 1 1 1 1 | 233,000. | | | 233,000. |
| ł | 26 Total expenses and disbursements. Add lines 24 and 25 · · · · · · · · · | 332,086. | 36,204 | 4. | 235,000. |
| | 27 Subtract line 26 from line 12: | 332,000. | 50,20 | | |
| | a Excess of revenue over expenses | | | } | |
| ļ | and disbursements | -114,720. | | | |
| J | b Net Investment income (if negative, enter -0-) | | 169,337 | 7. | |
| | C Adjusted net income (if negative, enter -0-) | | | | |

Page 2

| Par | ŧΠ1 | Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only | Beginning of year | End of | <u> </u> |
|-----------------------|--------|----------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------|-----------------------|
| _ | | (See instructions) | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash — non-interest-bearing | <u>21</u> 9,370. | 111,909. | 111,909. |
| | 2 | Savings and temporary cash investments | | | |
| | 3 | Accounts receivable | | | |
| | l | Less. allowance for doubtful accounts | | | |
| | 4 | Pledges receivable | | | |
| | 1 | Less, allowance for doubtful accounts | | | |
| | 5 | Grants receivable | | | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | |
| | , , | disqualified persons (attach schedule) (see instructions) | 1 | | |
| | 7 | Other notes and loans receivable (attach sch) | | | |
| A | İ | Less: allowance for doubtful accounts | · · | | |
| S | 8 | Inventories for sale or use | | | _ |
| A S S E T | 9 | Prepaid expenses and deferred charges | | | |
| T S | 1 | a Investments – U.S. and state government | | | |
| 3 | , ,,, | obligations (attach schedule) | | | |
| | 1 | b Investments — corporate stock (attach schedule) . レー10.b. らた所た | 6,037,873. | 6,036,645. | 6,022,153. |
| | 1 | Investments — corporate bonds (attach schedule) | 3,00,70,01 | 0,030,013. | 0/022/133. |
| | ı | Investments – land, buildings, and | | | |
| | '' | equipment basis | - | - 100 ¹⁰ | |
| | | Less accumulated depreciation (attach schedule) | | | |
| | 12 | Investments – mortgage loans | -, | | |
| | 13 | Investments — other (attach schedule) | | | |
| | 14 | · · · · · · · · · · · · · · · · · · · | | | |
| | ł | Less accumulated depreciation | | | |
| | | (attach schedule) L-1.4. Stmt . \blacktriangleright 0. | 459,000. | 459,000. | 459,000. |
| | 15 | Other assets (describe) | | | |
| | 16 | Total assets (to be completed by all filers – | 6 716 043 | 6 607 554 | |
| | 4.7 | see the instructions Also, see page 1, item I) | 6,716,243. | 6,607,554. | 6,593,062. |
| ī | 17 | Accounts payable and accrued expenses | 70,000. | 70,000. | |
| A B | 18 | Grants payable | | | |
| P | 19 | Deferred revenue | | | |
| Ļ | 20 | Loans from officers, directors, trustees, & other disqualified persons | <u>:</u> | | |
| I | 21 | Mortgages and other notes payable (attach schedule) | | | |
| 1 | 22 | Other liabilities (describe | | | |
| E S | 23 | Total liabilities (add lines 17 through 22) | 70,000. | 70,000. | |
| <u> </u> | | Foundations that follow SFAS 117, check here X | 70,000. | | |
| | | and complete lines 24 through 26 and lines 30 and 31. | . * . | ., | |
| N F E U | 24 | Unrestricted | 6,646,243. | 6,537,554. | |
| TN | 25 | Temporarily restricted | | | |
| , D | 26 | | <u>-</u> | | |
| A S B S A | | Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. | | į | |
| E L T A | 27 | Capital stock, trust principal, or current funds | | | |
| SN | 28 | Paid-In or capital surplus, or land, bldg , and equipment fund | | | |
| OE | 29 | Retained earnings, accumulated income, endowment, or other funds | | | |
| ŔŠ | 30 | Total net assets or fund balances (see instructions) | 6,646,243. | 6,537,554. | |
| | 31 | Total liabilities and net assets/fund balances (see instructions) | 6,716,243. | 6,607,554. | |
| Pari | imi | Analysis of Changes in Net Assets or Fund Balance | | | |
| | | | | | |
| 1 | otal | net assets or fund balances at beginning of year — Part II, column (abf-year figure reported on prior year's return) | a), iine 30 (must agree Wit | " | 6,646,243. |
| 2 | Enter | r amount from Part I, line 27a | | 2 | -114,720. |
| | | increases not included in line 2 (Ilemize) • CAPITAL GAIN II | | 3 | 9,865. |
| | | lines 1, 2, and 3 · · · · · · · · · · · · · · · · · · | | 4 | 6,541,388. |
| | | ases not included in line 2 (itemize) FEDERAL TAXES | • | 5 | 3,834. |
| | | net assets or fund balances at end of year (line 4 minus line 5) — Pa | | 6 | 6,537,554. |
| | . 7.07 | | · · · · · · · · · · · · · · · · · · · | | |

