Form 990-PF

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

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

► Go to www irs gov/Form990PF for instructions and the latest information

OMB No 1545-0052

| | | nent of the freasury | gov/Form990PF for instr | | - | | pen to Public Inspection |
|----------------------------|--|--|--------------------------|---------------|--------------------|---|--|
| F | For calendar year 2018 or tax year beginning , 2018, and ending , 20 | | | | | | |
| Name of foundation | | | | | A Employer identif | ication number | |
| | THE MURRAY FAMILY CHARITABLE FOUNDATION | | | | | 05-047508 | 9 |
| N | umber | and street (or P O box number if mail is not delivered | to street address) | | Room/suite | B Telephone numb | er (see instructions) |
| | | | | | | | |
| | 91 | MAIN ST | | | STE 118 | (401) 44 | 14-0818 |
| c | ty or t | own, state or province, country, and ZIP or foreign post | al code | • | | | |
| | | | | | | C If exemption application pending check here | ation is |
| | WAR | REN, RI 02885 | | | | penang ancarna | |
| G | Che | eck all that apply Initial return | Initial return | of a former p | ublic charity | D 1 Foreign organiza | itions, check here |
| | | Final return | Amended re | turn | | 2 Foreign organiza | ations meeting the |
| | | Address change | Name chang | е | | 85% test, check I computation | here and attach |
| H | Che | eck type of organization X Section 501 | (c)(3) exempt private f | foundation | 04 | T | a status was tormusated |
| [| s | Section 4947(a)(1) nonexempt charitable trust | Other taxable pr | ıvate founda | tion U | | on status was terminated o)(1)(A) check here . |
| ī | Fair | market value of all assets at J Acco | ounting method X C | ash Acc | rual | | s in a 60-month termination |
| | end | of year (from Part II, col (c), line | ther (specify) | | | under section 507(b | o)(1)(B), check here . |
| | 16) | ▶ \$ 37,115,016. (Part I. | column (d) must be on ca | ash basis) | | | |
| | Part | Analysis of Revenue and Expenses (The | (a) Revenue and | (h) Nat | | (a) Advicted not | (d) Disbursements for charitable |
| | | total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in | expenses per books | (b) Net inve | | (c) Adjusted net income | purposes |
| _ | | column (a) (see instructions)) | | | | | (cash basis only) |
| | 1 | Contributions, gifts grants etc., received (attach schedule) | 1,495,959. | | | | |
| | 2 | Check ► if the foundation is not required to attach Sch B | | | | <u>-</u> . | |
| | 3 | Interest on savings and temporary cash investments. | 53,649. | | 3,649. | | |
| | 4 | Dividends and interest from securities | 812,896. | 81 | 2,896. | | |
| | 5a | Gross rents | | | | | |
| |) | Net rental income or (loss) | 2,016,540. | | | | |
| ne | 6a b | Net gain or (loss) from sale of assets not on line 10 Gross sales pince for all 6.061.784 | 2,016,340. | | | | |
| /en | " | assets on line 6a | | 2 01 | 6,540. | Б | ECENTER |
| Revenue | 7 | Capital gain net income (from Part IV, line 2) | | 2,01 | 0,540. | | ECEIVED |
| _ | 8 | Net short-term capital gain | | | | - 49 | 15 78 |
| | 10a | Income modifications | | | | <u> </u> | ♥V & 3) 2019 ♥ |
| | _ | and allowances Less Cost of goods sold . | | | | | |
| | 1 | Gross profit or (loss) (attach schedule) | | | | 00 | SDEN LIT |
| | 11 | Other income (attach schedule) ATCH, 1 | 149,290. | 13 | 2,260. | <u> </u> | |
| | 12 | Total Add lines 1 through 11 | 4,528,334. | | 5,345. | | |
| | 13 | Compensation of officers, directors, trustees, etc | 172,500. | 8 | 6,250. | | 86,250. |
| ses | 14 | Other employee salaries and wages | | | | | |
| ens | 15 | Pension plans, employee benefits | 3,825. | | 1,913. | | 1,912. |
| ğ | 16a | Legal fees (attach schedule) | 07.000 | | 2 5 4 2 | | 12 540 |
| ELE ELE | b | Accounting fees (attach schedule) ATCH $\ \ 2$. | 27,080. | <u> </u> | 3,540. | | 13,540. |
| ₹. | С | Other professional fees (attach schedule) | 38,426. | 7 | 8,426. | | 1 |
| tra | 17 | Interest . ATCH .3 | 39,061. | 3 | 5,593. | - | |
| nis | 18 | Taxes (attach schedule) (see instructions)[4]. | 39,001. | | J, J93. | | |
| Ē | 19 | Depreciation (attach schedule) and depletion. | | | | | |
| A | 20 | Occupancy | | | | | |
| and Administrative Expense | 21 | Travel, conferences, and meetings | | | | | |
| Ē | 22 | Other expanses (attach schodule) ATCH 5 | 244,917. | 24 | 2,493. | | 1,093. |
| Operating | 24 | Other expenses (attach schedule) ATCH .5 Total operating and administrative expenses | -, | | | | |
| şra | 24 | Add lines 13 through 23 | 525,809. | 38 | 8,215. | | 102,795. |
| ğ | 25 | Contributions, gifts, grants paid | 1,861,091. | | | · · · · · · · · · · · · · · · · · · · | 1,861,091. |
| ٦ | 26 | Total expenses and disbursements Add lines 24 and 25 | 2,386,900. | 38 | 8,215. | 0. | 1,963,886. |
| _ | 27 | Subtract line 26 from line 12 | | | | | |
| | | Excess of revenue over expenses and disbursements | 2,141,434. | | | • | |
| | b | Net investment income (if negative, enter -0-) | | 2,62 | 7,130. | | |
| | С | Adjusted net income (if negative, enter -0-) | | | | | <u></u> |

