

RETENDED TO NOVEMBER 15, 2018
Return of Private Foundation
or Section 4047(a)(1) Trust Treated as Private Foundation

•	Depau Intern	tment	t of the Treasury					n this form as it may be m tructions and the latest inf		Open to Public Inspection			
			dar year 2017 d	or tax year	beginning			, and ending					
	Nan	ne of	foundation						A Employer identification	number			
	-		REX CA			SORS. I	LLC		05-0494244				
			nd street (or P O b					Room/suite	B Telephone number	·			
			PARK RO					113	(401) 383-	5370			
	City or town, state or province, country, and ZIP or foreign PROVIDENCE, RI 02903						ostal code		C If exemption application is pending, check here				
	G C	heck	all that apply:		D 1. Foreign organizations, check here								
		Final return					Amended return		, ,				
					Address ch		Name change		Foreign organizations me check here and attach co	omputation			
	H C	_	type of organiz				empt private foundation Other taxable private found	tation 04	E If private foundation sta under section 507(b)(1	_ []			
	l Fa		arket value of all			J Accounts		Accrual	F If the foundation is in a				
	-		Part II, col. (c), li			I —	ther (specify)	_	under section 507(b)(1				
	•				,288.		nn (d) must be on cash bas	sis.)	1				
		rt l	Analysis of R (The total of amo	evenue and	Expenses	l (d) may not	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for chantable purposes (cash basis only)			
•		1	Contributions,				632,362.		N/A				
		2	7-7-		is not required to								
		3	Interest on saving	gs and tempor	ary								
		4	Dividends and		m secuntes	;	229,940.	229,940	,	STATEMENT 1			
		5a	Gross rents							-			
		b	Net rental income	or (loss)									
		βa	Net gain or (loss)				1,629,381.			(ECFIVED I			
	Revenue	b	Gross sales price assets on line 6a	for all	1,658	<u>,706.</u>							
	9Ve	7	Capital gain net in	ncome (from P	art IV, line 2)			1,629,381.	8	40V 2 1 2013 P			
	Œ	8	Net short-term	capital gair	n,					5 T 7013 60			
		9	Income modifie Gross sales less r						 	GDEN. UT			
6		10a		I				<u> </u>					
2019			Less Cost of goo Gross profit or	_	-			,					
•			Other income	(1033)	,		567,993.	567,993		STATEMENT 2			
Ü		12	Total. Add line	es 1 through	h 11 °		3,059,676.	2,427,314		,			
MAD		13	Compensation of			etc	0.	0.		0.			
È		14	Other employe	,		•							
	٠ .	15	Pension plans,	, employee^l	benefits*	•							
Щ	. ø	16a	Legal fees	•	SI	TMT 3	1,384.	0.		1,384.			
Z	ens	b	Accounting fee	es'		rmt 4	12,800.			12,800.			
Ķ	Expense	C	Other profession	onal fees	SI	rmt 5	225,000.			0.			
SCANNE		17	Interest				8,171.			0.			
		18	Taxes			rmt 6	9,195.	4,445	•	0.			
	IIIS	19	Depreciation a	nd depletior	n			_		1			
	<u>a</u>	20	Occupancy							1			
		21	Travel, confere		neetings			<u> </u>		 			
	and	22 23	Printing and pu Other expenses		<u>Q</u> 1	гмт 7	184,909.	178,285		6,624.			
	ting	24	Total operating				201/3030	170/200	· · · · · · · · · · · · · · · · · · ·	, , , , , ,			
	Operating		expenses. Add				441,459.	415,901	.	20,808.			
	Ö	25	Contributions,				3,717,600.	, , ,		3,717,600.			
		26	Total expense:										
			Add lines 24 ai		-	•	4,159,059.	415,901	,	3,738,408.			
		27	Subtract line 2		12:		-		1	1			
		a	Excess of revenue	e over expens	es and disbur	sements	<1,099,383.>		, ,	, 1			
		b	Net investmen	nt income (1	f negative, enti	er -0-)		2,011,413					
		C	Adjusted net in	ncome (if ne	egative, enter-	0-)	* * * * * * * * * * * * * * * * * * * *	<u> </u>	N/A				

723501 01-03-18 LHA For Paperwork Reduction Act Notice, see instructions

	A I ! -	- 4 01		A A -	Fund Balances
	Anaiveie	Of Change	: IN NIGT	Decete Ar	Filha Kalances
Pari III I	WIGHT 313	OI OHGHINGS	, ,,, ,,,,,,	733668 01	I dila Dalalioca

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30				
	(must agree with end-of-year figure reported on prior year's return)			1	29,313,140.
2	Enter amount from Part I, line 27a			2	<1,099,383.>
3	Other increases not included in line 2 (itemize)	BB	STATEMENT 8	3	348,562.
4	Add lines 1, 2, and 3			4	28,562,319.
5	Decreases not included in line 2 (itemize) ACCOUNTING ADJUSTMENT			5	25,031.
	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30			6	28,537,288.
Ť					Form 990-PF (2017)