| Par | | osses for Tax on Investme | | · | | | |
|---------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|--------------------------------------|------------------|-------------------------------------------------------|----------------------------------|
| | (a) List and describe 2-story brick wareho | the kind(s) of property sold (e.g., real use, or common stock, 200 shares M | estate, ILC Company) | (b) How acc P — Purch D — Dona | ase | (C) Date acquired (mo , day, yr) | (d) Date sold (mo , day, yr) |
| 1 a | 392 SHS CHUBB CORP | STOCK | | P | | 08/20/13 | 01/19/16 |
| | 300 SHS AMERICAN AP | | | Ρ | | 02/07/07 | 02/10/16 |
| | .94 SH CHUBB CORP S | TOCK | | P | | 01/19/16 | 01/20/16 |
| d e | | | | | | | |
| <u>e</u> | (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other bas | | | (h) Gain or (e) plus (f) mi | |
| | 50.063 | (or anomable) | | | | (c) plus (i) iiii | |
| <u>a</u> b | | | 4(| 212 | | | 10,177. |
| <u>c</u> | | | | 312. | | | -312. 0. |
| ď | | | | 104. | | | |
| е | | | 9, | | | | · |
| | Complete only for assets showing | g gain in column (h) and owned by th | ne foundation on 12/31/69 | | | (I) Gains (Col | (h) |
| | (i) F M V as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col (i) over col (j), if any | : | ga tha | ain minus col (k), bi in -0-) or Losses (fr | ut not less |
| a | | | | | | | 10,177. |
| b | | | | | | | -312. |
| C | | | | | | | 0. |
| d | | | · | | | | |
| е | | | | | | | |
| 2 | Capital gain net income or (net o | capital loss) If gain, also If (loss), ent | enter in Part I, line 7 er -0- in Part I, line 7 | | 2 | · | 9,865. |
| 3 | Net short-term capital gain or (lo | ss) as defined in sections 1222(5) an | d (6) | | | | |
| | If gain, also enter in Part I, line 8 | , column (c) (see instructions) If (los | s), enter -0- | | _ | | |
| | | Castian 4040/a) for Dadwa | | | 3 | | 0. |
| | | Section 4940(e) for Reduce oundations subject to the section 494 | | | me | | |
| (1 01 0 | phonai use by domestic physic i | oundations subject to the section 49- | ************************************** | (COME) | | | |
| If sect | tion 4940(d)(2) applies, leave this | s part blank | | | | | |
| Was t | the foundation liable for the section | on 4942 tax on the distributable amou | unt of any year in the base p | eriod? | | Yes | No |
| If 'Yes | s,' the foundation does not qualify | under section 4940(e) Do not comp | lete this part. | | | | |
| 1 | Enter the appropriate amount in | each column for each year, see the i | nstructions before making ar | y entries | | | |
| (| (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of nonchantable-use asse | ets | | (d) Distribution (col (b) divided | |
| | 2015 | 0. | | 0. | | | 0.000000 |
| | 2014 | 0. | | | | | |
| | 2013 | | | | | | |
| | 2012 | | | | | | |
| | 2011 | | · · · · · · · · · · · · · · · · · · · | | | | |
| 2 | Total of line 1, column (d) | | | | 2 | | 0.000000 |
| 3 | Average distribution ratio for the number of years the foundation is | 5-year base period - divide the total | on line 2 by 5, or by the ears | | 3 | _ | 0.000000 |
| 4 | Enter the net value of noncharita | has been in existence if less than 5 years | | | | | 0. |
| | | has been in existence if less than 5 your | line 5 | • • • • • | _4_ | | |
| 5 | Multiply line 4 by line 3 | nas been in existence if less than 5 ye | | ĺ | 5 | | 0. |
| 6 | Enter 1% of net investment incor | nas been in existence if less than 5 years been in existence if less than 5 years blue assets for 2016 from Part X, | | | 5 | | _ 0. |
| 6 | Enter 1% of net investment incor | nas been in existence if less than 5 years. | | | 5 | | |
| 6 7 8 | Enter 1% of net investment incor Add lines 5 and 6 | nas been in existence if less than 5 years been in existence if less than 5 years blue assets for 2016 from Part X, | | | 5 6 7 8 | | 0. 1,693. |