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| D | T. Dolomos Chaste | Attached schedules and amounts in the | Beginning of year | Er | nd of year |
|---|--|---|--------------------------|-----------------|-----------------------|
| Part | Balance Sneets | description column should be for end-of-year amounts only (See instructions) | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| ۱ 1 | Cash - non-interest-bear | ing | | | |
| 2 | Savings and temporary | cash investments | 1,598,686. | 2,588,37 | 7. 2,588,377 |
| 3 | Accounts receivable ▶ | | | | |
| | Less allowance for dou | obtful accounts ▶ | | | |
| 4 | Pledges receivable ▶_ | | | | |
| | Less allowance for dou | btful accounts ▶ | | | |
| 5 | Grants receivable | | | | |
| 6 | Receivables due from | officers, directors, trustees, and other | | | ATCH 6 |
| | disqualified persons (at | tach schedule) (see instructions) | 688. | | |
| 7 | Other notes and loans | receivable (attach schedule) | | | |
| | | btful accounts ▶ | | | 1 |
| 8 13 | | se | | | |
| ssets 6 8 | | leferred charges | | | |
| 8 10 a | · · · · · · · · · · · · · · · · · · · | e government obligations (attach schedule). | | | |
| | | e stock (attach schedule) | | | |
| | • | e bonds (attach schedule) | | | |
| 11 | Investments - land, building | | | | |
| | and equipment basis Less accumulated deprecia | ation > | | | |
| 12 | (attach schedule) | loans | | | |
| 13 | Investments - mortgage | ach schedule) ATCH 7 | 25,793,442. | 26,367,32 | 1. 34,526,639 |
| 14 | Land, buildings, and | > | | | |
| | equipment basis Less accumulated deprecia | ation - | | | |
| 15 | (attach schedule) Other assets (describe | | | | |
| 16 | · | completed by all filers - see the | | | 1 |
| 1.0 | | age 1, item I) | 27,392,816. | 28,955,69 | 8. 37,115,016. |
| 17 | | accrued expenses | | | |
| 18 | , - | | | | |
| | • • | | | | |
| 20 | | ors, trustees, and other disqualified persons. | | | |
| 20 20 21 | · | otes payable (attach schedule) | | | |
| 22 | | ATCH 8 | 45,188. | | |
| | | , , | | | |
| 23 | Total liabilities (add line | es 17 through 22) | 45,188. | | 0. |
| | | w SFAS 117, check here | | | |
| es | | through 26, and lines 30 and 31 | | | |
| ပ၊ | Unrestricted | | | | |
| 24 0 25 | | | | | |
| ∽ . | • | | | | |
| | | ot follow SFAS 117, check here ►X | | | |
| 킨 | and complete lines 27 | | | | |
| 26 27 28 29 30 31 31 31 31 31 31 31 31 31 31 31 31 31 | - | cipal, or current funds | 27,347,628. | 28,955,69 | в. |
| S 28 | | rland, bldg , and equipment fund | | | |
| 55 29 | | ulated income, endowment, or other funds | - | | |
| 30 30 | • | I balances (see instructions) | 27,347,628. | 28,955,69 | 8. |
| 31 | | net assets/fund balances (see | | | |
| | | | 27,392,816. | 28,955,698 | a . |
| Part | | nges in Net Assets or Fund Bala | | | |
| | | palances at beginning of year - Part I | | nust agree with | |
| | | ed on prior year's return) | | - | 27,347,628. |
| | | line 27a | | | 2,141,434. |
| | | ded in line 2 (itemize) ► ATCH 9 | | Į. | 19 |
| | | | | | 00 100 001 |
| | creases not included in | | | | 522 222 |
| | | alances at end of year (line 4 minus | los 5) Dod II salvasa /h | | 28,955,698. |

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| Part IV Capital Gains | and Losses for Tax on Inve | estment Income | | | |
|---|---|--|---|---|----------------------------------|
| ` . | escribe the kind(s) of property sold (for earlier warehouse, or common stock, 200 | • • | (b) How acquired P - Purchase D - Donation | | (d) Date sold (mo , day, yr) |
| 1 a SEE PART IV SCHE | DULE | · · · · · · · · · · · · · · · · · · · | D - Conation | | |
| b | | | | | |
| C | | | | | |
| d | | | | | |
| е | | | | | |
| (e) Gross sales price | (f) Depreciation allowed | (g) Cost or other basis | | (h) Gain or (lo | |
| (0) 0:000 00:00 prioc | (or allowable) | plus expense of sale | | ((e) plus (f) minu | us (g)) |
| a | | | | | |
| b | | | | | |
| С | | | | | |
| d | | | | | |
| <u>e</u> | ļ | | ļ | | |
| Complete only for assets s | showing gain in column (h) and owned | T | | Gains (Col (h) ga | |
| (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 | col | (k), but not less to Losses (from co | |
| a | | | ļ | | |
| b | | | - | | |
| C | | | - | | |
| <u>d</u> | <u></u> | | | | |
| е | , If a | l ain, also enter in Part I, line 7 | | | |
| 2 Capital gain net income | | oss), enter -0- in Part I, line 7 | 2 | 2. | 016,540. |
| 3 Net short-term capital o | ain or (loss) as defined in sections | | | | 010,010. |
| | Part I, line 8, column (c) See ins | | 1 | | |
| • | | | 3 | | 0. |
| | | duced Tax on Net Investment I | | | |
| "Yes," the foundation does 1 Enter the appropriate a | n't qualify under section 4940(e) | outable amount of any year in the b Do not complete this part ar, see the instructions before making | · · · · · · · · · · · · · · · · · · · | ntries | Yes X No |
| (a) Base penod years | (b) | (c) |] | (d) Distribution ra | ilio |
| Calendar year (or tax year beginning in) | Adjusted qualifying distributions | Net value of nonchantable-use assets | | (col (b) divided by | |
| 2017 | 1,687,325. | 36,918,082. | | | 0.045705 |
| 2016 | 1,532,449. | 33,136,607. | | | 0.046246 |
| 2015 | 1,616,721. | 30,547,352. | | | 0.052925 |
| 2014 | 1,364,050. | 27,559,109. 22,658,588. | - | | 0.049495 |
| 2013 | 996,615. | 22,038,388. | | ., | 0.043984 |
| | .n | | 2 | | 0.238355 |
| 2 Total of line 1, column (| d) | | - | | 0.230333 |
| | o for the 5-year base period - divid | | 3 | | 0.047671 |
| the number of years the | foundation has been in existence i | ir less than 5 years | - | | 0.047071 |
| 4 Enter the net value of n | oncharitable-use assets for 2018 fi | rom Part X, line 5 | 4 | 38, | 108,105. |
| 5 Multiply line 4 by line 3 | | | 5 | 1, | 816,651. |
| 6 Enter 1% of net investm | ent income (1% of Part I, line 27b). | | 6 | | 26,271. |
| | | | 7 | 1, | 842,922. |
| | | | | | 963,886. |
| B Enter qualifying distributed if line 8 is equal to or good Part VI instructions | tions from Part XII, line 4 | ın Part VI, line 1b, and complete | 8 that part | | |
| SA | | | | Form | 990-PF (2018 |
| E1430 1 000 400600 T73W 11/3 | 13/2019 3:21:42 PM V | 18-7.6F 1998030 | 03F1 | - 2-117 | PAGE |
| | | | | | |

