

For calendar year 2017, or tax year beginning 01-01-2017, and ending 12-31-2017

| | | | |
|--|--|---|--|
| Name of foundation THE SHARPE FAMILY FOUNDATION | | A Employer identification number 13-6208422 | |
| Number and street (or P O box number if mail is not delivered to street address) C/O KLR 951 NORTH MAIN STREET | | B Telephone number (see instructions) (401) 274-2001 | |
| City or town, state or province, country, and ZIP or foreign postal code PROVIDENCE, RI 02904 | | C If exemption application is pending, check here <input type="checkbox"/> | |
| G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change | | D 1. Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> | |
| H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation | | E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> | |
| I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 23,369,319 | | F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/> | |
| J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) (Part I, column (d) must be on cash basis) | | | |

| Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)) | | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|---|--|------------------------------------|---------------------------|-------------------------|---|
| Revenue | 1 Contributions, gifts, grants, etc , received (attach schedule) | | | | |
| | 2 Check <input checked="" type="checkbox"/> If the foundation is not required to attach Sch B | | | | |
| | 3 Interest on savings and temporary cash investments | 138 | 138 | | |
| | 4 Dividends and interest from securities | 393,556 | 393,556 | | |
| | 5a Gross rents | | | | |
| | b Net rental income or (loss) | | | | |
| | 6a Net gain or (loss) from sale of assets not on line 10 | 795,176 | | | |
| | b Gross sales price for all assets on line 6a | | | | |
| | | 4,758,214 | | | |
| | 7 Capital gain net income (from Part IV, line 2) | | 795,176 | | |
| | 8 Net short-term capital gain | | | | |
| | 9 Income modifications | | | | |
| Operating and Administrative Expenses | 10a Gross sales less returns and allowances | | | | |
| | b Less Cost of goods sold | | | | |
| | c Gross profit or (loss) (attach schedule) | | | | |
| | 11 Other income (attach schedule) | -127,411 | -110,621 | | |
| | 12 Total. Add lines 1 through 11 | 1,061,459 | 1,078,249 | | |
| | 13 Compensation of officers, directors, trustees, etc | 0 | 0 | | 0 |
| | 14 Other employee salaries and wages | | | | |
| | 15 Pension plans, employee benefits | | | | |
| | 16a Legal fees (attach schedule) | | | | |
| | b Accounting fees (attach schedule) | 15,280 | 7,640 | | 7,640 |
| | c Other professional fees (attach schedule) | 97,532 | 67,083 | | 30,452 |
| | 17 Interest | | | | |
| | 18 Taxes (attach schedule) (see instructions) | 1,477 | 1,477 | | 0 |
| | 19 Depreciation (attach schedule) and depletion | | | | |
| | 20 Occupancy | | | | |
| | 21 Travel, conferences, and meetings | 3,830 | 0 | | 3,830 |
| | 22 Printing and publications | | | | |
| | 23 Other expenses (attach schedule) | 230 | 0 | | 230 |
| | 24 Total operating and administrative expenses. Add lines 13 through 23 | 118,349 | 76,200 | | 42,152 |
| | 25 Contributions, gifts, grants paid | 1,465,500 | | | 1,465,500 |
| | 26 Total expenses and disbursements. Add lines 24 and 25 | 1,583,849 | 76,200 | | 1,507,652 |
| | 27 Subtract line 26 from line 12 | | | | |
| | a Excess of revenue over expenses and disbursements | -522,390 | | | |
| | b Net investment income (if negative, enter -0-) | | 1,002,049 | | |
| | c Adjusted net income (if negative, enter -0-) | | | | |

| Part II Balance Sheets | | Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.) | | | |
|-----------------------------|--|---|---|------------|------------|
| | | Beginning of year (a) Book Value | End of year (b) Book Value (c) Fair Market Value | | |
| Assets | 1 | Cash—non-interest-bearing | | | |
| | 2 | Savings and temporary cash investments | 676,982 | 791,322 | 791,322 |
| | 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 disqualified persons (attach schedule) (see instructions) | | | |
| | 7 | Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____ | | | |
| | 8 | Inventories for sale or use | | | |
| | 9 | Prepaid expenses and deferred charges | | | |
| | 10a | Investments—U S and state government obligations (attach schedule) | | | |
| | b | Investments—corporate stock (attach schedule) | 11,383,430 | 11,895,148 | 15,536,149 |
| | c | Investments—corporate bonds (attach schedule) | 2,248,180 | 2,540,649 | 2,420,898 |
| | 11 | Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____ | | | |
| | 12 | Investments—mortgage loans | | | |
| | 13 | Investments—other (attach schedule) | 4,821,845 | 3,331,536 | 4,620,950 |
| | 14 | Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____ | | | |
| 15 | Other assets (describe ▶ _____) | | | | |
| 16 | Total assets (to be completed by all filers—see the instructions Also, see page 1, item I) | 19,130,437 | 18,558,655 | 23,369,319 | |
| Liabilities | 17 | Accounts payable and accrued expenses | | | |
| | 18 | Grants payable | | | |
| | 19 | Deferred revenue | | | |
| | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| | 21 | Mortgages and other notes payable (attach schedule) | | | |
| | 22 | Other liabilities (describe ▶ _____) | | | |
| | 23 | Total liabilities (add lines 17 through 22) | 0 | 0 | |
| Net Assets or Fund Balances | Foundations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31. | | | | |
| | 24 | Unrestricted | | | |
| | 25 | Temporarily restricted | | | |
| | 26 | Permanently restricted | | | |
| | Foundations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 31. | | | | |
| | 27 | Capital stock, trust principal, or current funds | 21,512,369 | 21,512,369 | |
| | 28 | Paid-in or capital surplus, or land, bldg, and equipment fund | 0 | 0 | |
| | 29 | Retained earnings, accumulated income, endowment, or other funds | -2,381,932 | -2,953,714 | |
| | 30 | Total net assets or fund balances (see instructions) | 19,130,437 | 18,558,655 | |
| 31 | Total liabilities and net assets/fund balances (see instructions) . | 19,130,437 | 18,558,655 | | |