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		CAPITAL ADV			~=-		nm > ~		5-049		Page 3
							TTACH		TATEM!		
(a) List and describe	the kind(s	s) of property sold (for exar or common stock, 200 shs	nple, real esta MLC Co \	te,	_{1,0} 6	- Purci	quired hase ition		acquired ay, yr.)		ite sold day, yr.)
	aienouse,	01 COMMON Stock, 200 3113	. IVILO 00.)		ט	- Dona	ition	(~,,,,.,	(,	
1a					\vdash				·		
<u>b</u>					╁┈						
<u>c</u>	-				╁		-				
<u>d</u>					╁		+				
<u>e</u>	I 40	Depreciation allowed	(=) Co	t or other besie	<u>⊢</u> т			(h) C	oup or /loss	\	
(e) Gross sales price	(1)	(or allowable)		st or other basis expense of sale					aın or (loss s (f) mınus		
-	 	(0. 2.10 / 2.10 /	P.13.5		\dashv			((-)	- (-,	10//	
<u>a</u>	╁──				\dashv						
<u>b</u>	1				\dashv						
<u>c</u> d	ì										
1 650 706	 			29,32	5.					1,629	.381.
Complete only for assets show	na asin in	column (h) and owned by t	he foundation		" 			\ Gaine (C	ol. (h) gaın		7551
Complete day for assets shown	T	(j) Adjusted basis	r	cess of col. (I)			col	i, dailis (d l. (k), but i	not less tha	n -0-) or	
(i) FMV as of 12/31/69		as of 12/31/69		col. (j), if any	l			Losses	(from col. ((h))	
-	 	00011201100									
<u>a</u>	 				\dashv						
<u>b</u>	 										
<u>C , , , , , , , , , , , , , , , , , , ,</u>	 										
<u>d</u>	 				\dashv					1,629	.381
е	<u> </u>				<u> </u>					<u> </u>	, , , , , ,
Constal ages not specime or (not o	anital loca	If gain, also enter If (loss), enter -0	in Part I, line	7		2				1,629	381.
2 Capital gain net income or (net c	-	•		1	7	-				<u> </u>	, 301.
Net short-term capital gain or (lo			d (6):		٦						
If gain, also enter in Part I, line 8		c).			- 1	ا ہ			N/A		
If (loss), enter -0- in Part I, line 8 Part V Qualification U	Inder S	ection 4940(e) for	Reduced	Tax on Net	Inve	stme	ent Inco	ome	11/11		
										-	
For optional use by domestic privat	e toundatio	ons subject to the section 4	94U(a) tax on	net investment in	come.	.)					
f section 4940(d)(2) applies, leave 1	this part bl	ank.									
Was the foundation liable for the sec	tion 40.40	toy on the distributable am	ount of any vo	ar in the bace nor	nod2					□ voc	X No
f "Yes," the foundation doesn't quali					iour					163	NO
1 Enter the appropriate amount in					ntries.						
		(b)			(c)			T		(d) oution ratio	
(a) Base period years Calendar year (or tax year beginn	ina in)	Adjusted qualifying dis	tributions	Net value of no			use assets		Distrit (col. (b) div	oution ratio	(c))
2016		1.79	8,197.		27	.41	7,615		(00 (0) 0		65585
2015			5,425.				5,301	_			55482
2013			3,276.				$\frac{3,301}{1,406}$				16336
2013			7,423.				9,083				48777
2013			9,350.				7,746				47112
2014		- 00	_ ,			, 	. , , 20				
2 Total of line 1, column (d)								2		_ 3	33292
	E waar ba	on narrad duuda tha tatal c	on line 2 by 5 (or by the numb	or of s	102FC		-			<u> </u>
Average distribution ratio for the			JII MINE Z DY 3.0	, or by the manne	erory	reals		3		n	66658
the foundation has been in existe	ence ii iess	inan o years						·			00030
			<i>E</i>						ر ا	6 005	175
Enter the net value of noncharital	Die-use as	sets for 2017 from Part X, I	ine 5					4		<u>6,985</u>	,113.
								_		1 700	770
Multiply line 4 by line 3								5		<u>1,798</u>	, 110.
										20	111
Enter 1% of net investment incor	ne (1% of	Part I, line 27b)						6		20	,114.
										1 010	000
Add lines 5 and 6								7	ļ	1,818	<u>,892.</u>
											400
B Enter qualifying distributions from	m Part XII,	, line 4						8	L	<u>3,738</u>	,408.
If line 8 is equal to or greater tha	n line 7, cl	heck the box in Part VI, line	1b, and comp	lete that part usin	ig a 19	% tax ra	ate.				
See the Part VI instructions.											
	ın line 7, cl	heck the box in Part VI, line	1b, and comp	lete that part usin	ng a 19	% tax ra	ate.			orm 990	- PF (20

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TRIMIX FOUNDATION

rm 990-PF (2017) C/O REX CAPITAL ADVISORS, I	LLC		0494244	Page	<u>e 4</u>
Part VI Excise Tax Based on Investment Income (Section		948 -	see instruct	ions)	_
1a Exempt operating foundations described in section 4940(d)(2), check here	and enter "N/A" on line 1.				1
Date of ruling or determination letter: (attach copy of lett	er if necessary-see instructions)				╝
b Domestic foundations that meet the section 4940(e) requirements in Part V, check h	nere 🕨 🗶 and enter 1%	1	20	,114	
of Part I, line 27b					1
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		2		0	
3 Add lines 1 and 2	,	3	20	,114	
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		5	20	,114	
B Credits/Payments:					_
a 2017 estimated tax payments and 2016 overpayment credited to 2017	6a 13,196.		ŀ		1
b Exempt foreign organizations - tax withheld at source	6b 0.	1			1
c Tax paid with application for extension of time to file (Form 8868)	6c 6,500.	1		نت	1
d Backup withholding erroneously withheld	6d 0.	1			-
· · · · · · · · · · · · · · · · · · ·	001	7	19	,696	
7 Total credits and payments. Add lines 6a through 6d	10 to attached	8			<u>.</u>
8 Enter any penalty for underpayment of estimated tax. Check here if Form 222	o is attached	9		418	
9 Tax due if the total of lines 5 and 8 is more than line 7, enter amount owed		\vdash			•
O Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount ove		10			—
Enter the amount of line 10 to be: Credited to 2018 estimated tax Part VII-A Statements Regarding Activities	Refunded >				
			1 1	Yes N	0
la During the tax year, did the foundation attempt to influence any national, state, or lo	cal legislation or did it participate or intervene	ın	 +	-	
any political campaign?			1 <u>a</u>	X	
b Did it spend more than \$100 during the year (either directly or indirectly) for political		iition	1b	X	7
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and	copies of any materials published or		1 1		
distributed by the foundation in connection with the activities.			-		
c Did the foundation file Form 1120-POL for this year?			1c	<u> </u>	<u></u>
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed du	_		1 1	- 1	
(1) On the foundation. > \$ (2) On foundation m		_			
e Enter the reimbursement (if any) paid by the foundation during the year for political	expenditure tax imposed on foundation		1 1		
managers. ► \$0 .					
2 Has the foundation engaged in any activities that have not previously been reported	to the IRS?		2	X	<u>C</u>
If "Yes," attach a detailed description of the activities.			1 1	- 1	
Has the foundation made any changes, not previously reported to the IRS, in its gov	erning instrument, articles of incorporation, o	ır		_	
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change	ges		3	<u> </u>	ζ_
a Did the foundation have unrelated business gross income of \$1,000 or more during			4a	x	
b If "Yes," has it filed a tax return on Form 990-T for this year?			4b	Х	
Was there a liquidation, termination, dissolution, or substantial contraction during the	ne year?		5	X	ζ
If "Yes," attach the statement required by General Instruction T					
Are the requirements of section 508(e) (relating to sections 4941 through 4945) sat	usfied either:		1	1	
By language in the governing instrument, or					
By state legislation that effectively amends the governing instrument so that no m	andatory directions that conflict with the state	law			
remain in the governing instrument?		,	6	$\overline{\mathbf{x}}$	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Ye	s * complete Part II col (c) and Part XV		7	х	_
Did the loundation have at least \$5,000 in assets at any time during the year? If Te.	s, complete i ait ii, coi. (c), aita i ait xv				_
I. Enter the states to which the foundation reports or with which it is registered. See it	netruotione -		1 1	ŀ	
Ba Enter the states to which the foundation reports or with which it is registered. See if	ionacadio.	-			
RI	to the Attorney Congret (or designate)				
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF	to the Attorney General (or designate)		 -	$\overline{\mathbf{x}}$	_
of each state as required by General Instruction G? If "No," attach explanation			86	^ -	
Is the foundation claiming status as a private operating foundation within the meani		ngar	 -	<u>~</u> 5	,
year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If Y			9	X	<u>}</u>
Did any persons become substantial contributors during the tax year? If "Yes," attach	a schedule listing their names and addresses		10	L X	7