| ra | rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see | instru | ıction | s) |
|--------|--|-------------|----------------|--|
| 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 | | 26,2 | <u> 271.</u> |
| | here ▶ X and enter 1% of Part I, line 27b | | | |
| С | All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of J Part I, line 12, col (b) | | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) | | | |
| 3 | Add lines 1 and 2 | | 26,2 | 271. |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) | | | <u>0.</u> |
| 5 | Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0 | | 26,2 | 271. |
| 6 | Credits/Payments | | | |
| а | 2018 estimated tax payments and 2017 overpayment credited to 2018 6a 48,811. | | | |
| b | Exempt foreign organizations - tax withheld at source | | | |
| c | Tax paid with application for extension of time to file (Form 8868) 6c | | | |
| d | Backup withholding erroneously withheld | | 40 (| |
| 7 | Total credits and payments Add lines 6a through 6d | | 48,8 | |
| 8 | Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached | | | 9. |
| 9 | Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed | | 22,5 | 21 |
| 10 | Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | | 22, |) 31. |
| 11 | Enter the amount of line 10 to be Credited to 2019 estimated tax > 22,531. Refunded > 11 | | | |
| _ | rt VII-A Statements Regarding Activities | η | | 1 |
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it | 1a | Yes | No X |
| | participate or intervene in any political campaign? | - '8 | | |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the | 1ь | | X |
| | instructions for the definition | 10 | | <u> </u> |
| | 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 Did the foundation file Form 1120-POL for this year? | 1c | | X |
| | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year | | | |
| u | (1) On the foundation \$\Bigs\\$ (2) On foundation managers \$\Bigs\\$ | ! | | |
| _ | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed | | | |
| · | on foundation managers \$ | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | 2 | | Х |
| _ | If "Yes," attach a detailed description of the activities | | | <u> </u> |
| 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? If "Yes," attach a conformed copy of the changes | 3 | | X |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | 4a | Х | |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | 4b | Х | <u> </u> |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | 5 | | X |
| | If "Yes," attach the statement required by General Instruction T | | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either | | | |
| | By language in the governing instrument, or | | | |
| | • By state legislation that effectively amends the governing instrument so that no mandatory directions that | | | |
| | conflict with the state law remain in the governing instrument? | 6 | X | - |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV | 7 | ^ | |
| 8a | Enter the states to which the foundation reports or with which it is registered. See instructions RI, | | | |
| | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General | | ,. | |
| b | | 8b | X | |
| b | (or designate) of each state as required by General Instruction G? If "No," attach explanation | | · | 1 |
| ь 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or | | | } . |
| | 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 2018 or the tax year beginning in 2018? See the instructions for Part XIV If "Yes," | | - | , |
| | 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 2018 or the tax year beginning in 2018? See the instructions for Part XIV If "Yes," complete Part XIV | 9 | | x |
| | 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 2018 or the tax year beginning in 2018? See the instructions for Part XIV If "Yes," | | | × |

| Pai | t VII-A Statements Regarding Activities (continued) | | | |
|-----|--|--|--|--------------|
| | | | Yes | No |
| 14 | 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 | | X |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified | | | |
| | person had advisory privileges? If "Yes," attach statement See instructions | 12 | | l x |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | х | _ |
| 13 | Website address ► N/A | | | <u> </u> |
| | DALLA MCNAMADA | -081 | 3 | |
| 14 | Located at \triangleright 91 MAIN ST, STE 118 WARREN, RI | | | |
| 4.5 | | | | 1 1 |
| 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 | | Yes | No |
| 16 | At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority | 16 | 103 | X |
| | over a bank, securities, or other financial account in a foreign country? | | ــــــــــــــــــــــــــــــــــــــ | Λ 1 |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of | | | ٠.] |
| Do | the foreign country > | ,, | <u> </u> | |
| Pau | t VII-B Statements Regarding Activities for Which Form 4720 May Be Required | 1 - 1 | Yes | No |
| | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies | | 162 | 140 |
| 1a | During the year, did the foundation (either directly or indirectly) | | ٠. | 1 |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No | , | | - ' |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a | 67 | - | 0.1 |
| | disqualified person? | | |] |
| | (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? | ·: | ' |] |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available for | | . ' | 4.7 |
| | the benefit or use of a disqualified person)? | | • • | 1 |
| | (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 | ١. | | ٠. |
| | termination of government service, if terminating within 90 days) | . ' | _ | -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 | | | لنت |
| | section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions | 1b | Х | |
| | Organizations relying on a current notice regarding disaster assistance, check here | ^ | * 3 | , |
| С | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that | | <u></u> | لنسسا |
| | were not corrected before the first day of the tax year beginning in 2018? | 1c | - | X |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private | | , | |
| | operating foundation defined in section 4942(j)(3) or 4942(j)(5)) | | | ` |
| а | At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and | | | ' 4 |
| | 6e, Part XIII) for tax year(s) beginning before 2018? Yes X No | - | | J |
| | If "Yes," list the years | | è | . } |
| 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) | 2b | | X |
| c | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here | ٠. | • | 1 |
| | <u> </u> | - | • | |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise | | , | - ; { |
| | at any time during the year? | ١٠.١ | | |
| b | If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or | , | . ' | į |
| | disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the | ا را | ` , | ļ |
| | Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of | , | 3 | • 1 |
| | the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the | | ٢. | |
| | foundation had excess business holdings in 2018) | 3b | | |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | X |
| b | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its | <u></u> | | المب |
| | charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018? | 4b | | Х |
| | Co. | 991 | 1_DE | (2018) |