Part III Analysis of Changes in Net Assets or Fund Balances

| | | | |
|---|--|---|------------|
| 1 | Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) | 1 | 19,130,437 |
| 2 | Enter amount from Part I, line 27a | 2 | -522,390 |
| 3 | Other increases not included in line 2 (itemize) ▶ _____ | 3 | 16,790 |
| 4 | Add lines 1, 2, and 3 | 4 | 18,624,837 |
| 5 | Decreases not included in line 2 (itemize) ▶ _____ | 5 | 66,182 |
| 6 | Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . | 6 | 18,558,655 |

Part IV Capital Gains and Losses for Tax on Investment Income

| (a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co) | (b) How acquired P—Purchase D—Donation | (c) Date acquired (mo , day, yr) | (d) Date sold (mo , day, yr) |
|---|---|---|-------------------------------------|
| 1 a BNY MELLON SALES OF SECURITIES | P | | |
| b FLOW THRU FROM PARTERNSHIPS | P | | |
| c FLOW THRU FROM PARTERNSHIPS | P | | |
| d | | | |
| e | | | |

| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | (h) Gain or (loss) (e) plus (f) minus (g) |
|--------------------------|---|--|---|
| a 4,758,214 | | 4,089,129 | 669,085 |
| b | | | 120,795 |
| c | | | 5,296 |
| d | | | |
| e | | | |

| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 | | | (l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h)) |
|---|---|--|---|
| (i) F M V as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col (i) over col (j), if any | |
| a | | | 669,085 |
| b | | | 120,795 |
| c | | | 5,296 |
| d | | | |
| e | | | |

| | | |
|---|---|---------|
| 2 Capital gain net income or (net capital loss) | 2 | 795,176 |
| 3 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) (see instructions) If (loss), enter -0- in Part I, line 8 | 3 | |

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

| (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitable-use assets | (d) Distribution ratio (col (b) divided by col (c)) |
|--|--|--|---|
| 2016 | 1,447,634 | 22,065,490 | 0 065606 |
| 2015 | 1,397,491 | 23,253,211 | 0 060099 |
| 2014 | 1,396,195 | 24,618,725 | 0 056713 |
| 2013 | 1,391,731 | 25,126,442 | 0 055389 |
| 2012 | 1,442,747 | 24,318,871 | 0 059326 |

| | | |
|--|---|------------|
| 2 Total of line 1, column (d) | 2 | 0 297133 |
| 3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years | 3 | 0 059427 |
| 4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5 | 4 | 22,875,668 |
| 5 Multiply line 4 by line 3 | 5 | 1,359,432 |
| 6 Enter 1% of net investment income (1% of Part I, line 27b) | 6 | 10,020 |
| 7 Add lines 5 and 6 | 7 | 1,369,452 |
| 8 Enter qualifying distributions from Part XII, line 4 | 8 | 1,507,652 |

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

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

| | | | |
|-----------|---|-----------|--------|
| 1a | Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions) | | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b | 1 | 10,020 |
| c | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b) | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 2 | 0 |
| 3 | Add lines 1 and 2. | 3 | 10,020 |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 4 | 0 |
| 5 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | 5 | 10,020 |
| 6 | Credits/Payments | | |
| a | 2017 estimated tax payments and 2016 overpayment credited to 2017 | 6a | 5,702 |
| 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 | 0 |
| 7 | Total credits and payments. Add lines 6a through 6d. | 7 | 40,702 |
| 8 | Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached | 8 | 0 |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | 9 | |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 | 30,682 |
| 11 | Enter the amount of line 10 to be Credited to 2018 estimated tax <input checked="" type="checkbox"/> 30,682 Refunded <input type="checkbox"/> | 11 | 0 |

Part VII-A Statements Regarding Activities

| | Yes | No |
|--|-----------|-----|
| 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? | 1a | No |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i> | 1b | No |
| c Did the foundation file Form 1120-POL for this year? | 1c | No |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input type="checkbox"/> \$ 0 (2) On foundation managers <input type="checkbox"/> \$ 0 | | |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ 0 | | |
| 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i> | 2 | No |
| 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i> | 3 | No |
| 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? | 4a | No |
| b If "Yes," has it filed a tax return on Form 990-T for this year? | 4b | |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i> | 5 | No |
| 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? | 6 | Yes |
| 7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i> | 7 | Yes |
| 8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> RI | | |
| 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) of each state as required by General Instruction G? <i>If "No," attach explanation</i> . | 8b | Yes |
| 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the taxable year beginning in 2017 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i> | 9 | No |
| 10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i> | 10 | No |

Part VII-A Statements Regarding Activities (continued)

| | | | | |
|-----------|--|-----------|------------|-----------|
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions). | 11 | | No |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions) | 12 | | No |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address N/A | 13 | Yes | |
| 14 | The books are in care of KAHN LITWIN RENZA CO LTD Telephone no (401) 274-2001 | | | |

Located at **951 NORTH MAIN STREET PROVIDENCE RI** ZIP+4 **02904**

| | | | | |
|-----------|--|-----------|------------|-----------|
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year 15 | | | |
| 16 | At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country ▶ | 16 | Yes | No |

