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Form 990-PF

Return of Private Foundation

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

Do not enter social security numbers on this form as it may be made public.

OMB No 1545-0052

Department of the Treasury Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. Internal Revenue Service For calendar year 2016 or tax year beginning FEB 17, 2016 and ending DEC 31, 2016 Name of foundation A Employer identification number THE MAHONEY FAMILY FOUNDATION 81-1492109 Number and street (or P O box number if mail is not delivered to street address) B Telephone number P O BOX 16 401-274-7200 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here BARRINGTON RΙ 02806 X Initial return G Check all that apply: Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return 2 Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation Check type of organization; E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust \_\_\_\_\_ Other taxable private foundation under section 507(b)(1)(A), check here X Cash I Fair market value of all assets at end of year | J | Accounting method: Accrual F If the foundation is in a 60-month termination Other (specify) (from Part II, col. (c), line 16) under section 507(b)(1)(B), check here 1,182,808. (Part I, column (d) must be on cash basis.) ▶\$ Part | Analysis of Revenue and Expenses (d) Disbursements (c) Adjusted net (a) Revenue and (b) Net investment (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) for charitable purposes (cash basis only) expenses per books income ıncome 1,265,607. N/A Contributions, gifts, grants, etc., received if the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments 39 39 STATEMENT 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) -11.911STATEMENT 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 1,240,769. 968,289 Capital gain net income (from Part IV, line 2) Net short-term capital gain RECEIVED Income modifications Gross sales less returns and allowances 10a MAY 1 9 2017 b Less Cost of goods sold c Gross profit or (loss) 11 Other income ACREN. 253,735 968,328 Total. Add lines 1 through 11 0 0 13 Compensation of officers, directors, trustees, etc. Other employee salaries and wages 15 Pension plans, employee benefits 12,077 12,077 STMT 3 0. 16a Legal fees b Accounting fees c Other professional fees Administrative 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 850 850. STMT 4 0 23 Other expenses Operating 24 Total operating and administrative 12,927 0 12,927. expenses. Add lines 13 through 23 58,000 58,000. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 70,927 0. 70,927. Add lines 24 and 25 Subtract line 26 from line 12: 1,182,808 a Excess of revenue over expenses and disbursements 968,328 b Net investment income (if negative, enter -0-) N/A c Adjusted net income (if negative, enter -0-) Form **990-PF** (2016) 623501 11-23-16 LHA For Paperwork Reduction Act Notice, see instructions.

<u>F0</u>	rm 99	00-PF (2016) THE MAHONEY FAMILY FOUL			1494109 Page 2
F	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	
_	Ť.		(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing		1,182,808.	1,182,808.
	2	Savings and temporary cash investments			
	3	Accounts receivable			
		Less: allowance for doubtful accounts			
	4	Pledges receivable -	-		
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
ets		disqualified persons	<u></u>		
	7	Other notes and loans receivable	_		
		Less: allowance for doubtful accounts	<u> </u>		
	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
⋖	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock			
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment: basis			
	1	Less accumulated depreciation			
	15	Other assets (describe ► )			
	16	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	0.	1,182,808.	1,182,808.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
Ø	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
abil	21	Mortgages and other notes payable			
Ĩ	1	Other liabilities (describe >			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31		1	
es	24	Unrestricted			
auc	25	Temporarily restricted			
Bal	26	Permanently restricted			
<u> </u>		Foundations that do not follow SFAS 117, check here			
μĪ	l	and complete lines 27 through 31			
ò	27	Capital stock, trust principal, or current funds	0.	0.	
Net Assets or Fund Balances	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Ass	29	Retained earnings, accumulated income, endowment, or other funds	0.	1,182,808.	
et	30	Total net assets or fund balances	0.	1,182,808.	
Z	30	Total het assets of fully balances		1,102,000:	
	31	Total liabilities and net assets/fund balances	0.	1,182,808.	
_				1,102,0001	<del>"</del>
P	art	Analysis of Changes in Net Assets or Fund E	Balances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30		
	(mus	t agree with end-of-year figure reported on prior year's return)		1	0.
2	Enter	amount from Part I, line 27a		2	1,182,808.
3	Other	increases not included in line 2 (itemize)		3	0.
4	Add I	ines 1, 2, and 3	4	1,182,808.	
		eases not included in line 2 (itemize)		5	0.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30	6	1,182,808.
					- 000 DE (00 to)

8 Enter qualifying distributions from Part XII, line 4

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

See the Part VI instructions.