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| Pai | t V _a l-B Stat | tements Regarding Activities | tor Which Form | 4720 May Be Req | uirea (conti | inuea) | | | |
|----------|---|--|--|---|--|--|-------------------------|----------|-----------|
| 5a | During the year, | did the foundation pay or incur any amo | ount to | | | | | Yes | No |
| • | (1) Carry on proj | paganda, or otherwise attempt to influe | ence legislation (section | on 4945(e))? | . Yes | X 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 X No | | | | | | | | |
| | (3) Provide a grant to an individual for travel, study, or other similar purposes? Yes X No | | | | | | | | |
| | | ant to an organization other than a | • • | | | | ŀ | | |
| | | (d)(4)(A)? See instructions | _ | = | | X No | İ | i | |
| | | any purpose other than religious, ch | | | | | - 1 | | |
| | | for the prevention of cruelty to children | | | | X No | | | |
| b | | s "Yes" to 5a(1)-(5), did any of the | | | | cribed in | | | |
| | | on 53 4945 or in a current notice regar | | | | | 5b | | |
| | • | ying on a current notice regarding disas | _ | | | | ٦ | | |
| С | - | "Yes" to question 5a(4), does the | | | | | - | | |
| · | | ained expenditure responsibility for the | | • | | No | | | |
| | | ne statement required by Regulations se | = | | | | | | |
| 6a | | on, during the year, receive any fun | | ectly to nay premiun | ne | | | | |
| va | | efit contract? | | | Yes | X No | | | |
| ь | | n, during the year, pay premiums, dire | | | . — | | 6ь | | Х |
| - | If "Yes" to 6b, file | | ony or mandony, or c | personal benome some | | | | | |
| 7a | | g the tax year, was the foundation a pa | arty to a prohibited ta | x shelter transaction? | Yes | X No | | | |
| b | | oundation receive any proceeds or have | | | | | 7b | | |
| 8 | | subject to the section 4960 tax on pay | | | | | | | |
| ŭ | | excess parachute payment(s) during the | , , | | Yes | X No | | | |
| Pai | t VIII Inform | nation About Officers, Director | rs, Trustees, Fou | Indation Managers | s, Highly Pa | | yees, | | |
| | | ontractors | | | | | | | |
| | | directors tructors and foundati | on managers and | their compensation | Soo instruct | ione | | | |
| 1 | | directors, trustees, and foundati | (b) Title, and average | (c) Compensation | (d) Contributi | ons to | (e) Exnens | se accor | ınt |
| | | directors, trustees, and foundati | | | | ons to fit plans | (e) Expens | se accou | unt, |
| 1 | | | (b) Title, and average hours per week | (c) Compensation (If not paid, | (d) Contributi employee bene | ons to fit plans | (e) Expens | owance | unt, s |
| | (a) | | (b) Title, and average hours per week | (c) Compensation (If not paid, | (d) Contributi employee bene | ons to fit plans | (e) Expens other all | se accou | unt, |
| | (a) | | (b) Title, and average hours per week | (c) Compensation (If not paid, enter -0-) | (d) Contributi employee bene | ons to fit plans ipensation | (e) Expens other all | owance | s |
| | (a) | | (b) Title, and average hours per week | (c) Compensation (If not paid, enter -0-) | (d) Contributi employee bene | ons to fit plans ipensation | (e) Expens | se accou | s |
| | (a) | | (b) Title, and average hours per week | (c) Compensation (If not paid, enter -0-) | (d) Contributi employee bene | ons to fit plans ipensation | (e) Expens | se accou | s |
| | (a) | | (b) Title, and average hours per week | (c) Compensation (If not paid, enter -0-) | (d) Contributi employee bene | ons to fit plans ipensation | (e) Expent | se accor | s |
| | (a) | | (b) Title, and average hours per week | (c) Compensation (If not paid, enter -0-) | (d) Contributi employee bene | ons to fit plans ipensation | (e) Expens | se accou | s |
| ATC | (a) | Name and address | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributemployee bene and deferred com | ons to fit plans pensation O. | other al | Омапсе | 0 . |
| ATC | (a) | | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributemployee bene and deferred com | ons to fit plans pensation O. | other al | Омапсе | 0 · |
| ATC | (a) | Name and address | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contribute employee bene and deferred com | ons to fit plans pensation 0. | other al | Омапсе | 0 · |
| ATCI | Compensation | Name and address | (b) Title, and average hours per week devoted to position (other than those to b) Title, and average hours per week | (c) Compensation (If not paid, enter -0-) | (d) Contribute employee bene and deferred com | ons to find plans on the pensation of the plans of the pensation of the pe | s). If n | one, (| 0. |
| ATCI | Compensation | Name and address of five highest-paid employees | (b) Title, and average hours per week devoted to position (other than those (b) Title, and average | (c) Compensation (if not paid, enter -0-) 172,500. | (d) Contribute employee bene and deferred com | ons to fit plans pensation O. Instruction ons to enefit elerred | other all | one, (| 0. |
| 2 (a) | Compensation "NONE." | Name and address of five highest-paid employees | (b) Title, and average hours per week devoted to position (other than those to b) Title, and average hours per week | (c) Compensation (if not paid, enter -0-) 172,500. | (d) Contributemployee beneand deferred com 1 - see II (d) Contributemployee beneand deferred com | ons to fit plans pensation O. Instruction ons to enefit elerred | s). If n | one, (| 0. |
| 2 (a) | Compensation | Name and address of five highest-paid employees | (b) Title, and average hours per week devoted to position (other than those to b) Title, and average hours per week | (c) Compensation (if not paid, enter -0-) 172,500. | (d) Contributemployee beneated deferred com and deferred com (d) Contributemployee beneated the plans and decompensations and decompensations are seen to the plans and decompensations are seen the plans are seen the plant are seen the plans are seen the plans are seen the plans are seen the plans are seen the | ons to fit plans pensation O. Instruction ons to enefit elerred | s). If n | one, (| 0. |
| 2 (a) | Compensation "NONE." | Name and address of five highest-paid employees | (b) Title, and average hours per week devoted to position (other than those to b) Title, and average hours per week | (c) Compensation (if not paid, enter -0-) 172,500. | (d) Contributemployee beneand deferred com 1 - see II (d) Contributemployee beneand deferred com | ons to fit plans pensation O. Instruction ons to enefit elerred | s). If n | one, (| 0. |
| 2 (a) | Compensation "NONE." | Name and address of five highest-paid employees | (b) Title, and average hours per week devoted to position (other than those to b) Title, and average hours per week | (c) Compensation (if not paid, enter -0-) 172,500. | (d) Contributemployee beneated deferred com and deferred com (d) Contributemployee beneated the plans and decompensations and decompensations are seen to the plans and decompensations are seen the plans are seen the plant are seen the plans are seen the plans are seen the plans are seen the plans are seen the | ons to fit plans pensation O. Instruction ons to enefit elerred | s). If n | one, (| 0. |
| 2 (a) | Compensation "NONE." | Name and address of five highest-paid employees | (b) Title, and average hours per week devoted to position (other than those to b) Title, and average hours per week | (c) Compensation (if not paid, enter -0-) 172,500. | (d) Contributemployee beneated deferred com and deferred com (d) Contributemployee beneated the plans and decompensations and decompensations are seen to the plans and decompensations are seen the plans are seen the plant are seen the plans are seen the plans are seen the plans are seen the plans are seen the | ons to fit plans pensation O. Instruction ons to enefit elerred | s). If n | one, (| 0. |
| 2 (a) | Compensation "NONE." | Name and address of five highest-paid employees | (b) Title, and average hours per week devoted to position (other than those to b) Title, and average hours per week | (c) Compensation (if not paid, enter -0-) 172,500. | (d) Contributemployee beneated deferred com and deferred com (d) Contributemployee beneated the plans and decompensations and decompensations are seen to the plans and decompensations are seen the plans are seen the plant are seen the plans are seen the plans are seen the plans are seen the plans are seen the | ons to fit plans pensation O. Instruction ons to enefit elerred | s). If n | one, (| 0. |
| 2 (a) | Compensation "NONE." | Name and address of five highest-paid employees | (b) Title, and average hours per week devoted to position (other than those to b) Title, and average hours per week | (c) Compensation (if not paid, enter -0-) 172,500. | (d) Contributemployee beneated deferred com and deferred com (d) Contributemployee beneated the plans and decompensations and decompensations are seen to the plans and decompensations are seen the plans are seen the plant are seen the plans are seen the plans are seen the plans are seen the plans are seen the | ons to fit plans pensation O. Instruction ons to enefit elerred | s). If n | one, (| 0. |
| 2 (a) | Compensation "NONE." | Name and address of five highest-paid employees | (b) Title, and average hours per week devoted to position (other than those to b) Title, and average hours per week | (c) Compensation (if not paid, enter -0-) 172,500. | (d) Contributemployee beneated deferred com and deferred com (d) Contributemployee beneated the plans and decompensations and decompensations are seen to the plans and decompensations are seen the plans are seen the plant are seen the plans are seen the plans are seen the plans are seen the plans are seen the | ons to fit plans pensation O. Instruction ons to enefit elerred | s). If n | one, (| 0. |
| 2 (a) | Compensation "NONE." | Name and address of five highest-paid employees | (b) Title, and average hours per week devoted to position (other than those to b) Title, and average hours per week | (c) Compensation (if not paid, enter -0-) 172,500. | (d) Contributemployee beneand deferred com and deferred com (d) Contributemployee beneand deferred com (d) Contributemployee beneand decompensa | ons to fit plans pensation O. Instruction ons to enefit elerred | s). If n | one, (| 0. |
| 2 (a) | Compensation "NONE." Name and address of | Name and address of five highest-paid employees | (b) Title, and average hours per week devoted to position (other than those (b) Title, and average hours per week devoted to position | (c) Compensation (if not paid, enter -0-) 172,500. | (d) Contributemployee beneand deferred com and deferred com (d) Contributemployee beneand deferred compensations and decompensations and decompensations are compensations. | ons to fit plans pensation O. Instruction ons to enefit elerred | s). If n | one, (| 0. |