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

| | | | | |
|-----------|---|--|------------|-----------|
| 1a | During the year did the foundation (either directly or indirectly) | | Yes | No |
| (1) | Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| (2) | Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| (3) | Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| (4) | Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| (5) | Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| (6) | Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| 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)? <input type="checkbox"/> 1b | | | |
| 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? <input type="checkbox"/> 1c | | | No |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)) | | | |
| a | 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____ | | | |
| b | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions). <input type="checkbox"/> 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 ▶ 20____, 20____, 20____, 20____ | | | |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| b | If "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). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 3b | | | |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 4a | | | No |
| b | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017? 4b | | | No |

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

| | | | | |
|-----------|--|-----------|--|-----------|
| 5a | <p>During the year did the foundation pay or incur any amount to</p> <p>(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(3) Provide a grant to an individual for travel, study, or other similar purposes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | | | |
| b | <p>If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/> </p> | 5b | | |
| c | <p>If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i></p> | | | |
| 6a | <p>Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | | | |
| b | <p>Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><i>If "Yes" to 6b, file Form 8870</i></p> | 6b | | No |
| 7a | <p>At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | | | |
| b | <p>If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | 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 compensation (see instructions).**

| (a) Name and address | Title, and average hours per week (b) devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | Expense account, (e) other allowances |
|---------------------------|---|---|---|---------------------------------------|
| See Additional Data Table | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

| (a) Name and address of each employee paid more than \$50,000 | Title, and average hours per week (b) devoted to position | (c) Compensation | Contributions to employee benefit plans and deferred compensation (d) | Expense account, (e) other allowances |
|---|---|------------------|---|---------------------------------------|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Total number of other employees paid over \$50,000. **0****3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Total number of others receiving over \$50,000 for professional services. **0****Part IX-A Summary of Direct Charitable Activities**

| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | Expenses |
|--|----------|
| 1 | |
| | |
| | |
| 2 | |
| | |
| | |
| 3 | |
| | |
| | |
| 4 | |
| | |
| | |

Part IX-B Summary of Program-Related Investments (see instructions)

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 | Amount |
|--|--------|
| 1 | |
| | |
| | |
| 2 | |
| | |
| | |
| All other program-related investments. See instructions. | |
| 3 | |
| | |
| | |

Total. Add lines 1 through 3. **0**

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

| | | | |
|----------|--|-----------|------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes | | |
| a | Average monthly fair market value of securities. | 1a | 22,322,905 |
| b | Average of monthly cash balances. | 1b | 901,123 |
| c | Fair market value of all other assets (see instructions). | 1c | 0 |
| d | Total (add lines 1a, b, and c). | 1d | 23,224,028 |
| 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 | 23,224,028 |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). | 4 | 348,360 |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4. | 5 | 22,875,668 |
| 6 | Minimum investment return. Enter 5% of line 5. | 6 | 1,143,783 |

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

| | | | |
|-----------|--|-----------|-----------|
| 1 | Minimum investment return from Part X, line 6. | 1 | 1,143,783 |
| 2a | Tax on investment income for 2017 from Part VI, line 5. | 2a | 10,020 |
| b | Income tax for 2017 (This does not include the tax from Part VI). | 2b | |
| c | Add lines 2a and 2b. | 2c | 10,020 |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1. | 3 | 1,133,763 |
| 4 | Recoveries of amounts treated as qualifying distributions. | 4 | 0 |
| 5 | Add lines 3 and 4. | 5 | 1,133,763 |
| 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 | 1,133,763 |

Part XII Qualifying Distributions (see instructions)

| | | | |
|----------|---|-----------|-----------|
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes | | |
| a | Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. | 1a | 1,507,652 |
| 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 | |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4. | 4 | 1,507,652 |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions). | 5 | 10,020 |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4. | 6 | 1,497,632 |

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

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, line 7 | | | | 1,133,763 |
| 2 Undistributed income, if any, as of the end of 2017 | | | | |
| a Enter amount for 2016 only. | | | 0 | |
| b Total for prior years 20____, 20____, 20____ | | 0 | | |
| 3 Excess distributions carryover, if any, to 2017 | | | | |
| a From 2012. | | | | 92,879 |
| b From 2013. | | | | 140,891 |
| c From 2014. | | | | 179,879 |
| d From 2015. | | | | 248,440 |
| e From 2016. | | | | 346,635 |
| f Total of lines 3a through e. | 1,008,724 | | | |
| 4 Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ <u>1,507,652</u> | | | | |
| a Applied to 2016, but not more than line 2a | | | 0 | |
| 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 2017 distributable amount. | | | | 1,133,763 |
| e Remaining amount distributed out of corpus | 373,889 | | | |
| 5 Excess distributions carryover applied to 2017 (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 | 1,382,613 | | | |
| b Prior years' undistributed income Subtract line 4b from line 2b | | 0 | | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. | | 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 instructions | | | 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 not applied on line 5 or line 7 (see instructions). | 92,879 | | | |
| 9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a | 1,289,734 | | | |
| 10 Analysis of line 9 | | | | |
| a Excess from 2013. | | | | 140,891 |
| b Excess from 2014. | | | | 179,879 |
| c Excess from 2015. | | | | 248,440 |
| d Excess from 2016. | | | | 346,635 |
| e Excess from 2017. | | | | 373,889 |

b Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

Part XV **Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)**

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))

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

Check here ☒ 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. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

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

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|--|--------------------------------------|-------------------------------------|-----------|
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> See Additional Data Table | | | | |
| Total | | | 3a | 1,465,500 |
| b <i>Approved for future payment</i> | | | | |
| Total | | | 3b | 0 |