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| Pa | Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see | instr | uction | s) | | |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------|---------------|----------|----------|
| 1 a | Exempt operating foundations described in section 4940(d)(2), check here • and enter 'N/A' on line 1 | | | | | |
| | Date of ruling or determination letter. (attach copy of letter if necessary – see instructions) | | | | | |
| t | Domestic foundations that meet the section 4940(e) requirements in Part V, | 1 | | | 1.6 | 693. |
| | check here . ► X and enter 1% of Part I, line 27b | | | | | |
| c | All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col. (b) | | | | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) | 2 | | | | 0. |
| 3 | Add lines 1 and 2 | 3 | | | 1,6 | 593. |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 4 | | | | 0. |
| 5 | Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0 | 5 | | | 1 6 | 93. |
| 6 | Credits/Payments | | | | <u> </u> | . 55. |
| - | a 2016 estimated tax pmts and 2015 overpayment credited to 2016 | | | | | |
| | Exempt foreign organizations — tax withheld at source | | 1 | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | | |
| | 20/0001 | | | | | |
| | Backup withholding erroneously withheld | | | | | |
| 7 | Total credits and payments. Add lines 6a through 6d | 7 | | | 10,1 | .72. |
| 8 | Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached | 8 | | | | 43. |
| 9 | Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed | 9 | | | | |
| 10 | Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 | | | 8,4 | 136. |
| 11 | Enter the amount of line 10 to be Credited to 2017 estimated tax | 11 | | | 5,0 | 000. |
| Par | (IVIII:A) Statements Regarding Activities | | | | | |
| 1.0 | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it | | | | Yes | No |
| | participate or intervene in any political campaign? | | • • • [| 1 a | | Х |
| t | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)? | | [| 1 b | | х |
| | 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? | | [| 1 c | | Х |
| | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year | | l | | | |
| | (1) On the foundation · · · ▶ \$ (2) On foundation managers · · · · ▶ \$ | | | | | |
| e | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ | | | j | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | | | 2 | | Х |
| | If 'Yes,' attach a detailed description of the activities. | | Ì | | | |
| • | Use the formulation made any changes, and provincely reported to the IDC in its province materials advalor | | | | | |
| | 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 | | Х |
| | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | | 4 a | | X |
| b | olf 'Yes,' has it filed a tax return on Form 990-T for this year? | | | 4 b | | |
| 5 | $Was there \ a \ liquidation, termination, \ dissolution, \ or \ substantial \ contraction \ during \ the \ year ? \ \cdot \$ | | \cdots | 5 | | X |
| | If 'Yes,' attach the statement required by General Instruction T | | |), | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | | | | | ŀ |
| | By language in the governing instrument, or | | |] | | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? | | | 6 | X | |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, col (c), and Part XV | | | 7 | X | <u> </u> |
| | | | | | | |
| o a | Enter the states to which the foundation reports or with which it is registered (see instructions) | | - | ł | | |
| h | | | - | | | |
| | of the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If 'No,' attach explanation | | [| 8 b | Х | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If 'Yes,' complete Part X | (5) 7V . | | 9 | | X |
| 10 | Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses | | | 10 | | Х |
| BAA | | | | m 99 0 | -PF (2 | 2016) |

| Pa | Statements Regarding Activities (continued) | <u> </u> | | |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------|----------|
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' attach schedule (see instructions) | 11 | Yes | No 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 |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | | Х | |
| | Website address | | | |
| 14 | The books are in care of DONOHUE_FIDUCIAL_CO Telephone no (401) Located at 580-R MAPLE_AVENUE BARRINGTON RI. ZIP+4 02806 | <u> 289</u> | <u>-099</u> | 2 |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here | | | |
| 10 | and enter the amount of tax-exempt interest received or accrued during the year | ··· | | <u></u> |
| 16 | At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? | 16 | Yes | No X |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country | | | |
| Pa | 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 |
| 1 : | a 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? | | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? | | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No | | | |
| | (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)? | | | |
| | (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) | | | |
| ا | 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)? | 1 b | | |
| | Organizations relying on a current notice regarding disaster assistance check here | | | |
| • | 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 2016? | 1 c | | 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 $4942(j)(5)$) | | | |
| i | 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? | | | |
| | If 'Yes,' list the years ► 20 _ , 20 _ , 20 | | | |
| ı | b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement — see instructions) | 2 b | | |
| | c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | Z 1) | | — |
| | ► 20 _ , 20 _ , 20 | | | |
| 3 : | Did the foundation hold more than a 2% direct or indirect interest in any business | | ľ | |
| | enterprise at any time during the year? | | | |
| • | b If '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) | 3 b | | |
| | | 30 | | |
| 4 8 | a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4 a | | X |
| ı | b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of | | | |
| | the tax year beginning in 2016? | 4 b | } | X |

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Form 990-PF (2016)

| Form 990-PF (2016) ROBERT D WRAY CHAI | RITABLE TRUST | · | 47-64 | 19741 | Page 6 |
|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------|-------------------|
| Part VILB Statements Regarding Activit | | n 4720 May Be Req | uired (continued) | النداد الداد | |
| 5 a During the year did the foundation pay or incur a | * | oction 4045(o)\2 | Nes IX | l No | |
| (1) Carry on propaganda, or otherwise attempt ((2) Influence the outcome of any specific public | election (see section 49) | 55), or to carry | | No | |
| on, directly or indirectly, any voter registratio (3) Provide a grant to an individual for travel, sti | on drive? | | | No No | |
| (4) Provide a grant to an organization other than in section 4945(d)(4)(A)? (see instructions). | n a charitable, etc , orgar | nization described | Tyes 🗓 | No No | |
| (5) Provide for any purpose other than religious educational purposes, or for the prevention | charitable scientific lite | erany or | | No | |
| b If any answer is 'Yes' to 5a(1)—(5), did any of the described in Regulations section 53.4945 or in a (see instructions)? | e transactions fail to qua | lify under the exceptions | | | |
| Organizations relying on a current notice regards | | | | | |
| c If the answer is 'Yes' to question 5a(4), does the tax because it maintained expenditure responsible. | foundation claim exemp | tion from the | _ ∏Yes [|]No | |
| If 'Yes,' attach the statement required by Regula | | | | | |
| 6 a Did the foundation, during the year, receive any on a personal benefit contract? | funds, directly or indirect | ly, to pay premiums | · · · · Yes X | No | |
| b Did the foundation, during the year, pay premiun | ns, directly or indirectly, o | on a personal benefit con | tract? | 6b | Х |
| If 'Yes' to 6b, file Form 8870 | | | | J., | |
| 7 a At any time during the tax year, was the foundation b If 'Yes,' did the foundation receive any proceeds | | | | | |
| PartWill Information About Officers, D | | | | | |
| and Contractors | | | , o. o, g , | p.o.y.o.o., | |
| 1 List all officers, directors, trustees, foundation | | compensation (see inst | ructions). | | |
| (a) Name and address | (b)Title, and average hours per week devoted to position | (c)Compensation (if not paid, enter -0-) | (d)Contributions to employee benefit plans and deferred compensation | (e) Expense ac other allow | ccount, /ances |
| BERNARD G. DONOHUE JR | | | | | |
| 580-R MAPLE AVENUE BARRINGTON RI 02806 | TRUSTEE40.00 | 70,000. | 0. | | 0. |
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| 2 Compensation of five highest-paid employee | | cluded on line 1 – sée ir | structions). If none, e | nter 'NONE.' | |
| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | employee benefit plans and deferred compensation | (e) Expense ac other allow | |
| NONE | | | | | |
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| | | | | <u> </u> | |
| Total number of other employees paid over \$50,000 . | | | <u></u> | <u> </u> | None |
| BAA | TEEA0306 12 | /16/16 | | Form 990-PF | (2016) |