| Form | 990-RF (2018) | Page 7 |
|-------------|---|------------------|
| Pa | Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employ and Contractors (continued) | /ees, |
| 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 |
| ЮИ | NE | |
| | | 0. |
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| | | - |
| Tota | Il number of others receiving over \$50,000 for professional services | |
| Pa | rt IX-A Summary of Direct Charitable Activities | |
| | st the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of ganizations and other beneficianes served, conferences convened, research papers produced, etc. | Expenses |
| 1 | PLEASE NOTE, THE FOUNDATION IS NOT INVOLVED IN ANY | |
| | DIRECT CHARITABLE ACTIVITIES. ITS PRIMARY PURPOSE IS TO | |
| | SUPPORT, BY CONTRIBUTIONS, OTHER CHARITBALE ORGANIZATIONS | |
| 2 | EXEMPT UNDER INTERNAL REVENUE CODE SECTION 501(C)(3). | |
| - | | |
| | | |
| 3. | | |
| | | |
| 4 | | |
| | | |
| | | · |
| | t IX-B Summary of Program-Related Investments (see instructions) | Amount |
| | escribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 | Amount |
| ٦. | N/A | |
| | | |
| 2 | | |
| | | |
| | | |
| | Il other program-related investments. See instructions | |
| 3 | N/A | |
| - | | |
| | Add lines 1 through 2 | |

| _ | | | | C |
|---|----|---|---|---|
| н | 'n | a | е | С |

| Pa | Minimum Investment Return (All domestic foundations must complete this part. Foresee instructions.) | ign foui | ndations, |
|----------|---|----------|------------------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., | | |
| | purposes | 1a | 31,846,610. |
| | Average monthly fair market value of securities | 1b | 1,743,101. |
| | Average of monthly cash balances | 1c | 5,098,720. |
| | Fair market value of all other assets (see instructions) | 1d | 38,688,431. |
| d | | - | 30,000,131. |
| е | | | |
| _ | 1c (attach detailed explanation) | 2 | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 3 | 38,688,431. |
| 3 | Subtract line 2 from line 1d | -3 | 30,000,431. |
| 4 | Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see | | 580,326. |
| | instructions) | 4 | 38,108,105. |
| 5 | Net value of noncharitable-use assets Subtract line 4 from line 3 Enter here and on Part V, line 4 | 5 | |
| 6_ | Minimum investment return Enter 5% of line 5 | 6 | 1,905,405. |
| Pai | The XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four and certain foreign organizations, check here ▶ and do not complete this part) | ndations | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 1,905,405. |
| 2а | 26 271 | | |
| 2 a b | · · · · · · · · · · · · · · · · · · · | 1 | |
| _ | | 2c | 29,280. |
| C | Distributable amount before adjustments Subtract line 2c from line 1 | 3 | 1,876,125. |
| 3 | | 4 | |
| 4 | Recoveries of amounts treated as qualifying distributions | 5 | 1,876,125. |
| 5 | Add lines 3 and 4 | 6 | 1,0,0,123. |
| 6 | Deduction from distributable amount (see instructions) | - | - |
| 7 | Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, | , | 1,876,125. |
| | line 1 | 7 | 1,070,123. |
| Pai | rt XII Qualifying Distributions (see instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes | | |
| а | Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 | 1a | 1,963,886. |
| b | | 1b | _ |
| 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 | | |
| а | Suitability test (prior IRS approval required) | 3a | |
| b | | 3b | |
| 4 | Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 1,963,886. |
| 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 | 26,271. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 1,937,615. |
| • | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca | | whether the foundation |
| | qualifies for the section 4940(e) reduction of tax in those years | | |