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Add lines 5 and 6

7

Form	990-PF (2016) THE MAHONEY FAMILY FOUNDATION		81-	-14923	109		Page 4
Pai	rt VI Excise Tax Based on Investment Income (Section 4940)	(a), 4940(b), 4940(e),	or 4948	- see in	stru	ction	າຣ)
1a	Exempt operating foundations described in section 4940(d)(2), check here   and enter	er "N/A" on line 1.					
	Date of ruling or determination letter: (attach copy of letter if neces		Ì				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	and enter 1%	1	ļ	1	9,3	<u>67.</u>
•	of Part I, line 27b						
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of	of Part I, line 12, col. (b).					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Other	ers enter -0-)	2	<u> </u>			0.
3	Add lines 1 and 2		3	ļ	1:	<u>9,3</u>	<u>67.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Other	ers enter -0-)	4	<u> </u>			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	ļ <u> </u>	1:	9,3	<u>67.</u>
6	Credits/Payments:	1					
a	2016 estimated tax payments and 2015 overpayment credited to 2016	6a					
b	Exempt foreign organizations - tax withheld at source	6b					
C	Tax paid with application for extension of time to file (Form 8868)	6c					
d	Backup withholding erroneously withheld	6d					
	Total credits and payments. Add lines 6a through 6d		7	ļ			0.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <b>X</b> if Form 2220 is attach	ied	8_	<u> </u>			8.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9		1:	9,3	<u>75.</u>
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	1	10				
11	Enter the amount of line 10 to be: Credited to 2017 estimated tax	Refunde	d ▶ 11				
	rt VII-A Statements Regarding Activities						
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislat	tion or did it participate or int	ervene in	-		Yes	
	any political campaign?			-	1a		X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes			-	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and	d copies of any materials p	oublished oi	·			
	distributed by the foundation in connection with the activities						į
	Did the foundation file Form 1120-POL for this year?				1c		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		_	-	1		
	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶	<b>&gt;</b> \$	<u>0.</u>				1
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditule	re tax imposed on foundation	ו	İ			
	managers. ► \$ 0 .				ļ		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS	57		-	2		X
	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 ins		ation, or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			-	3		<u>X</u>
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	l		_ <i>.</i> _	4a		_X_
b	If "Yes," has it filed a tax return on Form 990-T for this year?		N	1/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			-	5		_X_
	If "Yes," attach the statement required by General Instruction T.			Ì			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	er:			ł		
	By language in the governing instrument, or						
	ullet By state legislation that effectively amends the governing instrument so that no mandatory $ullet$	directions that conflict with th	ie state law	ŀ			
	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," comp	olete Part II, col. (c), and P	art XV	-	7	X	
						ļ	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions	i) ► <u>NONE</u>					
				<u> </u>			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Atto		mms.e->	,	_		7.5
	of each state as required by General Instruction G? If "No," attach explanation	SEE STA		. 5	8b		<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of secti		or calendar				
	year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," cor		a====		9		_ <u>X</u> _
10	Did any persons become substantial contributors during the tax year? If "Yes " attach a schedule	listing their names and addresses	STMT		10	X	
				Form	1 220	-rr (	(2016)

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X

3b

4a

4h

N/A

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,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form 4720, to determine if the foundation had excess business holdings in 2016.)