Form 990-PF (2016)

BAA

| Pant VIIII | Information | About Officers | Directors. | Trustees, | Foundation | Managers, | Highly Pa | id Employees, | 1 |
|------------|-------------|-----------------------|------------|-----------|-------------------|-----------|-----------|---------------|---|
| | | ctors (continued) | | • | | | • • | • • • | |

| 3 | Five highest-paid independent contractors for professional services (see i | nstructions). If none, enter 'NONE.' | |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------|
| | (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NON | E | ι | |
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| Tota | number of others receiving over \$50,000 for professional services | | None |
| Par | Summary of Direct Charitable Activities | | |
| 1 4 11 | | information such as the surplier of | |
| organ | e foundation's four largest direct charitable activities during the tax year Include relevant statistical zations and other beneficiaries served, conferences convened, research papers produced, etc | information such as the number of | Expenses |
| 1 | | | |
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| 2 | | | |
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| 3 | | | |
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| 4 | | | |
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| Dar | Summary of Program-Related Investments (see instru | ctions) | |
| | bribe the two largest program-related investments made by the foundation during | | Amount |
| 1 | | | |
| | | | |
| | | | |
| 2 | | | |
| | | | |
| Allo | ther program-related investments. See instructions | | |
| 3 | ther program-related investments. See institutions | ے د | |
| - | | | |
| | | | |
| Tota | . Add lines 1 through 3 | | |

| | 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 | 1 a | |
| | Average of monthly cash balances | 1 b | - |
| | Fair market value of all other assets (see instructions) | - | |
| | Total (add lines 1a, b, and c) | 1 d | |
| • | Reduction claimed for blockage or other factors reported on lines 1a and | | |
| _ | 1c (attach detailed explanation) | 2 | |
| 2 | Subtract line 2 from line 1d · · · · · · · · · · · · · · · · · · | ├ | |
| 3 | Subtract line 2 from line 1d | 3 | 0. |
| 4 | Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions) | | 0. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 | 5 | 0. |
| _6 | Minimum investment return. Enter 5% of line 5 | | 0. |
| Pa | Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating and certain foreign organizations check here and do not complete this part.) | founda | ations |
| 1 | Minimum investment return from Part X, line 6 | 1 | 0. |
| 2 a | Tax on investment income for 2016 from Part VI, line 5 2a 1, 693. | | |
| t | Income tax for 2016 (This does not include the tax from Part VI) | | |
| c | Add lines 2a and 2b | 2 c | 1,693. |
| 3 | Distributable amount before adjustments Subtract line 2c from line 1 | 3 | 0. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 | Add lines 3 and 4 | 5 | 0. |
| 6 | Deduction from distributable amount (see instructions) | 6 | |
| _7 | Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1 | 7 | 0. |
| Pa | Qualifying Distributions (see instructions) | | |
| | Expenses, contributions, gifts, etc — total from Part I, column (d), line 26 | 1 a | 235,000. |
| t | Program-related investments — total from Part IX-B | 1 b | |
| 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 Suitability test (prior IRS approval required) | 3 a | |
| | Cash distribution test (attach the required schedule) | 3 b | |
| 4 | Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 235,000. |
| 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 | <u></u> |
| e | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 1,693. 233,307. |
| O | | سلستسا | |
| | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the forqualifies for the section 4940(e) reduction of tax in those years. | undation | |
| BAA | | | Form 990-PF (2016) |