Page 9

| Pa | art XIII Undistributed Income (see inst | ructions) | | | |
|----|---|---------------|----------------------------|-------------|-------------|
| 4 | Distributable amount for 2018 from Part XI, | (a) Corpus | (b) Years prior to 2017 | (c) 2017 | (d) 2018 |
| 1 | | <u> </u> | <u>'</u> | | 1,876,125. |
| _ | line 7 | | | | 1,0,0,123. |
| | Undistributed income, if any, as of the end of 2018 | | | 150,219. | |
| á | Enter amount for 2017 only | | | 130,213. | |
| | Total for pnor years 20 16 ,20 15 ,20 14 | - | | | |
| | Excess distributions carryover, if any, to 2018 | | | | |
| | From 2013 | | | | |
| t | From 2014 | | | | |
| | From 2015 | 1 | | | |
| | f From 2016 | | | | |
| | From 2017 | 0 | | | |
| | Total of lines 3a through e | 0. | | | |
| 4 | Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ 1,963,886. | | | | |
| ā | Applied to 2017, but not more than line 2a | | | 150,219. | |
| t | Applied to undistributed income of prior years (Election required - see instructions) | _ | | | |
| c | : Treated as distributions out of corpus (Election required - see instructions) | | | | |
| | Applied to 2018 distributable amount | | | | 1,813,667. |
| | Remaining amount distributed out of corpus | | | | , . |
| | Excess distributions carryover applied to 2018 | | | | |
| | (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: | | | | |
| а | Corpus Add lines 3f, 4c, and 4e Subtract line 5 | | | | |
| b | Prior years' undistributed income Subtract | | | | |
| | line 4b from line 2b | | | | |
| C | Enter the amount of prior years' undistributed | 1 | | | |
| | income for which a notice of deficiency has been issued, or on which the section 4942(a) | | | | |
| | tax has been previously assessed | | | 1 | |
| d | Subtract line 6c from line 6b Taxable | | | | |
| | amount - see instructions | | | | <u> </u> |
| е | Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount - see instructions | | | | |
| f | Undistributed income for 2018 Subtract lines | | | | |
| • | 4d and 5 from line 1. This amount must be | | | | |
| | distributed in 2019 | | | | 62,458. |
| 7 | Amounts treated as distributions out of corpus | | | | |
| | to satisfy requirements imposed by section | | | | |
| | 170(b)(1)(F) or 4942(g)(3) (Election may be | | | | |
| | required - see instructions) | | | | |
| 8 | Excess distributions carryover from 2013 not | | | | |
| | applied on line 5 or line 7 (see instructions) | . = ., | | | · |
| 9 | | 0. | | | |
| | Subtract lines 7 and 8 from line 6a | | | | |
| | Analysis of line 9 | | | | |
| | Excess from 2014 | | | | |
| | Excess from 2015 | | | | |
| | Excess from 2016 | | | | |
| | Excess from 2017 | | ! | | |
| е | Excess from 2018 | | | | |

| Рa | rt XIV Private Op | erating Foundations | (see instructions a | nd Part VII-A, questi | on 9) | N | OT APPLICABLE |
|----------|---|-----------------------------|-----------------------------|-------------------------|-----------------|--------------|------------------------|
| | If the foundation has | received a ruling or d | etermination letter that | t it is a private opera | ating | | |
| • | foundation, and the ruling | g is effective for 2018, ei | nter the date of the ruling | | ▶ | | |
| b | Check box to indicate v | whether the foundation | is a private operating | foundation described in | section | 4942(j)(| (3) or 4942(j)(5) |
| | Enter the lesser of the ad- | Tax year | -, | Prior 3 years | | | |
| | justed net income from Part | (a) 2018 | (b) 2017 | (c) 2016 | (d) 2 | 015 | (e) Total |
| | For the minimum investment | ,,, | | , , , , , | | | |
| | return from Part X for each | | | | | | |
| | year listed | | | | | ~ | |
| | 85% of line 2a | | | | | | |
| С | Qualifying distributions from Part | | | | | | |
| а | XII, time 4 for each year listed . Amounts included in time 2c not | | ·-····· | | | | |
| | used directly for active conduct | | | | | | |
| | of exempt activities | | | | | | |
| е | Qualifying distributions made directly for active conduct of | | | | | | |
| | exempt activities Subtract line | | | | | | |
| • | 2d from line 2c | | <u> </u> | / | | | |
| 3 | Complete 3a b, or c for the alternative test relied upon | | · / | | | | |
| а | "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 invest- ment return shown in Part X, | | | | | ļ | |
| | line 6 for each year listed | | - V ATT | | | | |
| C | "Support" alternative test - enter | | | | | ł | |
| | (1) Total support other than | | | | | | |
| | gross investment income (interest, dividends rents | | | | | ļ | |
| | payments on securities | | | | | | |
| | loans (section 512(a)(5)), or royalties) | | | | | ļ | |
| | (2) Support from general | | | | | | |
| | public and 5 of more exempt organizations as | | | | | | |
| | provided in section 4942 | | • | | 1 | | |
| | (j)(3)(B)(m) | | | | | | |
| | port from an exempt | | | | - | | |
| , | organization | | | · | | | |
| | | tary Information (C | Complete this part | only if the founda | tion had | \$5,000 or | more in assets a |
| | | uring the year - see | | , | | | |
| 1 | Information Regarding | | | | | | |
| а | List any managers of | the foundation who h | ave contributed more | e than 2% of the tota | al contribut | ons receive | ed by the foundation |
| | before the close of any | tax year (but only if th | ey have contributed n | nore than \$5,000) (S | ee section 5 | 07(d)(2)) | |
| | NONE | | | | | | |
| b | List any managers of | the foundation who | own 10% or more of | the stock of a corp | oration (or | an equally | large portion of the |
| _ | ownership of a partner | ship or other entity) of | which the foundation | has a 10% or greater | interest | , , | 5 , |
| | , . | | | | | | |
| | NONE | | | | | | |
| 2 | Information Regarding | Contribution, Grant. | Gift, Loan, Scholarsh | ip. etc . Programs: | | | |
| | Check here ► X if the time of time of the time of the time of the time of time of the time of | | | | table eras | ouzations a | nd door not accon |
| | unsolicited requests for | | | | | | |
| | complete items 2a, b, c | | | into, oto, to marriage | o. o.ga | , | 201 04110. 00110110110 |
| | The name, address, ar | | | e person to whom and | olications she | ould be addr | essed |
| a | The name, address, at | ia telephone number (| o, oman address of th | o person to whom app | | | |
| h | The form in which appl | ications should be sub | mitted and information | on and materials they | should incli | de . | |
| U | me roun in winch appi | ications should be sub | minited and informatio | m and materials tiley | S. Tould IIIOIU | | |
| | | | | | | | |