had not been removed from jeopardy before the first day of the tax year beginning in 2016?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Form 990-PF (2016) THE MAHONEY FAMILY FOUN Part VII-B   Statements Regarding Activities for Which		Poguired (seeks	81-14921	.09	Page 6	
	FOITH 4720 Way be I	nequired (contin	luea)			
5a During the year did the foundation pay or incur any amount to:	on 4045(o\\?		es X No			
(1) Carry on propaganda, or otherwise attempt to influence legislation (section)			ן טאו בבו פּ			
(2) Influence the outcome of any specific public election (see section 4955);	or to carry on, directly or mair		es X No			
any voter registration drive?	•		(		1	
(3) Provide a grant to an individual for travel, study, or other similar purpose		Y	es X No			
(4) Provide a grant to an organization other than a charitable, etc., organizat	ion described in section	,	[32]			
4945(d)(4)(A)? (see instructions)			es X No			
(5) Provide for any purpose other than religious, charitable, scientific, literar	y, or educational purposes, or					
the prevention of cruelty to children or animals?		·	es X No			
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did <b>any</b> of the transactions fail to qualify u		ın Regulatıons				
section 53.4945 or in a current notice regarding disaster assistance (see inst	ructions)?		N/A	5b		
Organizations relying on a current notice regarding disaster assistance check	here					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption		<del></del>				
expenditure responsibility for the grant?	N	I/A	es No			
If "Yes," attach the statement required by Regulations section 53.49	45-5(d).					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	o pay premiums on				]	
a personal benefit contract?		Y <sub>0</sub>	es X No	1		
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?			6b	X	
If "Yes" to 6b, file Form 8870						
7a At any time during the tax year, was the foundation a party to a prohibited tax	shelter transaction?	Ye	es X No	1		
b If "Yes," did the foundation receive any proceeds or have any net income attri	butable to the transaction?		N/A	7b		
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly						
Paid Employees, and Contractors						
1 List all officers, directors, trustees, foundation managers and their	r compensation.					
/ Mana and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	(e)	Expense ount, other	
(a) Name and address	to position	enter -0-)	and deferred compensation	all	owances	
JULIE MAHONEY	DIRECTOR, PRE	SIDENT &	TREASURE	R		
1 CITIZENS PLAZA 8TH FLOOR						
PROVIDENCE, RI 02903	5.00	0.	0.		0.	
MICHAEL MAHONEY	DIRECTOR & SE	CRETARY				
1 CITIZENS PLAZA 8TH FLOOR						
PROVIDENCE, RI 02903	2.50	0.	0.		0.	
BRIAN MAHONEY	DIRECTOR					
1 CITIZENS PLAZA 8TH FLOOR						
PROVIDENCE, RI 02903	2.50	0.	0.		0.	
PATRICK MAHONEY	DIRECTOR					
1 CITIZENS PLAZA 8TH FLOOR						
PROVIDENCE, RI 02903	2.50	0.	0.		0.	
2 Compensation of five highest-paid employees (other than those in						
	(b) Title, and average		(d) Contributions to employee benefit plans and deferred	(e)	Expense	
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	acco	ount, other owances	
NONE	devoted to position		vompensuson		011411000	
NONE	1					
				<del> </del>		
	1					
	-			İ		
				<del>                                     </del>		
	-					
T-1 Laurahar of other ampleyees paid or #FO 000				L		
Total number of other employees paid over \$50,000				000	<b>PF</b> (2016)	
			Form	ລລ∩-I	- r (2016)	

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, s	ee 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.
b	Average of monthly cash balances	1b	446,923.
G	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	446,923.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 .		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3_	446,923.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	6,704.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	440,219.
6	Minimum investment return Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	19,184.
P	<b>art XI</b> Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here  and do not complete this part.)	id certain	
1	Minimum investment return from Part X, line 6	1	19,184.
2a	Tax on investment income for 2016 from Part VI, line 5		
b	Income tax for 2016. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	19,367.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	0.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	0.
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	0.
P	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	70,927.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior iRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	<del></del>
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	70,927.
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	70,927.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation q 4940(e) reduction of tax in those years.	ualifies for t	

Form **990-PF** (2016)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	, <b>(b)</b> Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI,	Corput	Today prior to 2010	2010	2010
line 7				0.
2 Undistributed income, if any, as of the end of 2016				<u>~</u>
a Enter amount for 2015 only			0.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2016:		ĺ		
<b>a</b> From 2011				
<b>b</b> From 2012				
<b>c</b> From 2013				
d From 2014				
e From 2015	0			
f Total of lines 3a through e	0.			<del></del>
4 Qualifying distributions for 2016 from Part XII, line 4: ► \$ 70,927.				
a Applied to 2015, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2016 distributable amount				0.
e Remaining amount distributed out of corpus	70,927.			· · · · · · · · · · · · · · · · · · ·
Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	70,927.			
b Prior years' undistributed income. Subtract	10,521.			
line 4b from line 2b		0.		
c Enter the amount of prior years'			<del></del>	<del></del>
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	70 007		ļ	
Subtract lines 7 and 8 from line 6a	70,927.			<del></del>
10 Analysis of line 9:				
a Excess from 2012				
b Excess from 2013 c Excess from 2014				
d Excess from 2015				
e Excess from 2016 70,927.				
				5 000 DE (00.10)