Enter gross amounts unless otherwise indicated

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

| Line No. | Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions) |
|----------|--|
| | |

Form **990-PF** (2017)

Part XVII

- | | | | |
|---|----|--|----|
| c Sharing of facilities, equipment, mailing lists, other assets, or paid employees. | 1c | | No |
|---|----|--|----|

| (a) Line No | (b) Amount involved | (c) Name of noncharitable exempt organization | (d) Description of transfers, transactions, and sharing arrangements |
|-------------|---------------------|---|--|
|-------------|---------------------|---|--|

- 2d Is the foundation an entity or individual, animated (with) or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

- b** If "Yes," complete the following schedule

Sign May the IRS discuss this

| | | | | |
|------|-------|------------|-------|--------------------------|
| Sign | ***** | 2018-11-09 | ***** | May the IRS discuss this |
|------|-------|------------|-------|--------------------------|

| | Part 1 | Part 2 | Part 3 | Part 4 | Part 5 |
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| Print/Type preparer's name | Preparer's Signature | Date | PTIN |
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| Firm's address ▶ | 951 NORTH MAIN STREET |
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Additional Data

Software ID:
Software Version:
EIN: 13-6208422
Name: THE SHARPE FAMILY FOUNDATION

Form 990PF - Special Condition Description:

| Special Condition Description | |
|-------------------------------|--|
| 965 TAX | |