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

c Any submission deadlines

Page 11

| 3 Grants and Contributions Paid Dur | ing the Year or App | roved for | Future Payment | |
|-------------------------------------|--|---------------------|----------------------------------|------------|
| Recipient | If recipient is an individual, | Foundation | | |
| Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | status of recipient | Purpose of grant or contribution | Amount |
| a Paid during the year | or substantial community | | | - |
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| ATCH 12 | | | | |
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| | | | | |
| Total | | | ▶ 3a | 1,861,091. |
| b Approved for future payment | | | | |
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| Total | <u> </u> | | ▶ 3h | |
| | <u> </u> | | | <u> </u> |

Page 12

| Part XVI | -A Analysis of Income-Prod | ucing Act | ivities | | | |
|----------------|--|---------------|---------------------------------------|----------------|---------------------------------------|--|
| | amounts unless otherwise indicated | | ated business income (b) | Excluded by | y section 512, 513, or 514 (d) | (e) Related or exempt function income |
| 1 Program | service revenue | Business code | Amount | Exclusion code | Amount | (See instructions/) |
| a | | | | | | |
| ь | | | | | | |
| c | | | | | - | |
| d | | | | <u> </u> | | |
| е | | | | | | |
| f | | <u> </u> | | | | |
| g Fees | and contracts from government agencies | | | | | |
| 2 Member | ship dues and assessments | | | 14 | 53,649. | |
| 3 Interest o | n savings and temporary cash investments - | | | 14 | 812,896. | |
| 4 Dividend | s and interest from securities | | · · · · · · · · · · · · · · · · · · · | 19 | 012,030. | |
| 5 Net renta | al income or (loss) from real estate | | <u> </u> | | | |
| | financed property | | | - | | |
| b Not c | debt-financed property | | | | | |
| 6 Net renta | I income or (loss) from personal property | 900000 | 17,030. | 01 | 132,260. | |
| 7 Other in | vestment income | 900000 | 17,030. | 18 | 2,016,540. | |
| 8 Gain or (I | oss) from sales of assets other than inventory | | | 10 | 2,010,340. | |
| | me or (loss) from special events · · · | | | | | |
| | rofit or (loss) from sales of inventory | <u> </u> | | | | · . |
| _ | venue a | | · | <u> </u> | | |
| | | | · · · | | | • |
| | | | | - | | |
| | | | | | | |
| e | A 141 | | 17,030. | | 3,015,345. | |
| | Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) | | | | | 3,032,375. |
| | de line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calc | | | | | 3,002,0.01 |
| Part XVI- | | | ccomplishment of Ex | empt Puri | poses | ······································ |
| | | | | | | tod importantly to the |
| Line No | Explain below how each activit | | | | | |
| ▼ | accomplishment of the foundation | on s exemp | t purposes (other than t | by providing | runas for such purposes | (See instructions) |
| N/A | NOT APPLICABLE | | - | | | |
| | | • | | | | |
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|-----------|-----------------------|------------------|------------------|-------------------|-----------------|
| Part XVII | Information Regarding | Transfers to and | Transactions and | Relationships Wit | h Noncharitable |
| | Exempt Organizations | | | | |

| 1. | Did th | e organization direct | ly or indirectly | engage in any of the fo | llowing wi | th any other orga | nization des | cribed | Yes | No |
|-------|---------|-------------------------------|------------------|---|--------------|---------------------------|-------------------|-------------------|------------|----------|
| | ın sed | ction 501(c) (other | than section | 501(c)(3) organization | ns) or in | section 527, rel | ating to po | olitical | | |
| | | zations? | | | | | | | | |
| а | Transf | ers from the reportin | g foundation to | a noncharitable exemp | t organizati | ion of | | | | |
| | | | | | | | | 1a(1 |) | Х |
| | | | | | | | | 1a(2 |) | Х |
| b | • • | transactions | | | | | | | | |
| - | | | ncharitable exe | mpt organization | | | | 1ь(1 |) | Х |
| | | | | able exempt organization. | | | | | | Х |
| | | | | assets | | | | 1 | | Х |
| | | , , , | | | | | | | | Х |
| | | | | | | | | | | Х |
| | | | | hip or fundraising solicitat | | | | 1 | | X |
| _ | | | | ts, other assets, or paid of | | | | 1 | ' | Х |
| | | | | es," complete the follow | | | | | fair m | arket |
| u | | | | ices given by the report | | | | | | |
| | | | | gement, show in columi | | | | | | |
| /211 | ine no | (b) Amount involved | | noncharitable exempt organizali | | (d) Description of transf | | | | |
| (a) L | ine no | N/A | (c) ivalie of | nonchamable exempt organizati | | I/A | cro, transconorio | , and onlining an | angeme | |
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| 2a | | | | filiated with, or related | | | | | C. | 7 |
| | | | | ction 501(c)(3)) or in sec | ction 527? | | | ۱ ــــــ ۱ | 'es X | No |
| b | If "Yes | <u>," complete the follov</u> | wing schedule | | | | | | | |
| | | (a) Name of organization | 1 | (b) Type of organiz | ation | | c) Description of | of relationship | | |
| | | | | | | | · | | | |
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| | _/ | | | | | | | | | |
| | | | | ined this return, including accomp (axpayer) is based on all information | | | o the best of my | knowledge and | belief, it | is true, |
| Sigr | 1 | 1/1 m | 7. | | | 17 . | May | the IRS discu | ss this | retum |
| _ | | toul IV | an | <u> </u> | | Tresiden | with | | | |
| Here | Sigi | ature of officer or trustee | | Date | Title | • | See | instructions | Yes L | No |
| | | | | | | | | | | |
| اء: د | | Print/Type preparer's nar | me | Preparer's signature | | Date | Check | if PTIN | | |
| Paid | | COLLEEN CHASE | <u> </u> | COLLEEN CHASE | <u> </u> | 11/12/2 | 019 self-emp | | 1698 | 0 |
| rep | oarer | Firm's name SH. | ADE TREE A | DVISORS, LLC | | | Firm's EIN | 82-23417 | 85 | |
| Jse | Only | Firm's address ▶ 26 | 8 BROADWAY | SUITE 101B | | | | | | |
| | | SA | RATOGA SPR | INGS, NY | | 12866 | Phone no | 18-290-9 | 460 | |
| | | | | | | | | Form 99 | 0-PF | (2018) |