Form 990-PF (2016) THE MAH Part XIV Private Operating Fo		FOUNDATION			1-1492109 Page 10		
<del></del>			i-A, question 9)	N/A			
1 a If the foundation has received a ruling of foundation, and the ruling is effective for							
b Check box to indicate whether the found			in section	4942(j)(3) or	4942(J)(5)		
2 a Enter the lesser of the adjusted net	Tax year	ing touridation described	Prior 3 years	<del>1312(J)(0) 01</del>	1012())(0)		
income from Part I or the minimum	(a) 2016	<b>(b)</b> 2015	(c) 2014	(d) 201	3 (e) Total		
investment return from Part X for	(4) 20 10	(2) 20.0	(0) 23 11	(-, )	(6) 1552.		
each year listed <b>b</b> 85% of line 2a							
i				<del></del>			
c Qualifying distributions from Part XII,							
line 4 for each year listed				<del>   </del>			
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:							
(1) Value of all assets							
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)		;					
<b>b</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		1					
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 Info	rmation (Comple	te this part only	if the foundat	ion had \$5,000	or more in assets		
at any time during t	he year-see inst	ructions.)					
1 Information Regarding Foundatio	n Managers:						
a List any managers of the foundation who			ributions received by	y the foundation befor	e the close of any tax		
year (but only if they have contributed m	ore than \$5,000). (See s	section 507(d)(2).)					
SEE STATEMENT 8							
b List any managers of the foundation who			(or an equally large p	oortion of the ownersh	np of a partnership or		
other entity) of which the foundation has	a 10% or greater intere	st.					
NONE							
2 Information Regarding Contributi	on, Grant, Gift, Loan	, Scholarshıp, etc., Pr	ograms:				
Check here 🕨 🔲 if the foundation of	nly makes contributions	to preselected charitable	organizations and do	oes not accept unsolic	cited requests for funds. If		
the foundation makes gifts, grants, etc. (	see instructions) to indiv	viduals or organizations u	nder other condition	is, complete items 2a,	, b, c, and d.		
a The name, address, and telephone numb	er or e-mail address of t	the person to whom appli	cations should be ac	ddressed:			
SEE STATEMENT 9							
<b>b</b> The form in which applications should be	e submitted and informa	tion and materials they sl	nould include:				
c Any submission deadlines:							
d Any restrictions or limitations on awards	such as by geographic	al areas, charitable fields	kinds of institutions	or other factors			
a fary results and of minimum on awards	,	525, 5140 14510 115140,		,			

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Part XV Supplementary Information (continued)

Part XVI-A Analysis of Income-Producing Activi
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Following the control of the control	Unrelated b	ousiness income	Excluded b	y section 512, 513, or 514	(-)
Enter gross amounts unless otherwise indicated.	(a) Business	(b) Amount	(C) Exclu- sion code	(d) Amount	(e) Related or exempt function income
1 Program service revenue:	code		code	7 11100712	
a	1 1		+		
b	1 1				
<u> </u>	1				
d	1 1		+		·
e	1 1		+		
f g Fees and contracts from government agencies	-				
•	<del> </del>				
2 Membership dues and assessments	<del>                                     </del>				
3 Interest on savings and temporary cash			14	39.	
investments			14	39.	
4 Dividends and interest from securities			<del>                                     </del>		
5 Net rental income or (loss) from real estate:			<del>                                     </del>		
a Debt-financed property		<del> </del>			
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					· · · · · · · · · · · · · · · · · · ·
8 Gain or (loss) from sales of assets other					
than inventory			18	-11,911.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b			-		
C					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0	<u>.l                                      </u>	-11,872.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	-11,872
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Accom	nolishment of F	xempt Pi	ımoses	
Tioladoriomp of rications					
Line No. Explain below how each activity for which inco	ome is reported in c	olumn (e) of Part XVI-	A contributed	importantly to the accom	plishment of
the foundation's exempt purposes (other than	by providing funds	for such purposes).			
				· · · · · · · · · · · · · · · · · · ·	<del></del>
			· · · · · · · · ·		·
	<del></del>				