Ра	art VII-A Statements Regarding Activities (continued)			
ښا	(continued)	T = T	Yes	No
	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
- 11		11		х
40	section 512(b)(13)? If "Yes," attach schedule. See instructions	 '' 		
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?	1 40		v
	If "Yes," attach statement. See instructions	12	X	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Λ	
	Website address ► N/A	383-	E 2 '	70
14			- 33	/ U
		2903		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		, ▶	· [
	and enter the amount of tax-exempt interest received or accrued during the year	N,		Nia
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,	$\overline{}$	Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			,
<u> </u>	foreign country	<u> </u>		ŧ
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			N1 -
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	\vdash	Yes	No
1a	During the year, did the foundation (either directly or indirectly):	1 1		٦
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	1 1	1	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			1
	a disqualified person?	1 1		-
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1		
	(5) Transfer any income or assets to a disqualified person (or make any of either available	l' I		l
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	1 1	٠,	1
	ıf the foundation agreed to make a grant to or to employ the official for a period after	1		
	termination of government service, if terminating within 90 days.)	1 1		
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 N/A	1b		
	Organizations relying on a current notice regarding disaster assistance, check here		4	
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 2017?	10		<u> </u>
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	1 1		
	defined in section 4942(j)(3) or 4942(j)(5)):			
8	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2017? Yes X No			,]
	If "Yes," list the years - ,,,,,	1 1		1
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	1 1		
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.) N/A	2b		
C	: If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	']
	>	1 1		
38	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	1 1		l
	during the year? Yes X No	1 1		
b	of "Yes," did it have excess business holdings in 2017 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 2017.) N/A	3b		
48	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
	had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		X
		rm 990	-PF	(2017)

Form 990-PF (2017)

Total number of other employees paid over \$50,000

•	
Part IX-B Summary of Program-Related Investments	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2′	
All other program-related investments. See instructions.	
3	
•	
Total, Add lines 1 through 3	▶ 0.

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	Minimum Investment Return (All domestic foundations must complete this part. Foreign four	- T	s, see instructions)
	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	26,415,622 965,575
b	Average of monthly cash balances	1b	
C	Fair market value of all other assets	1c	14,920
d	Total (add lines 1a, b, and c)	1d	27,396,117
0	Reduction claimed for blockage or other factors reported on lincs 1a and		
	1c (attach detailed explanation) 1e 0.		_
	Acquisition indebtedness applicable to line 1 assets	2	0
	Subtract line 2 from line 1d	3	27,396,117
	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	410,942
	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	26,985,175
	Minimum investment return. Enter 5% of line 5	В	1,349,259
Pá	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an foreign organizations, check here ▶ □ and do not complete this part.)	d certain	
	Minimum investment return from Part X, line 6	1	1,349,259
3	Tax on investment income for 2017 from Part VI, line 5		
)	Income tax for 2017. (This does not include the tax from Part VI.)	I	
	Add lines 2a and 2b	2c	36,357
	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,312,902
	Recoveries of amounts treated as qualifying distributions	4	0
	Add lines 3 and 4	5	1,312,902
	Deduction from distributable amount (see instructions)	6	0
	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	1,312,902
	art XII Qualifying Distributions (see instructions)		
	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		2 520 400
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	la	3,738,408
	Program-related investments - total from Part IX-B	1b	0
	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
	Amounts set aside for specific charitable projects that satisfy the:		
	Suitability test (prior IRS approval required)	3a	
	Cash distribution test (attach the required schedule)	3b	
	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	3,738,408
	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	1 1	
	income. Enter 1% of Part I, line 27b	5	20,114
	Adjusted qualifying distributions. Subtract line 5 from line 4	6	3,718,294
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	ualifies f	· · · · · · · · · · · · · · · · · · ·
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TRIMIX FOUNDATION C/O REX CAPITAL ADVISORS, LLC

Form 990-PF (2017)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI,	00.720	, , , , , , , , , , , , , , , , , , ,		<u> </u>
line 7			_	1,312,902.
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only			0.	
b Total for prior years:				
U Toma for prior yours.		0.		
3 Excess distributions carryover, if any, to 2017:				
a From 2012	1			١
b From 2013 251,932.	1			
c From 2014 2,022,304.	1	•		
d From 2015 156,660.	1			,
e From 2016 435, 780.	1			,
f Total of lines 3a through e	2,866,676.			_
4 Qualifying distributions for 2017 from				
Part XII, line 4: ►\$ 3,738,408.		o		
a Applied to 2016, but not more than line 2a	1		0.	
b Applied to undistributed income of prior		*		
years (Election required - see instructions)	1	0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2017 distributable amount				1,312,902.
e Remaining amount distributed out of corpus	2,425,506.			
5 Excess distributions carryover applied to 2017	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	5,292,182.			
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				بد
the section 4942(a) tax has been previously				
assessed	, <u></u> ,	0.		
d Subtract line 6c from line 6b. Taxable		_		
amount - see instructions		0.		
e Undistributed income for 2016. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2017. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2018				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 2012	1			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2018.	- 000 100	•		
Subtract lines 7 and 8 from line 6a	5,292,182.			
10 Analysis of line 9:				£
a Excess from 2013 251,932.				
b Excess from 2014 2,022,304.				
c Excess from 2015 156,660.				
d Excess from 2016 435, 780.	-			
e Excess from 2017 2,425,506.	<u> </u>	·	L	