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

| (a) Name and address | Title, and average hours per week (b) devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | Expense account, (e) other allowances |
|---|--|--|--|--|
| HENRY D SHARPE JR | TRUSTEE 1 00 | 0 | 0 | 0 |
| POJAC POINT ROAD NORTH KINGSTOWN, RI 02852 | | | | |
| PEGGY B SHARPE | TRUSTEE 1 00 | 0 | 0 | 0 |
| POJAC POINT ROAD NORTH KINGSTOWN, RI 02852 | | | | |
| HENRY D SHARPE III | TRUSTEE 1 00 | 0 | 0 | 0 |
| PO BOX 202 SAUNDERSTOWN, RI 02874 | | | | |
| DOUGLAS B SHARPE | TRUSTEE 1 00 | 0 | 0 | 0 |
| 401 SILVER HILL ROAD CONCORD, MA 01742 | | | | |
| SARAH A SHARPE | TRUSTEE 1 00 | 0 | 0 | 0 |
| 680 SUDBURY ROAD CONCORD, MA 01742 | | | | |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment | | | | |
|--|---|--------------------------------|----------------------------------|-----------|
| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business) | | | | |
| a Paid during the year | | | | |
| ABBE MUSEUM26 MOUNT DESERT ST BAR HARBOR, ME 04609 | NONE | PUBLIC CHARITY | CHARITABLE | 36,500 |
| APPALACHIAN MOUNTAIN CLUB 5 JOY STREET BOSTON, MA 02108 | NONE | PUBLIC CHARITY | CHARITABLE | 1,500 |
| AUDUBON SOCIETY OF RI 12 SANDERSON ROAD SMITHFIELD, RI 02917 | NONE | PUBLIC CHARITY | CHARITABLE | 30,000 |
| Total ▶ 3a | | | | 1,465,500 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment | | | | |
|--|---|--------------------------------|----------------------------------|-----------|
| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| BOYS AND GIRLS CLUBS OF PROVIDENCE 550 WICKENDEN STREET PROVIDENCE, RI 02903 | NONE | PUBLIC CHARITY | CHARITABLE | 1,000 |
| BROWN UNIVERSITY OFFICE OF DEVELOPMENT BOX 1893 PROVIDENCE, RI 02912 | NONE | PUBLIC CHARITY | EDUCATION | 70,000 |
| BUTLER HOSPITAL 345 BLACKSTONE BOULEVARD PROVIDENCE, RI 02906 | NONE | PUBLIC CHARITY | CHARITABLE | 1,000 |
| Total 3a | | | | 1,465,500 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment | | | | |
|--|---|--------------------------------|----------------------------------|-----------|
| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| CAPITAL GOOD FUND26 7TH STREET PROVIDENCE, RI 02906 | NONE | PUBLIC CHARITY | CHARITABLE | 1,000 |
| CERES99 CHAUNCY STREET 6TH FL BOSTON, MA 02111 | NONE | PUBLIC CHARITY | CHARITABLE | 46,500 |
| CITY YEAR OF RHODE ISLAND 77 EDDY STREET FL 2 PROVIDENCE, RI 02903 | NONE | PUBLIC CHARITY | CHARITABLE | 500 |
| Total ▶ 3a | | | | 1,465,500 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment | | | | |
|--|---|--------------------------------|----------------------------------|-----------|
| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| COLLEGE OF THE ATLANTIC 105 EDEN STREET BAR HARBOR, ME 04609 | NONE | PUBLIC CHARITY | EDUCATION | 35,000 |
| COMMON CAUSE RHODE ISLAND 245 WATERMAN STREET PROVIDENCE, RI 02906 | NONE | PUBLIC CHARITY | CHARITABLE | 20,000 |
| COMMUNITY PREPARATORY SCHOOL 126 SOMERSET STREET PROVIDENCE, RI 02907 | NONE | PUBLIC CHARITY | EDUCATION | 1,000 |
| Total ▶ 3a | | | | 1,465,500 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment | | | | |
|--|---|--------------------------------|----------------------------------|-----------|
| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| COMMUNITY SERVINGS 18 MARBURY TER JAMAICA PLAIN, MA 02130 | NONE | PUBLIC CHARITY | CHARITABLE | 100,000 |
| COMMUNITY WORKS25 WEST STREET BOSTON, MA 02111 | NONE | PUBLIC CHARITY | CHARITABLE | 2,500 |
| CONCORD ACADEMY166 MAIN STREET CONCORD, MA 01742 | NONE | PUBLIC CHARITY | EDUCATION | 60,000 |
| Total ▶ 3a | | | | 1,465,500 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment | | | | |
|--|---|--------------------------------|---|-----------|
| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| CONCORD COMMUNITY CHEST 111 OLD ROAD TO NINE ACRE CORNER CONCORD, MA 01742 | NONE | PUBLIC CHARITY | TTHOMPSON1 - 03/04/14 10 45AM WORKSHEET GRANTS AND CONTRIBUTIONS PA | 4,000 |
| CONCORD LAND CONSERVATION TRUST PO BOX 141 CONCORD, MA 01742 | NONE | PUBLIC CHARITY | CHARITABLE | 6,000 |
| CONCORD LIBRARY129 MAIN STREET CONCORD, MA 01742 | NONE | PUBLIC CHARITY | CHARITABLE | 1,000 |
| Total ▶ 3a | | | | 1,465,500 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment | | | | |
|--|---|--------------------------------|----------------------------------|-----------|
| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business) | | | | |
| a Paid during the year | | | | |
| CONCORD MUSEUM 200 LEXINGTON ROAD PO BOX 146 CONCORD, MA 01742 | NONE | PUBLIC CHARITY | CHARITABLE | 6,200 |
| CONSERVATION LAW FOUNDATION 55 DORRANCE STREET PROVIDENCE, RI 02903 | NONE | PUBLIC CHARITY | CHARITABLE | 36,000 |
| CROSSROADS RHODE ISLAND 160 BROAD STREET PROVIDENCE, RI 02903 | NONE | PUBLIC CHARITY | CHARITABLE | 5,000 |
| Total ▶ 3a | | | | 1,465,500 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment | | | | |
|--|---|--------------------------------|----------------------------------|-----------|
| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| DORCAS INTERNATIONAL INSTITUTE OF RHODE ISLAND 220 ELMWOOD AVENUE PROVIDENCE, RI 02907 | NONE | PUBLIC CHARITY | EDUCATION | 5,000 |
| EARTHWATCH INSTITUTE 3 CLOCK TOWER PLACE SUITE 100 MAYNARD, MA 01754 | NONE | PUBLIC CHARITY | CHARITABLE | 3,000 |
| EMERSON HEALTH CARE FOUNDATION 133 OLD ROAD TO NINEACRE CORNER CONCORD, MA 01742 | NONE | PUBLIC CHARITY | CHARITABLE | 2,000 |
| Total ► 3a | | | | 1,465,500 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment | | | | |
|--|---|--------------------------------|----------------------------------|-----------|
| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| EMERSON UMBRELLA CENTER FOR THE ARTS 40 STOW STREET CONCORD, MA 01742 | NONE | PUBLIC CHARITY | CHARITABLE | 1,000 |
| FAMILY SERVICE OF RHODE ISLAND PO BOX 6688 PROVIDENCE, RI 02940 | NONE | PUBLIC CHARITY | CHARITABLE | 500 |
| FENN SCHOOL516 MONUMENT STREET CONCORD, MA 01742 | NONE | PUBLIC CHARITY | EDUCATION | 57,500 |
| Total ▶ 3a | | | | 1,465,500 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment | | | | |
|--|---|--------------------------------|----------------------------------|-----------|
| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business) | | | | |
| a Paid during the year | | | | |
| FILMMAKERS COLLABORATIVE SF 145 NINTH STREET 101 SAN FRANCISCO, CA 94103 | NONE | PUBLIC CHARITY | CHARITABLE | 10,000 |
| FOREST SOCIETY OF MAINE 115 FRANKLIN ST 3RD FLOOR BANGOR, ME 04401 | NONE | PUBLIC CHARITY | CHARITABLE | 1,000 |
| FRENCHMAN BAY CONSERVANCY 71 TIDAL FALLS ROAD PO BOX 150 HANCOCK, ME 04640 | NONE | PUBLIC CHARITY | CHARITABLE | 77,500 |
| Total ▶ 3a | | | | 1,465,500 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment | | | | |
|--|---|--------------------------------|----------------------------------|-----------|
| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| GAINING GROUNDPO BOX 374 CONCORD, MA 01742 | NONE | PUBLIC CHARITY | CHARITABLE | 1,000 |
| GROW SMART RHODE ISLAND 235 PROMENADE STREET SUITE 550 PROVIDENCE, RI 02908 | NONE | PUBLIC CHARITY | CHARITABLE | 5,000 |
| HISTORIC NEW ENGLAND 141 CAMBRIDGE STREET BOSTON, MA 02114 | NONE | PUBLIC CHARITY | EDUCATION | 2,000 |
| Total ▶ 3a | | | | 1,465,500 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment | | | | |
|--|---|--------------------------------|----------------------------------|-----------|
| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| KENT COUNTY HOSPITAL 455 TOLL GATE ROAD WARWICK, RI 02886 | NONE | PUBLIC CHARITY | CHARITABLE | 5,000 |
| LAND TRUST ALLIANCE 1331 H ST NW SUITE 400 WASHINGTON, DC 20005 | NONE | PUBLIC CHARITY | CHARITABLE | 35,000 |
| LOWELL COMMUNITY HEALTH CENTER 585-597 MERRIMACK STREET LOWELL, MA 01854 | NONE | PUBLIC CHARITY | CHARITABLE | 71,000 |
| Total ▶ 3a | | | | 1,465,500 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment | | | | |
|--|---|--------------------------------|----------------------------------|-----------|
| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| MADEIRA SCHOOL 8328 GEORGETOWN PIKE MCLEAN, VA 22102 | NONE | PUBLIC CHARITY | EDUCATION | 2,000 |
| MAINE COAST HERITAGE TRUST BOWDOIN MILL 1 MAIN STREET STE 201 TOPSHAM, ME 04086 | NONE | PUBLIC CHARITY | CHARITABLE | 27,000 |
| MAINE COAST MEMORIAL HOSPITAL 1 GREENHOUSE RD ELLSWORTH, ME 04605 | NONE | PUBLIC CHARITY | CHARITABLE | 2,000 |
| Total ► 3a | | | | 1,465,500 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment | | | | |
|--|---|--------------------------------|----------------------------------|-----------|
| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| MAINE ORGANIC FARMERS & GARDENERS ASSOCIATION PO BOX 170 UNITY, ME 04988 | NONE | PUBLIC CHARITY | CHARITABLE | 500 |
| MAINE SEACOAST MISSION 127 WEST STREET BAR HARBOR, ME 04609 | NONE | PUBLIC CHARITY | CHARITABLE | 500 |
| MASSACHUSETTS AUDUBON SOCIETY 208 SOUTH GREAT ROAD LINCOLN, RI 01773 | NONE | PUBLIC CHARITY | CHARITABLE | 1,000 |
| Total ► 3a | | | | 1,465,500 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment | | | | |
|--|---|--------------------------------|----------------------------------|-----------|
| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| METCALF INSTITUTE FOR MARINE AND ENVIRONMENTAL REPORTING 218 SOUTH FERRY ROAD NARRAGANSETT, RI 02874 | NONE | PUBLIC CHARITY | CHARITABLE | 5,000 |
| MINUTE MAN ARC 35 FOREST RIDGE RD STE 110 CONCORD, MA 01742 | NONE | PUBLIC CHARITY | CHARITABLE | 50,000 |
| MOSES BROWN SCHOOL 250 LLOYD AVENUE PROVIDENCE, RI 02906 | NONE | PUBLIC CHARITY | EDUCATION | 1,000 |
| Total ► 3a | | | | 1,465,500 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment | | | | |
|--|---|--------------------------------|----------------------------------|-----------|
| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| MOUNT DESERT ISLAND BIOLOGICAL LABORATORY OLD BAR HARBOR ROAD PO BOX 35 SALISBURY COVE, ME 04672 | NONE | PUBLIC CHARITY | CHARITABLE | 6,000 |
| NARROW RIVER LAND TRUST PO BOX 641 SOUTH KINGSTOWN, RI 02880 | NONE | PUBLIC CHARITY | CHARITABLE | 10,000 |
| NATURESERVE 1101 WILSON BOULEVARD 15TH FLOOR ARLINGTON, VA 22209 | NONE | PUBLIC CHARITY | CHARITABLE | 1,000 |
| Total ► 3a | | | | 1,465,500 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment | | | | |
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| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| PARTNERS IN HEALTH 888 COMMONWEALTH AVE 3RD FLOOR BOSTON, MA 02115 | NONE | PUBLIC CHARITY | CHARITABLE | 10,000 |
| PHILLIPS EXETER ACADEMY 20 MAIN STREET EXETER, NH 03833 | NONE | PUBLIC CHARITY | EDUCATION | 5,000 |
| PLANNED PARENTHOOD FEDERATION OF AMERICA 434 WEST 33RD STREET NEW YORK, NY 10001 | NONE | PUBLIC CHARITY | CHARITABLE | 21,000 |
| Total ▶ 3a | | | | 1,465,500 |