TEEA0308 12/16/16

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 | | | | 0. |
| 2 Undistributed income, if any, as of the end of 2016 | | | | |
| a Enter amount for 2015 only | | | 0. | |
| b Total for prior years 20, 20, 20 | | | | |
| 3 Excess distributions carryover, if any, to 2016 | | | | |
| a From 2011 0 . | | | | |
| b From 2012 0 . | | | | |
| c From 2013 0 . | | | | |
| d From 2014 0 . | | | | 1 |
| e From 2015 0 . | | | | |
| f Total of lines 3a through e | 0. | | | |
| 4 Qualifying distributions for 2016 from Part | | | | |
| XII, line 4: ►\$ 235,000. | | | | |
| a Applied to 2015, but not more than line 2a | | | | |
| · · · F | | ` . | | |
| b Applied to undistributed income of prior years (Election required – see instructions) | | | | |
| c Treated as distributions out of corpus (Election required — see instructions) | | | | |
| d Applied to 2016 distributable amount | | | | |
| e Remaining amount distributed out of corpus | 235,000. | | | |
| 5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a)) | | | | |
| 6 Enter the net total of each column as indicated below: | 025 000 | | | |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 235,000. | | | |
| b Prior years' undistributed income Subtract 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 | | | | |
| 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 instructions | | | 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) | | | | |
| 8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions) | 0. | | | |
| 9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a | 235,000. | | , | |
| 10 Analysis of line 9 | | | | 1 |
| a Excess from 2012 0 . | | | | ļ |
| b Excess from 2013 · · 0 . | | | | |
| c Excess from 2014 · · · 0 . | | | | |
| d Excess from 2015 · · 0 · | | | | |
| e Excess from 2016 235,000. | | | <u> </u> | |
| | | | | Form 990-PF (2016) |

| is effective for 2016, enter the date of the rule. b Check box to indicate whether the foundation | ennination letter tha | t it is a private opera | ling foundation, and th | ie ruling | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| | • | | | 4942(j)(3) or | 4942(j)(5) |
| 2 a Enter the lesser of the adjusted net | Tax year | Tig touridation descri | Prior 3 years | 1 1 4342()(3) (1) | |
| income from Part I or the minimum investment return from Part X for each year listed | (a) 2016 | (b) 2015 | (c) 2014 | (d) 2013 | (e) Total |
| b 85% of line 2a | | | | | |
| c Qualifying distributions from Part XII, fine 4 for each year listed | | | , | | · |
| d Amounts included in line 2c not used directly for active conduct of exempt activities | | | | | |
| e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c | | | , | | |
| 3 Complete 3a, b, or c for the alternative test relied upon | | } } | -, | | |
| a 'Assets' alternative test — enter. | 4 | h: | l , l | Ì | |
| (1) Value of all assets | | | , | | |
| 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. | | | `.). | | . <u> </u> |
| (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) | | | 73 | | |
| (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) | | | <i>i</i> . ; | | |
| (3) Largest amount of support from an exempt organization | | | | | |
| an exempt organization | | | | | |
| (4) Gross investment income | (Complete this e year — see in | part only if the structions.) | foundation had | \$5,000 or more | in |
| (4) Gross investment income art XV Supplementary Information | iè year — see in gers: ve contributed more | structions.) | contributions received | | |
| (4) Gross investment income art XV Supplementary Information assets at any time during the Information Regarding Foundation Managa List any managers of the foundation who have | e year — see in gers: ve contributed more ontributed more than | structions.) than 2% of the total \$5,000). (See section e stock of a corporati | contributions received on 507(d)(2)) | by the foundation b | efore the |
| (4) Gross investment income art XV Supplementary Information assets at any time during the Information Regarding Foundation Managa List any managers of the foundation who have close of any tax year (but only if they have compared to the foundation who ow a partnership or other entity) of which the foundation Regarding Contribution, Grant Check here X Information Regarding Contribution, Grant Check here X If the foundation only material requests for funds If the foundation makes of complete items 2a, b, c, and d | n 10% or more of thundation has a 10% ont, Gift, Loan, Schoakes contributions to gifts, grants, etc (see | than 2% of the total in \$5,000). (See section see stock of a corporation greater interest larship, etc., Prograpreselected charitate instructions) to indirect | contributions received on 507(d)(2)) ion (or an equally larged arms: ble organizations and dividuals or organization | by the foundation be portion of the owner o | efore the ership of |
| Supplementary Information assets at any time during the Information Regarding Foundation Who have close of any tax year (but only if they have compared by List any managers of the foundation who have close of any tax year (but only if they have compared by List any managers of the foundation who owe a partnership or other entity) of which the foundation Regarding Contribution, Gran Check here X if the foundation only may requests for funds. | n 10% or more of thundation has a 10% ont, Gift, Loan, Schoakes contributions to gifts, grants, etc (see | than 2% of the total in \$5,000). (See section see stock of a corporation greater interest larship, etc., Prograpreselected charitate instructions) to indirect | contributions received on 507(d)(2)) ion (or an equally larged arms: ble organizations and dividuals or organization | by the foundation be portion of the owner o | efore the ership of |
| Supplementary Information assets at any time during the Information Regarding Foundation Who have close of any tax year (but only if they have complete items 2a, b, c, and d | e year — see in gers: ve contributed more ontributed more than 10% or more of thundation has a 10% ont, Gift, Loan, Schookes contributions to gifts, grants, etc (see or e-mail address of | structions.) than 2% of the total in \$5,000). (See section \$5,000 | contributions received on 507(d)(2)) ion (or an equally large arms: ble organizations and eviduals or organization applications should be | by the foundation be portion of the owner o | efore the ership of |
| Supplementary Information assets at any time during the Information Regarding Foundation Who has a List any managers of the foundation who has close of any tax year (but only if they have compared by List any managers of the foundation who ow a partnership or other entity) of which the foundation Regarding Contribution, Grang Check here X if the foundation only material requests for funds If the foundation makes of complete items 2a, b, c, and d. The name, address, and telephone number in the second complete items 2a, b, c, and d. | e year — see in gers: ve contributed more ontributed more than 10% or more of thundation has a 10% ont, Gift, Loan, Schookes contributions to gifts, grants, etc (see or e-mail address of | structions.) than 2% of the total in \$5,000). (See section \$5,000 | contributions received on 507(d)(2)) ion (or an equally large arms: ble organizations and eviduals or organization applications should be | by the foundation be portion of the owner o | efore the ership of |