TRIMIX FOUNDATION 05-0494244 Form 990-PF (2017) C/O REX CAPITAL ADVISORS, Page 10 Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling 4942(j)(3) 4942(1)(5) b Check box to indicate whether the foundation is a private operating foundation described in section or Prior 3 years 2 a Enter the lesser of the adjusted net Tax year (e) Total (d) 2014 (b) 2016 (c) 2015 (a) 2017 income from Part I or the minimum investment return from Part X for each year listed **b** 85% of line 2a c Qualifying distributions from Part XII, line 4 for each year listed d Amounts included in line 2c not used directly for active conduct of exempt activities e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: "Assets" alternative test - enter: (1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed c "Support" alternative test - enter: (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) (3) Largest amount of support from an exempt organization (4) Gross investment income Part XV | Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2)) SEE STATEMENT 12 b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. NONE Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: If the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. a The name, address, and telephone number or email address of the person to whom applications should be addressed: SEE STATEMENT 13

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

3 Grants and Contributions Paid During the		dymon		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient	**	···
Paid during the year				
0CAN	NOT RELATED	501(C)(3)	RI-CAN	
625 K STREET NW, SUITE 400			1	00.00
ASHINGTON, DC 20006				20,00
	NOW DELL'AMED	E01/0\/3\	ATI BYGAND WIANT	
DRIENNE ARSHT CENTER	NOT RELATED	501(C)(3)	AILEYCAMP MIAMI	
300 BISCAYNE BOULEVARD IAMI, FL 33132				10,00
IAMI, FB 33132				20,00
LCHEMY INITIATIVE, INC.	NOT RELATED	501(C)(3)	ROOTS RISING	
O.O. BOX 1805				
PITTSFIELD, MA 01202				5,00
• • • • • • • • • • • • • • • • • • • •	,			
·				
MERICANS FOR IMMIGRANT JUSTICE	NOT RELATED	501(C)(3)	CRITICAL PROGRAM NEEDS	
000 BISCAYNE BLVD., SUITE 400				
IIAMI, FL 33137				100,00
AMOS HOUSE	NOT RELATED	501(C)(3)	FAMILY APARTMENT	
460 PINE STREET			PROGRAM	
PROVIDENCE, RI 02907	NTINUATION SHEE	<u> </u> m/s)	▶ 3a	25,00 3,717,60
b Approved for future payment	MITHORITON BURE	1	08	3,111,00
NONE				
10112				
v				
·				
				•
Tabel		<u> </u>		•
Total			<u> </u>	m 990-PF (20

TRIMIX FOUNDATION

Form 990-PF (2017)

C/O REX CAPITAL ADVISORS, LLC

er gross amounts unless otherwise indicated.	Unrelated	business income	d by section 512, 513, or 514 (8)		
	(a) Business	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exemp
Program service revenue:	code		1000		
	— 	==			-
	I I		11		
) 		- ***	\Box		
<u> </u>	1 1				

Fees and contracts from government agencies			1		
Membership dues and assessments					
nterest on savings and temporary cash					
nvestments					
Dividends and interest from securities			14	229,940.	
Net rental income or (loss) from real estate:				·	
Debt-financed property					
Not debt-financed property			1		
Net rental income or (loss) from personal					
property					
Other investment income		_ _	14	567,993.	
Gain or (loss) from sales of assets other				4 600 004	
han inventory .			18	1,629,381.	
Net income or (loss) from special events	<u> </u>		1		
Gross profit or (loss) from sales of inventory			\vdash		
Other revenue:			1		
	_				
b			1		
c					
d					
e				2 427 314	
eSubtotal. Add columns (b), (d), and (e)		0.		2,427,314.	2 427 3
e Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e)		0.		2,427,314.	2,427,3
e Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation	ns)		empt	13	2,427,3
e Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation Relationship of Activitie	ns)	plishment of Ex		13 Purposes	
Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation ART XVI-B Relationship of Activitien ne No. Explain below how each activity for which	es to the Accom	aplishment of Exc		13 Purposes	
Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation Relationship of Activitie	es to the Accom	aplishment of Exc		13 Purposes	
Subtotal. Add columns (b), (d), and (e) Fotal Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calculation Relationship of Activitie The No. Explain below how each activity for which	es to the Accom	aplishment of Exc		13 Purposes	
Subtotal. Add columns (b), (d), and (e) Fotal Add line 12, columns (b), (d), and (e) s worksheet in line 13 instructions to verify calculation ART XVI-B Relationship of Activities the No. Explain below how each activity for which	es to the Accom	aplishment of Exc		13 Purposes	
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Subtotal. Add columns (b), (d), and (e) Fotal Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calculation ART XVI-B Relationship of Activities Relationship of Activities	es to the Accom	aplishment of Exc		13 Purposes	
Subtotal. Add columns (b), (d), and (e) Fotal Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calculation ART XVI-B Relationship of Activities Relationship of Activities	es to the Accom	aplishment of Exc		13 Purposes	
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Subtotal. Add columns (b), (d), and (e) Fotal Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calculation ART XVI-B Relationship of Activities Relationship of Activities	es to the Accom	aplishment of Exc		13 Purposes	
Subtotal. Add columns (b), (d), and (e) Fotal Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calculation Relationship of Activitie The No. Explain below how each activity for which	es to the Accom	aplishment of Exc		13 Purposes	
Subtotal. Add columns (b), (d), and (e) Fotal Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calculation Relationship of Activitie The No. Explain below how each activity for which	es to the Accom	aplishment of Exc		13 Purposes	
Subtotal. Add columns (b), (d), and (e) Fotal Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calculation Relationship of Activitie The No. Explain below how each activity for which	es to the Accom	aplishment of Exc		13 Purposes	
Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation ART XVI-B Relationship of Activities The No. Explain below how each activity for which	es to the Accom	aplishment of Exc		13 Purposes	
Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation ART XVI-B Relationship of Activitien ne No. Explain below how each activity for which	es to the Accom	aplishment of Exc		13 Purposes	2,427,3