_		Exempt Organ	nizations				-			
1	Did the or	ganization directly or indi	rectly engage in a	any of the follows	ng with any other organizati	on described in sect	on 501(c) of		Yes	No
	the Code	(other than section 501(c	)(3) organizations	s) or in section 5	27, relating to political orgai	nizations?				
a	Transfers	from the reporting found	lation to a noncha	ırıtable exempt or	rganization of:					
	(1) Cash							1a(1)		X
	(2) Other	r assets						1a(2)		Х
b	Other tran	sactions:								
	(1) Sales	of assets to a noncharita	able exempt organ	nization				1b(1)		Х
	(2) Purc	hases of assets from a no	oncharitable exem	pt organization				1b(2)		Х
		al of facilities, equipment,						1b(3)		Х
	(4) Reim	bursement arrangements	3					1b(4)		Х
		s or loan guarantees						1b(5)		Х
	(6) Perfo	ormance of services or me	embership or func	draising solicitation	ons			1b(6)		Х
C	Sharing o	f facilities, equipment, ma	ailing lists, other a	issets, or paid em	ıployees			10		Х
d	If the ansv	wer to any of the above is	"Yes," complete t	he following sch	edule. Column (b) should al	ways show the fair n	narket value of the goods, o	ther as:	sets,	
					red less than fair market vali					
	column (d	i) the value of the goods,	other assets, or s	services received.	<u> </u>					
a)L	ine no	(b) Amount involved	(c) Name	e of noncharitabl	e exempt organization	(d) Description	of transfers, transactions, and s	haring ar	rangeme	nts
				N/A						
2a	Is the four	ndation directly or indirec	tly affiliated with,	or related to, one	or more tax-exempt organi	zations described				
	ın section	501(c) of the Code (other	r than section 50 <sup>4</sup>	1(c)(3)) or in sect	tion 527?			Yes	X	No
Ь	If "Yes," co	omplete the following sch	edule.							
		(a) Name of org	janization		(b) Type of organization	(	c) Description of relationsh	ıp		
		N/A								
					ng accompanying schedules and			the IRS o	tiscuss ti	nis
	gn   👢	ellet, it is true, correct, and cor	npiete Declaration of	r preparer (other tha	n taxpayer) is based on all inform	nation of which preparer	retur	n with the	e prepare	er
He	re	Jules ,	Mahines		15/15/17	PRESID		Yes	`	No
	Sign	nature of <b>A</b> fficer or trustee			Date	Title				
•		Print/Type preparer's na	ame	Preparer's s	ignature	Date	Check if PTIN			
		WILLIAM J.		July 1	Least COL	5/11/17	self- employed			
Pa	id	PICCERELLI		JINEWAR 1	nuewa, The	11110	P00	800	456	
Pr	eparer	Firm's name ▶ PIC		GILSTE	IN & CO., LL	P	Firm's EIN ► 05-03			
Us	e Only		•							
		Firm's address ▶ 14	4 WESTMI	INSTER S	TREET					
		1			903-2282		Phone no. (401)8	31-	0200	<b>)</b>
								m <b>990</b>		

# Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Name of the organization

Employer identification number

THE MAHONEY FAMILY FOUNDATION 81-1492109						
Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	501(c)( ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> 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					
• =	n is covered by the <b>General Rule</b> or a <b>Special Rule</b> . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special	Rule See instructions				
General Rule						
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions tota iny one contributor Complete Parts I and II See instructions for determining a contribu					
Special Rules						
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III						
For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year.						
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the 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 MAHONEY FAMILY FOUNDATION

81-1492109

Part I Contributors (See instructions) Use duplicate copies of Part I if additional space is no	s needed
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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	MICHAEL AND JULIE MAHONEY  324 RUMSTICK ROAD  BARRINGTON, RI 02806	\$12,857.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	MICHAEL AND JULIE MAHONEY  324 RUMSTICK ROAD  BARRINGTON, RI 02806	\$ 1,252,680.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

Employer identification number

## THE MAHONEY FAMILY FOUNDATION

81-1492109

art II	Noncash Property (See instructions). Use duplicate copies of F	Part II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
2	52,000 SHARES OF BSX- BOSTON SCIENTIFIC CORP		
		\$ 1,252,680.	08/22/16
(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	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	0, 990-EZ, or 990-PF) (2

Name of organiz	zation		Employer identification number		
THE MAHO Part III	the year from any one contributor. Complete colli	mns (a) intolion (e) and the followir	81-1492109 section 501(c)(7), (8), or (10) that total more than \$1,000 for 100 line entry. For organizations		
	completing Part III, enter the total of exclusively religious, ch Use duplicate copies of Part III if additional s	raritable, etc., contributions of \$1,000 or les	ss for the year (Enterthis into once)		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift			
-	Transferee's name, address, and a	ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift			
	Transferee's name, address, and a	ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift			
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfe  Transferee's name, address, and ZIP + 4		er of gift  Relationship of transferor to transferee		