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Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Appl

| 3 Grants and Contributions Paid During the Year or Approved for Future Payment | | | | | | | |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------------------------------------------------------------------|----------|--|--|--|
| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount | | | |
| Name and address (home or business) | or substantial contributor | Toolpion | | | | | |
| a Paid duпng the year | | | 1 | | | | |
| BARRINGTON PUBLIC LIBRARY TRUSTEES | | | RENOVATION OF CHILDRENS ROOM | | | | |
| 281 COUNTY ROAD | | | | | | | |
| BARRINGTON RI 02806 | | PC | li | 40,000. | | | |
| REHOBOTH CONGREGATIONAL CHURCH, MA | | | INDIGENT CHILDRENS SUMMER CAMP | | | | |
| 139 BAY STATE ROAD | | | | | | | |
| REHOBOTH MA 02769 | I . | PC | | 20,000. | | | |
| REHOBOTH ANTIQUARIAN SOCIETY INC | | | HANDICAPPED ACCESS TO PUBLIC LIBRARY | | | | |
| 4 LOCUST AVE, PO BOX 2 | | | , | | | | |
| REHOBOTH MA 02769 | | PC | | 25,000. | | | |
| FIRST BAPTIST CHURCH IN SWANSEA | | | UPKEEP OF CHURCH AND CEMETERY | | | | |
| 21 BAPTIST STREET | | | | | | | |
| SWANSEA MA 02777 | | PC | | 15,000. | | | |
| BAYSIDE YMCA ANNUAL CAMPAIGN | | | FINANCIAL AID TO INDIGENT FAMILIES | | | | |
| 70 WEST STREET | | | 1 | | | | |
| BARRINGTON RI 02806 | | PC | 5.00 | 10,000. | | | |
| HOLY ANGELS PARISH | 1 | l | CHURCH MÀINTENANCE | | | | |
| 341 MAPLE AVENUE | + | | | | | | |
| BARRINGTON RI 02806 | | PC | | 15,000. | | | |
| REHOBOTH FOOD PANTRY INC | | | FOOD DISTRIBUTION TO INDIGENT FAMILIES | | | | |
| 127 MARTIN STREET | | | | | | | |
| REHOBOTH MA 02769 | | PC | 1 | 15,000. | | | |
| REHOBOTH STATION THREE FIREFIGHTERS ASSN | | | EQUIPMENT FOR VOLUNTEER FIREFIGHTERS | | | | |
| 104 PLEASANT STREET | | | 1 | | | | |
| REHOBOTH MA 02769 | | PC | | 10,000. | | | |
| SALVATION ARMY-MA | | | SHELTER AND SERVICES TO INDIGENT ADULTS | | | | |
| 25 SHAWMUT ROAD | | | | | | | |
| CANTON MA 02021 | | PC | | 15,000. | | | |
| See Line 3a statement | İ | Ì | 1 | | | | |
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| | } | 1 | - | 70,000. | | | |
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| Tatal | <u> </u> | <u> </u> | | 225 000 | | | |
| b Approved for future payment | | · · · · · · · · | 3a | 235,000. | | | |
| b Approved for future payment | | [| 1 | | | | |
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| Total | | | | | | | |

| | s amounts unless otherwise indicated | | ed business income | Excluded by | section 512, 513, or 514 | |
|---------------|--------------------------------------------------------------------------------------------|-------------------------------|------------------------------------------------------|--------------------------------------------------|---------------------------------------|----------------------------------------------------------|
| | • | (a) Business code | (b) Amount | (c) Exclu- sion | (d) Amount | (e) Related or exempt function income (See instructions) |
| • | ram service revenue | | | code | | |
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| d | | | | | | |
| e | | | | | | |
| g Foos | and contracts from government agencies | | | | | |
| _ | bership dues and assessments | <u> </u> | | | | |
| | st on savings and temporary cash investments | | | ╁──┼ | | 26. |
| | ends and interest from securities | | | | | 191,243. |
| | ental income or (loss) from real estate. | ļ | | | gazer care | |
| | -financed property | | | | | |
| | lebt-financed property | | | | | |
| | ntal income or (loss) from personal property | · | | | | |
| | r investment income | | | · ,/ | | 26,097. |
| | or (loss) from sales of assets other than inventory | | | | | |
| 9 Net ii | ncome or (loss) from special events | | | | | |
| 10 Gros | s profit or (loss) from sales of inventory | | | , , , | | |
| 11 Othe | r revenue | | | · · | | 1 7 |
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| | otal Add columns (b), (d), and (e) | | | <u>.LL.</u> | | 217,366. |
| | I. Add line 12, columns (b), (d), and (e) · · · · | | | | 13 | 217,366. |
| | sheet in line 13 instructions to verify calculations | | | | | |
| | I-B Relationship of Activities to the | | | - | | |
| Line No. ▼ | Explain below how each activity for which inco accomplishment of the foundation's exempt p | ome is report urposes (oth | ed in column (e) of Part er than by providing fun | t XVI-A contri ds for such r | buted importantly to four | the actions) |
| 4 & 7 | GROWTH IN INVESTMENT FUNDS A | . | | | | |
| 4 α / | TRUST BY MAKING ADDITIONAL H | | | | | |
| | DONATIONS AS REQUIRED IN THE | | | JON LOIC | . 0 1 01(11 | |
| | COMMITTIONS THE INSCORMED IN THE | <u> </u> | DOCOMBATO | , | | |
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| Part XVII | Information | n Regarding 1 | ransfers To an | d Transactions an | d Relationships With | Noncharitable |
| • | | ganizations | _ | | | |