Form 99	0-PF (2	017) C/O R	EX CAPIT	AL ADVI	SORS, LLC		05-	0494244	Pá	ige 13
Part		Information Re	egarding Tra		nd Transactions a	nd Relations	ships With None	charitable		
		Exempt Organ	izations							
1 Di	d the or	ganization directly or indi	irectly engage in an	y of the followin	g with any other organizat	ion described in se	ection 501(c)		Yes	No
(0	ther thai	n section 501(c)(3) organ	nizations) or in sect	tion 527, relating	g to political organizations?	•				
a Tr	ansfers :	from the reporting found	ation to a nonchari	table exempt or	ganization of:			l		
(1	Cash							1a(1)		Х
•	, Other	assets						1a(2)		Х
•	*	sactions:								
_		of assets to a noncharita	ible exempt organiz	zation				1b(1)		X
•	,	nases of assets from a no	· -			•		1b(2)		х
•-	•	it of facilities, equipment,		. organization				1b(3)		Х
•	<i>*</i>	bursement arrangements						1b(4)		Х
•	•	s or loan guarantees	•					1b(5)		X
•	•	rmance of services or me	amhershin or fundr	aisina solicitatio	ne			1b(8)		X
•	•	f facilities, equipment, ma		-		•• •••	•	1c	\vdash	x
					dule. Column (b) should a	Iwave chow the fa	 ur market value of the c		ente	
		-			ed less than fair market val				ιοω,	
		i) the value of the goods,		_	su 1833 utan ian market vai	do in any dansaci	ion of Sharing arranger	110111, 311011 111		
(a) Line		(b) Amount involved			e exempt organization	(d) Descrip	otion of transfers, transaction	ns. and sharing arr	angemer	nts
14/2	_	(b) ranount involved	(o) itamic	N/A	onompt of gameason	(3)			_	
	╅	 		14/11		_				
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		-	=		or more tax-exempt organ	uzations described	i			٦
		501(c) (other than sectio		section 527?				. L Yes	X	No
<u>b if '</u>	Yes," co	mplete the following sch				T	() D	1-4		
		(a) Name of org	ganization		(b) Type of organization		(c) Description of re	elationsnip		
		N/A								
				 		-				
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					ļ <u></u>					
	1	71			<u> </u>	<u> </u>				
٥.					accompanying schedules and a taxpayer) is based on all inform			May the IRS	discuss (his
Sign	L	May 1	MAN	j i				return with the	7 See in:	str
Here		5,007 1	1 1000		11/15/18		IDENT	_ X Yes	;	_l No
	Sign	nature of officer or trustee			Date	Title	1 About Control	DTIN		
		Print/Type preparer's na	ame	Preparer's s	ignature	Date	Check if	PTIN		
D-:-		l		. .			self- employed	-000		
Paid Prep	0 1 0 1 0	HILLARY BU		Dim	m. Jan co	11/14/		P00910		

Firm's address ▶ 99 HIGH STREET, 21ST FLOOR BOSTON, MA 02110

Phone no. 617-439-9700

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.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Employer identification number Name of the organization TRIMIX FOUNDATION 05-0494244 C/O REX CAPITAL ADVISORS, Organization type (check one) Section: Filers of: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributors Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990 EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, chantable, 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, chantable, 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) (2017)

Name of organization
TRIMIX FOUNDATION

Employer identification number

C/O R	EX CAPITAL ADVISORS, LLC	05	5-0494244
Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DALTON CHARITABLE LEAD TRUST C/O REX CAPITAL, 50 PARK ROW WEST PROVIDENCE, RI 02903	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) <u>N</u> o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	THE DALTON TRUST-1995 C/O REX CAPITAL, 50 PARK ROW WEST PROVIDENCE, RI 02903	\$32,362.	Person Payroll Moncash 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 Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	· · · · · · · · · · · · · · · · · · ·	\$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)

Name of organization TRIMIX FOUNDATION C/O REX CAPITAL ADVISORS, LLC Employer identification number

05-0494244

Part II	Noncash Property (see instructions) Use duplicate copies of Part II if		-0494244
(a) No. from Part i	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	66.76169% OPEN GEAR INVESTORS, LLC (EIN: 54-2156381) INVESTMENT	-	
		\$ 232,362.	11/17/17
(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. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		-	

11281114 144591 05-0494244

OF 1

Part IV Capital Gains and Losses for Tax on Investment Income (b) How acquired (c) Date acquired (a) List and describe the kind(s) of property sold, e.g., real estate, (d) Date sold P - Purchase D - Donation 2-story brick warehouse; or common stock, 200 shs. MLC Co. (mo., day, yr.) (mo., day, yr.) 01/01/1712/31/17 1a ST CAPITAL GAIN (LOSS) b LT CAPITAL GAIN (LOSS) P 01/01/1612/31/17 c SEC. 1231 GAIN (LOSS) P d SEC. 1256 GAIN (LOSS) P e UNRECAPTURED SEC. 1250 GAIN P P 01/01/1612/31/17 f SECURITIES LITIGATION D g SALE OF ART h CAPITAL GAINS DIVIDENDS k 1 m n 0 (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (e) plus (f) minus (g) (or allowable) plus expense of sale 47,544 47,544. <u>a</u> 1,440,452 1,440,452. b 60,381. 60,381. C 6,579. 6,579. ₫ 9,505. 9,505. e 165. 16<u>5.</u> f 27,285 29,325. <2,040.> g 66,795. 66,795. h m n 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (j) Adjusted basis (k) Excess of col. (i) but not less than "-0-") (i) F.M.V. as of 12/31/69 as of 12/31/69 over col. (j), if any 47,544. 1,440,452. b 60,381. C 6,579. d 9,505. 165. <2,040.> g 66,795. h <u>m</u> п 0 If gain, also enter in Part I, line 7 1,629,381. If (loss), enter "-0-" in Part I, line 7 2 Capital gain net income or (net capital loss) Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8 N/A