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| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| PROVIDENCE COMMUNITY LIBRARY 441 PRAIRIE AVENUE PROVIDENCE, RI 02905 | NONE | PUBLIC CHARITY | EDUCATION | 4,000 |
| PROVIDENCE PRESERVATION SOCIETY 21 MEETING STREET PROVIDENCE, RI 02903 | NONE | PUBLIC CHARITY | CHARITABLE | 2,500 |
| PROVIDENCE PUBLIC LIBRARY 225 WASHINGTON STREET PROVIDENCE, RI 02903 | NONE | PUBLIC CHARITY | EDUCATION | 1,000 |
| Total ▶ 3a | | | | 1,465,500 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment | | | | |
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| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| RHODE ISLAND COMMUNITY FOOD BANK 200 Niantic Avenue Providence, RI 02907 | NONE | PUBLIC CHARITY | CHARITABLE | 15,000 |
| RHODE ISLAND FREE CLINIC 655 Broad Street Providence, RI 02903 | NONE | PUBLIC CHARITY | CHARITABLE | 5,000 |
| RHODE ISLAND HOSPITAL FOUNDATION One Union Station Providence, RI 02903 | NONE | PUBLIC CHARITY | CHARITABLE | 5,000 |
| Total ▶ 3a | | | | 1,465,500 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment | | | | |
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| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| RHODE ISLAND INTERFAITH POWER AND LIGHT PO BOX 8815 WARWICK, RI 02888 | NONE | PUBLIC CHARITY | CHARITABLE | 1,000 |
| RHODE ISLAND LAND TRUST COUNCIL PO BOX 633 SAUNDERSTOWN, RI 02874 | NONE | PUBLIC CHARITY | CHARITABLE | 7,000 |
| RHODE ISLAND NATURAL HISTORY SURVEY 1 GREENHOUSE RD KINGSTON, RI 02881 | NONE | PUBLIC CHARITY | CHARITABLE | 10,000 |
| Total ▶ 3a | | | | 1,465,500 |

