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Form **990-PF**

Return of Private Foundation

OMB No 1545-0052

Department of the Treasury
Internal Revenue Service

- or Section 4947(a)(1) Trust Treated as Private Foundation (808)
▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

2017

Open to Public Inspection

For calendar year 2017 or tax year beginning 09/01, 2017, and ending 08/31, 2018

Name of foundation

FRANK & ELLEN COBB MEMORIAL SCHOLARS

A Employer identification number

03-6088605

Number and street (or P O box number if mail is not delivered to street address)

Room/suite

B Telephone number (see instructions)

888-866-3275

P.O. BOX 1802

City or town, state or province, country, and ZIP or foreign postal code

PROVIDENCE, RI 02901-1802

C If exemption application is pending, check here. ☐ ☒ b

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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	End of year	
	(a) Book Value	(b) Book Value	(c) Fair Market Value
1 Cash - non-interest-bearing			
2 Savings and temporary cash investments	45,621.	10,871.	10,871.
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			

Part IV Capital Gains and Losses for Tax on Investment Income(a) List and describe the kind(s) of property sold (for example, 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 PUBLICLY TRADED SECURITIES****b OTHER GAINS AND LOSSES****c****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 323,497.		286,489.	37,008.
b 253,185.		153,352.	99,833.
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
a			37,008.
b			99,833.
c			
d			
e			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	136,841.
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 doesn't qualify under section 4940(e) Do not complete this part.

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

(a) Base period years	(b)	(c)	(d) Distribution ratio
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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 ☐ 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 ☐ and enter 1% of Part I, line 27b
- c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of
Part I, line 12, col (b)

1

3,204.

NONE

Part VII-A Statements Regarding Activities *(continued)*

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**5a** During the year, did the foundation pay or incur any amount to

- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No
- (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No
- (3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions ☐ Yes ☒ No
- (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational

	Yes	No
(1)		
(2)		
(3)		
(4)		
(5)		

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)***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		NONE

All other program-related investments See instructions

3 NONE

Total. Add lines 1 through 3 ▶Form **990-PF** (2017)

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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	1,918,867.
b Average of monthly cash balances	1b	54,124.
c Fair market value of all other assets (see instructions).	1c	NONE
d Total (add lines 1a, b, and c)	1d	1,972,991.

e Deduction claimed for blockage or other factors reported on lines 1a and

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				98,466.
2 Undistributed income, if any, as of the end of 2017 a Enter amount for 2016 only			74,422.	

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

NOT APPLICABLE

- 1a** 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

N/A

- 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.

N/A

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

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., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

- 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.

SEE ATTACHED STATEMENT FOR LINE 2

- c** Any submission deadlines.

SEE ATTACHED STATEMENT FOR LINE 2

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

SEE ATTACHED STATEMENT FOR LINE 2

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	Foundation status of	Purpose of grant or contribution	Amount
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2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here

[Signature]
Signature of officer or trustee

12/10/2018
Date

MANAGING DIR
Title

May the IRS discuss this return with the preparer shown below?
See instructions ☐ Yes ☒ No

BANK OF AMERICA, N.A.

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶	Firm's EIN ▶			
Firm's address ▶	Phone no			

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Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f _____					
g Fees and contracts from government agencies					

Part VIII Information Regarding Transfers to and Transactions and Relationships With Noncharitable

FRANK

FORM 9
=====DESCRIBED
-----FOREIG
EXCISE
EXCISE
FOREIG
FOREIG

DESCRIPTION

AMOUNT

CTF ADJ
ADJ FOR RECOVERIES

4,057.
4,500.

TOTAL

8,557.