3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	00110.001011	
AS220 YOUTH DEVELOPMENT	NOT RELATED	501(C)(3)	ZUKREWE	
95 MATHEWSON STREET, #204				
PROVIDENCE, RI 02903			 	30,00
BERKSHIRE NATURAL RESOURCES COUNCIL	NOT RELATED	501(C)(3)	BERKSHIRE HIGH ROAD	
20 BANK ROW			CAMPAIGN	30.00
PITTSFIELD, MA 01201				30,00
BERKSHIRE TACONIC COMMUNITY	NOT RELATED	501(C)(3)	CAPITAL FLOWS ANALYSIS	
FOUNDATION			STUDY	
P.O. BOX 400 SHEFFIELD, MA 01257	•,			10,00
SHEFFIELD, MA UIZ57		1.		10,00
- ·				
BERKSHIRE UNITED WAY 200 SOUTH STREET	NOT RELATED	501(C)(3)	GENERAL USE, MOVERS & SHAKERS	
PITTSFIELD, MA 01201	• •	ĺ	STAKERO	50,10
				·
BOYS & GIRLS CLUB OF MIAMI-DADE	NOT RELATED	501(C)(3)	EDUCATIONAL AFTER	
P.O. BOX 330219	NOT REDATED	501(0/(3/	SCHOOL PROGRAMS, GIVE	
MIAMI, FL 33233			MIAMI DAY	30,50
BOYS & GIRLS CLUB OF PROVIDENCE	NOT RELATED	501(C)(3)	YOUTH EMPLOYMENT	
550 WICKENDEN STREET			PROGRAMS	
PROVIDENCE, RI 02903				75,00
BREAKTHROUGH MIAMI	NOT RELATED	501(C)(3)	GENERAL OPERATING	
3250 SW THIRD AVENUE, 6TH FLOOR			EXPENSES, GIVE MIAMI	
MIAMI, FL 33129		 	DAY	29,50
BREAKTHROUGH PROVIDENCE	NOT RELATED	501(C)(3)	GENERAL OPERATING	
THE WHEELER SCHOOL, 216 HOPE STREET			EXPENSES	25 00
PROVIDENCE, RI 02906			 	25,00
CAPITAL GOOD FUND	NOT RELATED	501(C)(3)	FINANCIAL COACHING	
22 A STREET PROVIDENCE, RI 02907			PROGRAM, IMMIGRATION LOAN PROGRAM	20,00
CAMALYCE MIAMI	NOT DELATED	501/(0)/(3)	CHARITABLE PURPOSE	
CATALYST MIAMI 3000 BISCAYNE BLVD., SUITE 210	NOT RELATED	501(C)(3)	CHARITABLE FURFUSE	
MIAMI, FL 33137				30,00
Total from continuation sheets	-	\$		3,557,60

3 Grants and Contributions Paid During the		Υ		
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	Contribution	
CITY YEAR	NOT RELATED	501(C)(3)	PLEASANT VIEW	
275 WESTMINSTER STREET, SUITE 500			ELEMENTARY SCHOOL,	
PROVIDENCE, RI 02903		<u> </u>	ANNUAL GALA	110,00
COLL PAR ALGIONS	NOT RELATED	501(C)(3)	CORE PROGRAMS	
COLLEGE VISIONS	NOT REDATED	DOT(C)(3)	CORE PROGRAMS	
131 WASHINGTON STREET, SUITE 205				55,00
PROVIDENCE, RI 02903		 	 	33,00
COMMUNITY ENTERPRISES, INC.	NOT RELATED	501(C)(3)	COMMUNITY CONSULTING	
441 PLEASANT STREET		1		
NORTHAMPTON, MA 01061				10,00
CROSSROADS RHODE ISLAND	NOT RELATED	501(C)(3)	CROSSROADS MEALS	· *.
160 BROAD STREET		1	PROGRAM, EDUCATION	
PROVIDENCE, RI 02903			SUPPORT SERVICES,	
·			WOMEN'S SHELTER AND	
		1	PROGRAMS, FAMILY	74,00
EDUCATE TOMORROW	NOT RELATED	501(C)(3)	GENERAL OPERATIONS,	
1717 NORTH BAYSHORE DRIVE, SUITE 203			ANNUAL GALA, SUMMER	
MIAMI, FL 33132			PROGRAMMING, LAUNCH	
,			PARTNER FOR THE GLOBAL	
· · · · · · · · · · · · · · · · · · ·		<u> </u>	FIELD ACADEMY	130,00
EDUCATION FUND	NOT RELATED	501(C)(3)	FOOD FORESTS FOR	
6713 MAIN STREET, SUITE 240			SCHOOLS	
MIAMI LAKES, FL 33014				1,00
,		501/63/23	CTANCE NETWORKS WINGS	
GABLESTAGE	NOT RELATED	501(C)(3)	MIAMI MINDFULNESS, 2017/2018 SEAON &	
1200 ANASTASIA AVENUE, #230			EDUCATIONAL	
CORAL GABLES, FL 33134			PROGRAMMING	11 50
			FROGRAMMING	11,50
INSPIRING MINDS	NOT RELATED	501(C)(3)	KINDERGARTEN PROJECT	
736 WESTMINSTER STREET		1	1	
PROVIDENCE, RI 02903				20,00
		201/53/23		
KRISTI HOUSE	NOT RELATED	501(C)(3)	KRISTI HOUSE	
1265 NORTHWEST 12TH AVENUE				25.54
MIAMI 33136				37,50
MINDFUL KIDS MIAMI, INC.	NOT RELATED	501(C)(3)	CHARITABLE PURPOSE	
5275 SUNSET DRIVE, #19				
MIAMI, FL 33143				30,00
Total from continuation sheets				

Part XV Supplementary Information	<u> </u>			
3 Grants and Contributions Paid During the		·		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	oonstaden -	······
NEW URBAN ARTS	NOT RELATED	501(C)(3)	CHALLENGE GRANT	
705 WESTMINSTER STREET			1	
PROVIDENCE, RI 02903			 	70,000.
PROVIDENCE AFTER SCHOOL ALLIANCE	NOT RELATED	501(C)(3)	AFTERZONE PROGRAM	
(PASA)				
81 CARPENTER STREET				
PROVIDENCE, RI 02903	-	+		35,000.
RAILROAD STREET YOUTH PROJECT	NOT RELATED	501(C)(3)	MENTORING PROGRAM	
P.O. BOX 698				
GREAT BARRINGTON, MA 01230				5,000.
· · ·	NOW DAY MADD	E01/0\/3\	CIDAME LIMEDAGY AND	
READ TO SUCCEED 6 WATER VALLEY ROAD	NOT RELATED	501(C)(3)	SUMMER LITERACY AND COLLEGE INCENTIVE	
HOPE, RI 02831		-	PROGRAM, PPAC	
			FUNDRAISER	25,500.
				•
AVADE TALLIE DOMINIMAN	NOW DEL PRED	E01/01/31	DOGED WILLIAMS DARK	
RHODE ISLAND FOUNDATION ONE UNION STATION	NOT RELATED	501(C)(3)	ROGER WILLIAMS PARK CAMAIGN	
PROVIDENCE, RI 02903				10,000.
	L			
RHODE ISLAND WRITE ON SPORTS 44 BAYBERRY LANE	NOT RELATED	501(C)(3)	SUMMER SPORTS WRITING	
EAST GREENWICH, RI 02818		İ	CAPIT	20,000.
mb1 onsumion, N1 oboto				
RHODE ISLANDERS SPONSORING EDUCATION	NOT RELATED	501(C)(3)	CHARITABLE PURPOSE	
(RISE)	ł			
1155 WESTMINSTER STREET, SUITE 106				5,000.
PROVIDENCE, RI 02909		†		3,000.
SOCIAL ENTERPRISE GREENHOUSE	NOT RELATED	501(C)(3)	BEST OF RI CAMPAIGN,	
10 DAVOL SQUARE, SUITE 100			CHALLENGE GRANT	
PROVIDENCE, RI 02903		<u> </u>	-	32,500.
		1		
SOPHIA ACADEMY	NOT RELATED	501(C)(3)	WOMEN OF WISDOM	
582 ELMWOOD AVENUE				
PROVIDENCE, RI 02907		<u> </u>		2,500.
		1		
TEACH FOR AMERICA	NOT RELATED	501(C)(3)	CHARITABLE PURPOSE	
67 CEDAR STREET, SUITE 101		1		
PROVIDENCE, RI 02903		1		30,000.
Total from continuation sheets			1.	<u> </u>