| describ | e organization directloed in section 501(c) to political organiza | of the Code (oth | gage in any of the follo er than section 501(c) | owing with a (3) organiza | ny other o | organization n section 527, | | Yes No |
|--------------------|----------------------------------------------------------------------|----------------------------------------------------|------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------------|--------------------------------------------------|---------------------------------------|----------------------------------------------------------------------------------------------|
| | | | noncharitable exempt | t organizatio | on of | - | | 19 km 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m |
| | • | • | | - | | | | . 1a(1) X |
| (2) Otl | her assets | | | | | · · · · · · · · · · · · · · · · · · · | | . 1a(2) X |
| b Other to | ransactions | | | | | * / * | | Capacita and an array on a |
| (1) Sa | les of assets to a no | ncharitable exem | pt organization | | | | | |
| (2) Pu | rchases of assets fr | om a noncharitati | le exempt organizatio | n | | | | . 1 b (2) X |
| (3) Re | ental of facilities, equ | iipment, or other | assets | | | | | . 1 b (3) X |
| (4) Re | embursement arrang | gements | | | | | | . 1 b (4) X |
| (5) Loa | ans or loan guarante | es | | | | | | . 1 b (5) X |
| (6) Pe | rformance of service | es or membership | or fundraising solicita | ations | | | | . 1 b (6) X |
| c Sharing | g of facilities, equipr | nent, mailing lists | , other assets, or paid | employees | i | | | . 1c X |
| the god any tra | ods, other assets, or | services given by arrangement, sho | omplete the following s y the reporting founda ow in column (d) the vi | tion If the f alue of the | oundation goods, oth | received less the er assets, or se | ian fair market valurvices received. | e in |
| (a) Line no | (n) Amount involved | (C) Name | of noncharitable exempt of | ryanization | (a) | Description of tran | isfers, transactions, and | snanng arrangements |
| | | | | | + | 2> | · · · · · · · · · · · · · · · · · · · | |
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| | oundation directly of ed in section 501(c) complete the follow | | ed with, or related to, of er than section 501(c) | one or more (3)) or in se | tax-exements | pt organizations | | ☐Yes ☒No |
| (; | a) Name of organiza | ation | (b) Type of o | organization | 1 | 7 (C |) Description of rela | tionship |
| | | | | | | | | |
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| | | | | | | , , , , , , , , , , , , , , , , , , , | ··- | |
| | | | <u></u> | | | | | |
| Sign Here | penalties of penury, I decided and complete Declaration | lare that I have examin on otherparer (other th | ed this return, including according taxpayer) is based on all in Date | 11/4/ | <u>/</u> 7▶₂ | tements, and to the brings any knowledge RUSTEE | est of my knowledge and | May the IRS discuss this return with the preparer shown below (see instructions)? (X Yes N. |
| | Print/Type preparer's r | name | Preparer's signat | ure 1/ | | Date | Check If | PTIN |
| Paid | | HERMAN | the din | | 0 | 11/01/17 | self-employed | P00428696 |
| _ | Firm's name | Judith He | therman CPA | | | 144/44/4/ | | 3281763 |
| Preparer | Firm's address | 110 Arnold | | | | | 20-3 | |
| Use Only | | Coventry | u noau | | RI 02 | 816-5636 | Phone no (40) | 1) 825-7688 |
| DAA . | | COACHETA | | | | 010 0000 | | Form 990-PF (2016 |

Form 990-PF, Page 1, Part I, Line 11

| ŧ | ine | 11 | Stmt |
|---|-----|----|------|
| | | | |

| Other income: | Rev/Exp Book | Net Inv Inc | Adj Net Inc |
|----------------------------|--------------|-------------|-------------|
| CAPITAL GAIN DISTRIBUTIONS | 4,293. | 4,293. | |
| CASH IN LIEU | 114. | 114. | |
| NONDIVIDEND DISTRIBUTIONS | 21,690. | | |

Total

26,097.

4,407.

Form 990-PF, Page 1, Part I, Line 18

Line 18 Stmt

| Taxes | Rev/Exp Book | Net Inv Inc | Adj Net Inc | Charity Disb |
|-------------------|--------------|-------------|-------------|--------------|
| FOREIGN TAXES | 1,204. | 1,204. | | |
| REAL ESTATE TAXES | 7,245. | | | |

Total

8,449.

1,204.

Form 990-PF, Page 1, Part I, Line 23

Line 23 Stmt

| Other expenses: | Rev/Exp Book | Net Inv Inc | Adj Net Inc | Charity Disb |
|----------------------|--------------|-------------|-------------|--------------|
| ALARM EXPENSE | 729. | | | |
| BANK CHARGES | 397. | | | |
| INSURANCE | 2,138. | | | |
| LANDSCAPING EXPENSES | 2,485. | | ~ | |
| LICENSES AND FEES | 270. | | | |
| UTILITIES | 1,950. | | , | |
| OFFICE EXPENSE | 570. | | | |

Total

8**,**539.