=====

FORM 990PF, PART I - OTHER INCOME

=====

DESCRIPTION -----	REVENUE AND EXPENSES PER BOOKS -----	NET INVESTMENT INCOME -----
PARTNERSHIP INCOME		151.
	-----	-----
TOTALS	=====	=====
		151.
		=====

03-6088605

NET INVESTMENT INCOME -----	ADJUSTED NET INCOME -----	CHARITABLE PURPOSES -----
750.		500.
750.	NONE	500.
=====	=====	=====

FORM 990PF, PART I - OTHER PROFESSIONAL FEES
=====

DESCRIPTION -----	REVENUE AND EXPENSES PER BOOKS -----	CHARITABLE PURPOSES -----
GRANTMAKING FEES - BOA	4,912.	4,912.
TOTALS	4,912.	4,912.
	=====	=====

PART I - TAXES

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	REVENUE AND EXPENSES PER BOOKS -----	NET INVESTMENT INCOME -----
ES	810.	810.
- PRIOR YEAR	1,180.	
ESTIMATES	1,600.	
ES ON QUALIFIED FOR	160.	160.
ES ON NONQUALIFIED	89.	89.
	-----	-----
TOTALS	3,839.	1,059.
	=====	=====

FORM 990PF, PART I - OTHER EXPENSES
=====

DESCRIPTION -----	REVENUE AND EXPENSES PER BOOKS -----	NET INVESTMENT INCOME -----	CHARITABLE PURPOSES -----
OTHER ALLOCABLE EXPENSE-PRINCI	202.	202.	
OTHER ALLOCABLE EXPENSE-INCOME	202.	202.	
STATE FILING FEE	35.		35.
PARTNERSHIP EXPENSES		168.	
TOTALS	439.	572.	35.

DING
VALUE
FMV

51,323.
38,566.
124,424.

84,601.
73,707.
148,333.

17,175.
116,683.
25,042.
65,347.
35,291.
26,934.
34,526.
106,926.

17,660.
115,074.
34,937.
77,245.
40,178.
32,247.
41,047.
116,730.

113,571.
71,787.

141,263.
83,514.

20,318.
39,037.
133,808.
22,061.
109,074.
33,670.

19,899.
49,439.
200,840.
19,163.
107,923.
37,790.

20,157.
52,481.

19,500.
66,318.

93,647.
50,625.

97,067.
51,684.

FRANK & ELLEN COBB MEMORIAL SCHOLARS
 FORM 990PF, PART II - CORPORATE STOCK
 =====

03-6088605

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----	ENDING FMV ---
00142R539 INVESCO BALANCED-RIS		40,531.	40,017.
99Z639934 LARGE CAP CORE CTF		88,218.	93,113.
99Z639942 MID CAP CORE CTF		81,239.	83,651.
99Z639959 SMALL CAP CORE CTF		65,568.	70,908.
	-----	-----	-----
TOTALS	1,578,352.	1,678,029.	1,963,848.
	=====	=====	=====

FORM 990-BE PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES

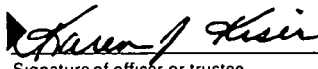
2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign
Here



Signature of officer or trustee

12/10/2018
Date

MANAGING DIR
Title

May the IRS discuss this return
with the preparer shown below?
See instructions ☐ Yes ☒ No

BANK OF AMERICA, N.A.

Paid
Preparer
Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if PTIN
self-employed

Firm's name ▶

Firm's EIN ▶

Firm's address ▶

Phone no

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FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCES
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DESCRIPTION -----	AMOUNT -----
PARTNERSHIP GAIN/LOSS ADJ	403.
ADJ OF CARRYING VALUE	223.

TOTAL	626.
	=====

RECIPIENT NAME:

HINGHAM HIGH C/O GUIDANCE DEPARTMENT

ADDRESS:

17 UNION ST

HINGHAM, MA 02043

RECIPIENT'S PHONE NUMBER: 781-741-1560

FORM, INFORMATION AND MATERIALS:

APPLICATION CAN BE OBTAINED FROM HIGHAM HIGH GUIDANCE DEPARTMENT

SUBMISSION DEADLINES:

MARCH 15TH

RESTRICTIONS OR LIMITATIONS ON AWARDS:

03-6088605

LARS

AND INTEREST FROM SECURITIES

REVENUE
AND
EXPENSES
PER BOOKS

NET
INVESTMENT
INCOME

VIDENDS

393.
6,404.
136.
15,864.
2,738.
268.
879.
-81.
179.
2,158.
7,295.

393.
6,404.
15,864.
2,738.
268.
879.
179.
2,158.
7,295.

TAXABLE

AS QUALI

TOTAL

36,233.

36,178.