3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
THE EDUCATION FUND	NOT RELATED	501(C)(3)	TASTE OF EDUCATION	
6713 MAIN STREET, SUITE 240			EVENT, GENERAL FUND,	
MIAMI LAKES, FL 33014			ART OF FOUND OBJECTS	
			EXHIBITION, KEY NOTE	
			SPEAKER - 2017 IDEA	86,00
THE SAN MIGUEL SCHOOL	NOT RELATED	501(C)(3)	GRADUATE SUPPORT	
525 BRANCH AVENUE			PROGRAM, STUDENT	105.00
PROVIDENCE, RI 02940			SPONSORSHIP	105,00
THE SANDRA FEINSTEIN GAMM THEATRE	NOT RELATED	501(C)(3)	ARTS EDUCATION	
172 EXCHANGE STREET			INITIATIVES	
PAWTUCKET, RI 02860				10,00
. 1.				
THE SEED SCHOOL OF MIAMI	NOT RELATED	501(C)(3)	OPERATIONS	
8004 NW 154TH STREET, #389				
MIAMI LAKES, FL. 33016				50,00
-			1	•
TITLE IX GIRLS RUNNING CLUB	NOT RELATED	501(C)(3)	OPERATING BUDGET	
P.O. BOX 391535				
CAMBRIDGE, MA 02138			1 '	20,00
				,
UNION COLLEGE	NOT RELATED	501(C)(3)	ADMISSIONS/BOARD ROOM,	
807 UNION STREET			ANNUAL FUND	
SCHENECTADY, NY 12308			1	2,005,00
The second secon	·			
UNITED WAY OF RHODE ISLAND	NOT RELATED	501(C)(3)	HASBRO SUMMER LEARNING	
50 VALLEY STREET	'		INITIATIVE (HSLI)	
PROVIDENCE, RI 02909				100,00
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. , , , , , ,	1	1	
URBAN COLLABORATIVE ACCELERATED	NOT RELATED	501(C)(3)	BEYOND U PROGRAM	
PROGRAM (UCAP)		į.		
75 CARPENTER STREET				25 00
PROVIDENCE, RI 02903			·	25,00
WOMEN OF TOMORROW	NOT RELATED	501(C)(3)	2017/2018 PROGRAM	
22 EAST FLAGLER STREET, 6TH FLOOR	HOI KEBRIED	101(0,(3)	COSTS	
MIAMI, FL 33131				30,00
	-	1		
WOMEN'S FUND OF MIAMI DADE	NOT RELATED	501(C)(3)	CHARITABLE PURPOSE	
7412 SUNSET DRIVE			[,	
MIAMI, FL 33143			1	30,00
Total from continuation sheets		,		

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2017.05000 TRIMIX FOUNDATION C/O REX 05-04941

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3 Grants and Contributions Paid During the Ye				Ψ
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
WOMEN'S FUND OF RI 245 WATERMAN STREET, #503 PROVIDENCE, RI 02906	NOT RELATED	501(C)(3)	WOMEN'S POLICY INSTITUTE	500
YOUNG VOICES 150 MILLER AVENUE PROVIDENCE, RI 02905	NOT RELATED	501(c)(3)	ENDOWMENT FOR YOUNG VOICES, CHALLENGE GRANT, ADVANCED LEADERSHIP TRAINING	51,500
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		. ,		
STATE OF STA				
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	N-2	-	-	
Total from continuation sheets		١.		

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2017.05000 TRIMIX FOUNDATION C/O REX 05-04941

TRIMIX FOUNDATION C/O REX CAPITAL ADVISORS, LLC 05-0494244

Part XV Supplementary Information
3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution
NAME OF RECIPIENT - CROSSROADS RHODE ISLAND
CROSSROADS MEALS PROGRAM, EDUCATION SUPPORT SERVICES, WOMEN'S SHELTER
AND PROGRAMS, FAMILY SERVICES PROGRAM
NAME OF RECIPIENT - THE EDUCATION FUND
TASTE OF EDUCATION EVENT, GENERAL FUND, ART OF FOUND OBJECTS
EXHIBITION, KEY NOTE SPEAKER - 2017 IDEA EXPO - THE TEACHER CONFERENCE
the control of the co
No and the contract of the con

FORM 990-PF	DIVIDENDS	AND INTER	EST FROM SE	CURITIES	STATEMENT 1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	REVENU		
DIVIDENDS	266,923.	66,79			
INTEREST	29,812.		0. 29,8	29,81	2. —
TO PART I, LINE 4	296,735.	66,79	229,9	229,940).
FORM 990-PF		OTHER I	NCOME		STATEMENT 2
DESCRIPTION	•	,	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
PARTNERSHIPS - ORDI INCOME PARTNERSHIPS - RENT			<13,815	.> <13,815.	>
INCOME PARTNERSHIPS - OTHE		, ,	<63,789	.> <63,789.	>
INCOME	K FORTFOLIO	1 1	. 517	517	•
PARTNERSHIPS - OTHE	•		1,017		
PARTNERSHIPS - CANC		DEBT 1	3,976		
PARTNERSHIPS - QEF	INCOME		640,087	640,087	•
TOTAL TO FORM 990-P	F, PART I, I	LINE 11	567,993	567,993	•
-				-	
FORM 990-PF		LEGAL	FEES		STATEMENT 3
DESCRIPTION]	(A) EXPENSES PER BOOKS	(B) 'NET INVEST MENT INCOM		
LEGAL: FEES	M 14	1,384.		0.	1,384.
TOOFMA990-PF, PG 1,	LN 16A	1,384.		0.	1,384.
	Harris State	,.* ,	,		
, . , . , . ,	·	a de			