623454 10-18-16

FORM 990-PF GAIN O	R (LOSS)	FROM SA	ALE (	OF ASS	ETS		STA	TEMENT	1
(A) DESCRIPTION OF PROPERTY					NER URED	DA' ACQU		DATE S	OLI
52,000 SHS OF BOSTON SCIENTI	FIC CORP					11/0	1/12	08/25	/16
GROSS VA	(C) LUE AT OF ACQ.	EXPE	)) ISE ( LE		(E) DEPRE	<b>.</b>	GAIN	(F) OR LOS	s
1,240,769. 1	,252,680.			0.		0.		-11,9	11.
CAPITAL GAINS DIVIDENDS FROM	PART IV								0.
TOTAL TO FORM 990-PF, PART I	, LINE 6A					=		-11,9	11.
FORM 990-PF INTEREST ON SAV	INGS AND	TEMPORA	ARY (	CASH I	NVESTI	MENTS	STA	TEMENT	2
SOURCE		EVENUE R BOOKS	3		NVESTI NCOME	MENT		DJUSTED T INCOM	
ETRADE			9.			39.			
TOTAL TO PART I, LINE 3			9.			39.			
FORM 990-PF	LE	GAL FE	S	<del></del>			STA	TEMENT	3
	(A) EXPENSE	S NET		JEST-	ADJ	(C) JUSTEI		(D) CHARITA	
DESCRIPTION	PER BOO	KS MEN	T IN	COME	NET	INCOM	1E	PURPOS	ES
DESCRIPTION  ALDER POLLACK & SHEEHAN P.C.			T IN	O.	NET	INCOM	1E 	PURPOS:	

	OTHER E	XPENSES	S'	STATEMENT 4			
DESCRIPTION		(B) NET INVEST- MENT INCOME		(D) CHARITAI PURPOSI			
FILING FEES	850.	0.		8!	50.		
TO FORM 990-PF, PG 1, LN 23	850.	0.		850			
FORM 990-PF EXPLANATION CO	ONCERNING PA	RT VII-A, LIN	E 8B S'	ratement .			
EXPLANATION							
NOT REQUIRED BY RI ATTORNEY OF ORGANIZED AS A CORPORATION.	SENERAL SINC	E THE PRIVATE	FOUNDATION W	AS			
_ +	F SUBSTANTIA PART VII-A,	L CONTRIBUTORS LINE 10	S S'	PATEMENT	6		
		LINE 10	S S'	PATEMENT	<del></del>		
F	ADDR	LINE 10		PATEMENT	<del></del>		

### ACTIVITY ONE

THE MAHONEY FAMILY FOUNDATION IS COMMITTED TO PROVIDE GRANTS TO THE CHARITABLE, EDUCATIONAL, AND SCIENTIFIC TAX EXEMPT ORGANIZATIONS. IN PARTICULAR, THE FOUNDATION FOCUSES ITS GIVING TO QUALIFIED NONPROFIT ORGANIZATION WITH NEEDS IN THESE AREAS OF SUPPORT: YOUTH AND EDUCATION; ESPECIALLY THOSE FROM A DISADVANTAGED BACKGROUND, THE ADVANCEMENT OF HEALTHCARE, AND ENVIRONMENTAL PRESERVATION. THE FOUNDATION GRANTED \$55,000 FOR THE PURPOSES OF YOUTH AND EDUCATION; ESPECIALLY THOSE FROM A DISADVANTAGED BACKGROUND AND HAS GRANTED \$3,000 FOR THE PURPOSES OF THE ADVANCEMENT OF HEALTHCARE.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 1

58,000.

FORM 990-PF

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT

8

NAME OF MANAGER

MICHAEL MAHONEY JULIE MAHONEY

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION STATEMENT 9 PART XV, LINES 2A THROUGH 2D

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

MICHAEL MAHONEY PO BOX BARRINGTON, RI 02806

TELEPHONE NUMBER NAME OF GRANT PROGRAM

303-669-7412 NAME NOT GIVEN TO THE GRANT PROGRAM.

#### FORM AND CONTENT OF APPLICATIONS

THERE IS NO APPLICATION PROCESS, HOWEVER, THE FOUNDATION ACCEPTS GRANT PROPOSALS.

## ANY SUBMISSION DEADLINES

N/A

### RESTRICTIONS AND LIMITATIONS ON AWARDS

APPLICANTS ARE RESTRICTED TO QUALIFIED NONPROFIT ORGANIZATIONS (CHARITABLE, EDUCATIONAL, AND SCIENTIFIC TAX EXEMPT ORGANIZATIONS) THAT SUPPORT YOUTH AND EDUCATION; ESPECIALLY THOSE FROM A DISADVANTAGED BACKGROUND, THE ADVANCEMENT OF HEALTHCARE, AND ENVIRONMENTAL PRESERVATION.