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|--|---|--------------------------------|----------------------------------|-----------|
| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| RHODE ISLAND PHILHARMONIC ORCHESTRA 667 WATERMAN AVE EAST PROVIDENCE, RI 02914 | NONE | PUBLIC CHARITY | CHARITABLE | 1,000 |
| RHODE ISLAND PUBLIC EXPENDITURE COUNCIL 300 RICHMOND STREET SUITE 200 PROVIDENCE, RI 02903 | NONE | PUBLIC CHARITY | CHARITABLE | 5,000 |
| RHODE ISLAND PUBLIC RADIO ONE UNION STATION PROVIDENCE, RI 02903 | NONE | PUBLIC CHARITY | CHARITABLE | 70,000 |
| Total ▶ 3a | | | | 1,465,500 |

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| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| RHODE ISLAND SCHOOL OF DESIGN PO BOX 242 PROVIDENCE, RI 02903 | NONE | PUBLIC CHARITY | EDUCATION | 5,000 |
| RHODE ISLANDERS SPONSORING EDUCATION 17 GORDON AVENUE PROVIDENCE, RI 02905 | NONE | PUBLIC CHARITY | EDUCATION | 4,000 |
| SANDRA FEINSTEIN GAMM THEATRE 172 EXCHANGE STREET PAWTUCKET, RI 02860 | NONE | PUBLIC CHARITY | CHARITABLE | 500 |
| Total ▶ 3a | | | | 1,465,500 |

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|--|---|--------------------------------|----------------------------------|-----------|
| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business) | | | | |
| a Paid during the year | | | | |
| SARAH LAWRENCE COLLEGE 1 MEAD WAY BRONXVILLE, NY 10708 | NONE | PUBLIC CHARITY | EDUCATION | 5,000 |
| SAVE THE BAY INC 100 SAVE THE BAY DRIVE PROVIDENCE, RI 02905 | NONE | PUBLIC CHARITY | CHARITABLE | 27,000 |
| SOUTH COUNTY HOSPITAL 100 KENYON AVENUE WAKEFIELD, RI 02879 | NONE | PUBLIC CHARITY | CHARITABLE | 5,000 |
| Total ▶ 3a | | | | 1,465,500 |

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| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| SOUTH KENT SCHOOL 40 BULLS BRIDGE ROAD SOUTH KENT, CT 06785 | NONE | PUBLIC CHARITY | EDUCATION | 20,000 |
| SOUTHSIDE COMMUNITY LAND TRUST 109 SOMERSET STREET PROVIDENCE, RI 02907 | NONE | PUBLIC CHARITY | CHARITABLE | 1,000 |
| THE BOSTON FOUNDATION 75 ARLINGTON STREET 1000 BOSTON, MA 02116 | NONE | PUBLIC CHARITY | CHARITABLE | 300 |
| Total ▶ 3a | | | | 1,465,500 |

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|--|---|--------------------------------|---|-----------|
| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| THE FOUNDATION FOR FREE FLIGHT PO BOX 518 DUNLAP, CA 93621 | NONE | PUBLIC CHARITY | CHARITABLE | 20,000 |
| THE INDEPENDENT DAY SCHOOL 115 LAUREL BROOK ROAD MIDDLEFIELD, CT 06455 | NONE | PUBLIC CHARITY | THE ED & ELIZABETH WALLACE SCHOLARSHIP FUND | 9,000 |
| THE MIRIAM HOSPITAL FOUNDATION 164 SUMMIT AVENUE PROVIDENCE, RI 02906 | NONE | PUBLIC CHARITY | CHARITABLE | 5,000 |
| Total ▶ 3a | | | | 1,465,500 |

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|--|---|--------------------------------|----------------------------------|-----------|
| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| THE NATURE CONSERVANCY- MAINE CHAPTER 14 MAINE STREET SUITE 401 BRUNSWICK, ME 04011 | NONE | PUBLIC CHARITY | CHARITABLE | 10,000 |
| THE NATURE CONSERVANCY- MASSACHUSETTS CHAPTER 205 PORTLAND STREET SUITE 400 BOSTON, MA 02114 | NONE | PUBLIC CHARITY | CHARITABLE | 55,000 |
| THE NATURE CONSERVANCY- RHODE ISLAND FIELD OFFICE 159 WATERMAN STREET PROVIDENCE, RI 02906 | NONE | PUBLIC CHARITY | CHARITABLE | 30,000 |
| Total ► 3a | | | | 1,465,500 |

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|--|---|--------------------------------|----------------------------------|-----------|
| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| THE PROVIDENCE ATHENAEUM 251 BENEFIT STREET PROVIDENCE, RI 02903 | NONE | PUBLIC CHARITY | EDUCATION | 2,000 |
| THE RHODE ISLAND FOUNDATION ONE UNION STATION PROVIDENCE, RI 02903 | NONE | PUBLIC CHARITY | CHARITABLE | 105,000 |
| THE RHODE ISLAND HISTORICAL SOCIETY 110 BENEVOLENT STREET PROVIDENCE, RI 02906 | NONE | PUBLIC CHARITY | EDUCATION | 2,000 |
| Total ▶ 3a | | | | 1,465,500 |