Form 990-PF, Page 11, Part XV, line 3a Line 3a statement

| Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Person or Business Checkbox Amount |
|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------------------------------------------|
| a Paid during the year HATTIE IDE CHAFFEE NURSING HOME INC 200 WAMPANOAG TRAIL RIVERSIDE RI 02915 | | PC | NURSING CARE TO INDIGENT ELDERLY | Person or Business X 10,000. Person or |
| LITERACY VOLUNTEERS OF EAST BAY 17 CROADE STREET WARREN RI 02885 | | PC | SERVICE TO ADDLES | Business X |
| COMMUNITY SCHOLARSHIP FUND PO BOX 300 BARRINGTON RI 02806 | | PC | COLLEGE SCHOLARSHIPS | Person or Business X |

. . . .

Form 990-PF, Page 11, Part XV, line 3a **Line 3a statement**

Continued

| Recipient Name and address | If recipient is an individual, show any | Foun- dation status | Purpose of grant or contribution | Person or Business Checkbox |
|--------------------------------------------|-------------------------------------------------------------------------------|---------------------------|----------------------------------------|-----------------------------------|
| (home or business) | relationship to any foundation manager or substantial contributor | of re- cipient | , | Amount |
| a Paid dunng the year | | | | |
| ALLENDALE ASSOCIATION | | | HOMELESS OR INDIGENT CHILDREN'S RESIDE | RPerson or |
| 600 E GRAND AVE, PO BOX 1088 | | | | Business X |
| LAKE VILLA IL 60046 | | PC | , , | 10,000. |
| LITTLE SISTERS OF THE POOR-JUGAN RESIDENCE | | | HOSPITAL BEDS FOR INDIGENT ELDERLY | Person or |
| 964 MAIN STREET | | | | Business X |
| PAWTUCKET RI 02860 | | PC | <u> </u> | 15,000. |
| RI CHAPTER APDA | | | OUTREACH TO PARKINSON'S DISEASE PATIEN | SPerson or |
| PO BOX 41659 | | | | Business X |
| PROVIDENCE RI 02940 | | PC | ` <u> </u> | 10,000. |
| NEW ENGLAND ADVOCAY SERVICES | | | ADVOCATE SERVICES FOR ABUSE VICTIMS | Person or |
| 1_SOUTH_LAKE_DRIVE | | | | Business X |
| BARRINGTON RI 02806 | | PC | | 2,500. |
| ASSOCIATION OF RHODE ISLAND AUTHORS | | | ADVANCEMENT OF LITERACY EFFORTS | Person or |
| 63 SAWMILL ROAD | | | | Business X |
| CHEPACHET RI 02814 | <u> </u> | PC | <u> </u> | 2,500. |

Total

70,000.

Form 990-PF, Page 1, Part I Line 16a - Legal Fees

| Name of Provider | Type of Service Provided | Amount Paid Per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|----------------------|-----------------------------|-----------------------------|-----------------------------|---------------------------|---------------------------------------------|
| KALANDER & SHAW, LTD | LEGAL SERVICES | 1,668. | | | |

Total

1,668.

Form 990-PF, Page 1, Part I Line 16b - Accounting Fees

| Name of Provider | Type of Service Provided | Amount Paid Per Books | Net Investment Income | Adjusted - Net - Income | Disbursements for Charitable Purposes |
|--------------------------------|-----------------------------|-----------------------------|-----------------------------|-------------------------|---------------------------------------------|
| JUDITH HETHERMAN CPA CHBC, LLC | ACOUNTING/TAX SERVICES | 2,145. | | | |

Total

2,145.

Form 990-PF, Page 1, Part I

Line 16c - Other Professional Fees

| Name of Provider | Type of Service Provided | Amount Paid Per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|---------------------|-----------------------------|-----------------------------|-----------------------------|---------------------------|---------------------------------------------|
| JOHN HUTSON | CARETAKER | 6,285. | | | |

• •

Total

6,285.

Form 990-PF, Page 2, Part II, Line 10b

L-10b Stmt

| Line 10b - Investments - Corporate Stock: | End o | End of Year | |
|-------------------------------------------|----------------|----------------------|--|
| | Book `Value | Fair Market Value | |
| CHARLES SCHWAB | 6,036,645. | 6,022,153. | |
| Total | 6,036,645. | 6,022,153. | |

Form 990-PF, Page 2, Part II, Line 14

L-14 Stmt

| Line 14b - Description of Land, Buildings, and Equipment | (a) Cost/Other Basis | (b) Accumulated Depreciation | (c) Book Value |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------|------------------------------------------|
| 56 DAVIS STREET REHOBOTH MA 02769 DAVIS STREET LAND REHOBOTH MA 02769 DAVIS & FIRST STREET LAND REHOBOTH MA 02769 MUNWHAGUE SWAMP LAND REHOBOTH MA 02769 | 261,600. 187,100. 8,300. 2,000. | 0. 0. 0. | 261,600. 187,100. 8,300. 2,000. |
| Total | 459,000. | 0. | 459,000. |