FORM 990-PF	ACCOUNTI	NG FEES	S	TATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
TAX PREPARATION FEES	12,800.	0.		12,800.
TO FORM 990-PF, PG 1, LN 16B	12,800.	0.		12,800.
FORM 990-PF (OTHER PROFES	SIONAL FEES	S	TATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS		(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT MANAGEMENT FEES	225,000.	225,000.		0.
TO FORM 990-PF, PG 1, LN 16C	225,000.	225,000.	,	0 .
	· · · · · ·			
FORM 990-PF	TAX	ES	S	TATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
FOREIGN TAXES PARTNERSHIPS - WITHHOLDING FEDERAL TAXES	3,546. 899. 4,750.	899.		0.
TO FORM 990-PF, PG 1, LN 18 =	, , 9,195.	4,445.		0.
122 - 22 - 1 - 1 - 2 1 - 7 - 198 - 8 - 7 - 1 - 24484 (1 - 4602) - 1284 (1 - 1				
		•		
				e e e e e e e e e e e e e e e e e e e
	1 2 3.	,		\$ 1, 1 \$ 12.5
P.S.	* *			

FORM 990-PF	OTHER E	XPENSES	S	TATEMENT 7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PORTFOLIO DEDUCTIONS	167,645.	167,645.		0.
OTHER DEDUCTIONS	10,633.	10,633.		0.
SECTION 179 DEDUCTION	7.	7.		0.
FILING FEES	339.	0.		339.
MEMBERSHIPS	6,000.	0.		6,000.
PRINTING & REPRODUCTION	285.	0.		285.
TO FORM 990-PF, PG 1, LN 23	184,909.	178,285.		6,624.

FORM 990-PF (OTHER	INCREASES	IN NET	ASSETS	OR	FUND	BALANCES	STATEMENT 8
DESCRIPTION								AMOUNT
NONDIVIDEND DIS NONDEDUCTIBLE I CHANGE IN UNREA	EXPENS	BS	SS)	,				105. 3,605. 344,852.
TOTAL TO FORM	990- PF	, PART II	I, LINI	3 3				348,562.
FORM 990-PF			CORI	ORATE S	TOCE	ζ		STATEMENT 9
DESCRIPTION]	BOOK VALUE	FAIR MARKET VALUE
DESCRIPTION COMMON & PREFEI	RRED S	TOCK					11,003,583.	VALUE

FORM 990-PF	OTHER INVESTMENTS		STATEMENT 10	
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE	
ABR REINSURANCE	FMV	750,000.	750,000.	
BAIN CAPITAL FUND XI	FMV	382,764.	382,764.	
CONVEXITY CAPITAL OFFSHORE	FMV	4,085,970.	4,085,970.	
DAVID INVESTMENT VENTURES III-A	Y FMV	194,978.	194,978.	
EDGE PRINCIPAL INVESTMENTS III	FMV	725,246.	725,246.	
GNDI HOLDINGS I	FMV	37,741.	37,741.	
INCA LATIN AMERICAN FUND	FMV	300,360.	300,360.	
KIA INVESTMENTS	FMV	274,947.	274,947.	
LASCAUX RESOURCE CAPITAL FUND	FMV	127,347.	127,347.	
LOEB ARBITRAGE FUND	FMV	16,917.	16,917.	
MIDDLELAND ENDOWMENT I	FMV	6,757,142.	6,757,142.	
NORTH RUN OFFSHORE PARTNERS	FMV	762,530.	762,530.	
REX ADVISORS CB 2014	FMV	436,600.	436,600.	
SPECIAL OPP FUND IV PE	FMV	405,471.	405,471.	
TAP COMMODITYBUILDERS	FMV	500,207.	500,207.	
THL EQUITY FUND VII	FMV	246,617.	246,617.	
CENTRE LANE CREDIT PARTNERS II	FMV	230,107.	230,107.	
KELSO INVESTMENT ASSOCIATES VI	II FMV	15,548.	15,548.	
OPEN GEAR INVESTORS	FMV	232,362.	232,362.	
444 MAIN RE LLC	FMV	25,000.	25,000.	
TOTAL TO FORM 990-PF, PART II,	LINE 13	16,507,854.	16,507,854.	

	- LIST OF OFFICERS, DIRECTORS ES AND FOUNDATION MANAGERS		STATEMENT 11	
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
GAIL S. MIXER 50 PARK ROW WEST, SUITE 113 PROVIDENCE, RI 02903	PRESIDENT 1.00	0.	0.	0.
DAVID P. MIXER 50 PARK ROW WEST, SUITE 113 PROVIDENCE, RI 02903	VICE PRESIDENT 1.00	0.	0.	0.
BRIAN MIXER 50 PARK ROW WEST, SUITE 113 PROVIDENCE, RI 02903	DIRECTOR 1.00	0.	0.	0.
MARK MIXER 50 PARK ROW WEST, SUITE 113 PROVIDENCE, RI 02903	DIRECTOR 1.00	0.	0.	0.
MICHAEL MIXER 50 PARK ROW WEST, SUITE 113 PROVIDENCE, RI 02903	DIRECTOR 1.00	0.	0.	0.
MATTHEW A. THIBAULT 50 PARK ROW WEST, SUITE 113 PROVIDENCE, RI 02903	SECRETARY 2.00	0.	0.	0.
ARTHUR X. DUFFY 50 PARK ROW WEST, SUITE 113 PROVIDENCE, RI 02903	TREASURER 2.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE	6, PART VIII	0.	0.	0.

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FORM 990-PF

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT 12

NAME OF MANAGER

GAIL S. MIXER DAVID P. MIXER

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FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT 13

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

GAIL S. MIXER C/O REX CAPITAL ADVISORS 50 PARK ROW WEST NO.113 PROVIDENCE, RI 02903

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TELEPHONE NUMBER

(401) 383-5370

FORM AND CONTENT OF APPLICATIONS

APPLICATIONS SHOULD BE WRITTEN REQUESTS ON LETTERHEAD AND SHOULD PROVIDE INFORMATION REGARDING QUALIFIED CHARITABLE STATUS AND INTENDED USE OF GRANT.

ANY SUBMISSION DEADLINES

N/A

RESTRICTIONS AND LIMITATIONS ON AWARDS

N/A ALL ED COMMON ROSE ALL RESERVATION OF MODERN COMMON RESERVATION OF A COMMON ROSE OF A

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