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|--|---|--------------------------------|----------------------------------|-----------|
| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| TRINITY REPERTORY THEATRE 201 WASHINGTON STREET PROVIDENCE, RI 02903 | NONE | PUBLIC CHARITY | CHARITABLE | 1,500 |
| UNITARIAN UNIVERSALIST ASSOCIATION 25 BEACON ST BOSTON, MA 02108 | NONE | PUBLIC CHARITY | RELIGIOUS | 2,000 |
| UNITED WAY OF RHODE ISLAND 50 VALLEY STREET PROVIDENCE, RI 02909 | NONE | PUBLIC CHARITY | CHARITABLE | 75,000 |
| Total ► 3a | | | | 1,465,500 |

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| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| URI FOUNDATION 79 UPPER COLLEGE ROAD KINGSTON, RI 02881 | NONE | PUBLIC CHARITY | EDUCATION | 2,000 |
| UTEC-LOWELL35 WARREN STREET LOWELL, MA 01852 | NONE | PUBLIC CHARITY | CHARITABLE | 32,000 |
| WATERFIRE PROVIDENCE 101 REGENT AVENUE PROVIDENCE, RI 02908 | NONE | PUBLIC CHARITY | CHARITABLE | 5,000 |
| Total ▶ 3a | | | | 1,465,500 |

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| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business) | | | | |
| a Paid during the year | | | | |
| WESTMINSTER UNITARIAN CHURCH 119 KENYON AVENUE EAST GREENWICH, RI 02818 | NONE | PUBLIC CHARITY | RELIGIOUS | 25,000 |
| WGBH EDUCATIONAL FOUNDATION 9 WALNUT TER ARLINGTON, MA 02476 | NONE | PUBLIC CHARITY | CHARITABLE | 1,500 |
| WOMEN & INFANTS HOSPITAL 101 DUDLEY STREET PROVIDENCE, RI 02905 | NONE | PUBLIC CHARITY | CHARITABLE | 5,000 |
| Total ▶ 3a | | | | 1,465,500 |

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| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| YOUTH IN ACTION672 BROAD STREET PROVIDENCE, RI 02907 | NONE | PUBLIC CHARITY | CHARITABLE | 1,000 |
| Total <div> <div></div> <div>▶</div> </div> 3a | | | | 1,465,500 |

TY 2017 Accounting Fees Schedule**Name:** THE SHARPE FAMILY FOUNDATION**EIN:** 13-6208422**Accounting Fees Schedule**

| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|-----------------|---------------|----------------------------------|--------------------------------|--|
| ACCOUNTING FEES | 15,280 | 7,640 | | 7,640 |

TY 2017 Investments Corporate Bonds Schedule

Name: THE SHARPE FAMILY FOUNDATION

EIN: 13-6208422

Investments Corporate Bonds Schedule

| Name of Bond | End of Year Book Value | End of Year Fair Market Value |
|--------------|------------------------|-------------------------------|
| FIXED INCOME | 2,540,649 | 2,420,898 |

TY 2017 Investments Corporate Stock Schedule**Name:** THE SHARPE FAMILY FOUNDATION**EIN:** 13-6208422

| Name of Stock | End of Year Book Value | End of Year Fair Market Value |
|---------------|------------------------|-------------------------------|
| COMMON STOCK | 11,895,148 | 15,536,149 |

TY 2017 Investments - Other Schedule

Name: THE SHARPE FAMILY FOUNDATION

EIN: 13-6208422

Investments Other Schedule 2

| Category/ Item | Listed at Cost or FMV | Book Value | End of Year Fair Market Value |
|-------------------------|-----------------------|------------|-------------------------------|
| ALTERNATIVE INVESTMENTS | FMV | 3,331,536 | 4,620,950 |

TY 2017 Other Decreases Schedule

Name: THE SHARPE FAMILY FOUNDATION
EIN: 13-6208422

| Description | Amount |
|--------------------------------|--------|
| PARTNERSHIP TIMING DIFFERENCES | 66,182 |

TY 2017 Other Expenses Schedule**Name:** THE SHARPE FAMILY FOUNDATION**EIN:** 13-6208422**Other Expenses Schedule**

| Description | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|-------------------|--------------------------------------|--------------------------|------------------------|---|
| BANK SERVICE FEES | 180 | 0 | | 180 |
| FILING FEES | 50 | 0 | | 50 |

TY 2017 Other Income Schedule**Name:** THE SHARPE FAMILY FOUNDATION**EIN:** 13-6208422**Other Income Schedule**

| Description | Revenue And Expenses Per Books | Net Investment Income | Adjusted Net Income |
|---------------------------------|-----------------------------------|--------------------------|---------------------|
| FLOW THRU FROM LPS | -139,524 | -122,734 | -139,524 |
| CLASS ACTION SUIT | 3,068 | 3,068 | 3,068 |
| SECTION 965(A) INCOME INCLUSION | 9,045 | 9,045 | 9,045 |

TY 2017 Other Increases Schedule

Name: THE SHARPE FAMILY FOUNDATION
EIN: 13-6208422

| Description | Amount |
|------------------------|--------|
| UBIT FROM PARTNERSHIPS | 16,790 |

TY 2017 Other Professional Fees Schedule**Name:** THE SHARPE FAMILY FOUNDATION**EIN:** 13-6208422

| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|---------------------|---------------|----------------------------------|--------------------------------|--|
| INVESTMENT MGT FEES | 67,080 | 67,083 | | 0 |
| CONSULTING | 30,452 | 0 | | 30,452 |

TY 2017 Taxes Schedule**Name:** THE SHARPE FAMILY FOUNDATION**EIN:** 13-6208422

| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|-------------|--------|--------------------------|------------------------|---|
| FOREIGN TAX | 1,477 | 1,477 | | 0 |