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

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

2018

Employer identification number

THE MURRAY FAMILY CHARITABLE FOUNDATION 05-0475089 Organization type (check one) Filers of: Section: 501(c)(Form 990 or 990-F7) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 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 contributions 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 (entering "N/A" in column (b) instead of the contributor name and address), 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, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions 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)

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) (2018)

Employer identification number 05-0475089

| Part I | Contributors (see instructions) Use duplicate copie | s of Part I if additional space is n | eeded |
|------------|--|--------------------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | TERRENCE MURRAY C/O SHADE TREE, 268 BROADWAY 101B SARATOGA SPRINGS, NY 12866 | \$ 1 ,495,959. | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | | Person Payroll Noncash (Complete Part II for noncash contributions) |

Employer identification number 05-0475089

Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed

| Part II | Noncash Property (see instructions) Use duplicate copies | of Part II if additional space is net | eaea |
|---------------------------|--|---|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| 1 | 200 SHARES APPLE INC (AAPL) | | |
| | | \$ \$. | 01/04/2018 |
| a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| 1 | 500 SHARES BOEING CO (BA) | | |
| | | <u> </u> | 01/04/2018 |
| a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| 1 | 1,000 SHARES JPMORGAN CHASE & CO (JPM) | _ | |
| | | \$\$. | 01/04/2018 |
| a) No from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| 1 | 554 SHARES ADOBE SYS INC (ADBE) | _ | |
| | | \$ | 05/25/2018 |
| a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| 1 | 429 SHARES HOME DEPOT INC (HD) | | |
| | | \$80,197. | 05/25/2018 |
| a) No from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| 1 | 1,012 SHARES INTERCONTINENTAL EXCHANGE INC (ICE) | | |
| | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | 05/25/2018 |

JSA

Employer identification number 05-0475089

Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed

| Part | woncash Property (see instructions) Ose duplicate copies | s of Fart If it additional space is field | eded |
|---------------------------|--|---|----------------------|
| (a) No from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| _1_ | 726 SHARES RED HAT INC (RHT) | | |
| | | \$\$. | 05/25/2018 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| _1_ | 200 SHARES ALPHABET INC (GOOG) | | - 18.1 |
| | | \$ \$. | 06/26/2018 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| 1 | 97 SHARES AMAZON COM INC (AMZN) | _ | |
| | | \$ 163,198. | 06/26/2018 |
| (a) No from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| 1 | 1,000 MICROSOFT CORP (MSFT) | | |
| | | \$\$ | 06/26/2018 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| 1 | 500 SHARES NETFLIX INC (NFLX) | | |
| | | \$ 198,458. | 06/26/2018 |
| (a) No from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| 1 | 700 SHARES ANDEAVOR (ANDV) | | |
| | | \$\$ | 09/24/2018 |

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Name of organization THE MURRAY FAMILY CHARITABLE FOUNDATION Employer identification number 05-0475089 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this information once See instructions) ▶\$ Use duplicate copies of Part III if additional space is needed (a) No from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

2018 FORM 990-PF THE MURRAY FAMILY CHARITABLE FOUNDATION 05-0475089
FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

| Kind of F | roperty | | Desc | cription | | ρſ | Date acquired | Date sold |
|----------------|--------------|--|---------------|---------------------|-----------|--------------|-----------------|-----------|
| Gross sale | Depreciation | Cost or | FMV | Adj basis | Excess of | 뮈 | Gain | |
| price less | allowed/ | other | as of | as of | FMV over | | or | |
| penses of sale | allowable | basis | 12/31/69 | 12/31/69 | adı basıs | \mathbb{H} | (loss) | |
| | | TOTAL SHORT- PARTNERSHIP, ESTATES OR 1 | S CORPORA | TION, AND O | | | -5. | |
| | | TOTAL LONG-1 | ERM COMMON | TRUST FUND | | | | |
| | | ESTATES OR 1 | | | | | 119,427. | |
| | | TOTAL CAPITA | AL GAIN DIS | TRIBUTIONS | | | 239,178. | |
| | | ATLANTIC (LT | • | | URITIES | P | VAR | V |
| 769,451. | | 698,709. | PE: SECURIT | 1E5 | | | 70,742. | |
| | | BANK OF AMER | | | DED SEU | P | VAR | V |
| ,680,905. | | 1,329,859. | | | | | 1,351,046. | |
| | | BANK OF AMER | | | DED SEÇ | P | VAR | 7 |
| 714,890. | | 530,857. | | | | | 184,033. | |
| | | BESSEMER-PUE PROPERTY TYPE | | | ES | P | VAR | ' |
| ,018,041. | | 930,238. | | | | | 87,803. | |
| 176 212 | | UBS #7880-PU PROPERTY TYPE | | | IES | P | | V |
| 176,312. | | 189,642. UBS #8060-PU | מסו דרו ע שפא | DED SECTIPITE | Tre | D | -13,330. VAR | Ţ |
| 342,993. | | PROPERTY TYP 365,939. | | | I E S | | -22,946. | ` |
| | | INVESCO DB C | OMMODITY I | NDEX TRACKI | NG FUND | P | | V |
| 592. | | PROPERTY TYP | E: OTHER | | | | 592. | |
| | | | | | | | | |
| ral GAIN(L | SS) | | | • • • • • • • • • • | | | 2,016,540. | |
| | | | | | | | | |
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| 30 1 000 | '3W 11/13/2 | <u> </u> | | | | 11 | | PAGE |

ATTACHMENT 1

FORM 990PF, PART I - OTHER INCOME

| | NET | INVESTMENT | INCOME | 145,040. | 4,250. | -17,030. | 132,260. |
|---------|-----|-------------|-------------|-------------------------|--------------------------------|----------|-----------|
| REVENUE | AND | EXPENSES IN | PER BOOKS | 145,040. | 4,250. | | 149, 290. |
| | | | | | | | TOTALS |
| | | | DESCRIPTION | OTHER INCOME FROM K-1'S | MISCELLANEOUS INCOME UBS #7879 | UBTI | |

ATTACHMENT 2

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| PART T |
| DF DART T |

| CHARITABLE PURPOSES | 13,540. | 13,540. |
|---|-----------------|---------|
| ADJUSTED NET INCOME | | |
| NET INVESTMENT INCOME | 13,540. | 13,540. |
| REVENUE AND EXPENSES PER BOOKS | 27,080. | 27,080. |
| | | TOTALS |
| DESCRIPTION | ACCOUNTING FEES | |

THE MURRAY FAMILY CHARITABLE FOUNDATION

V 18-7.6F

ATTACHMENT

FORM 990PF, PART I - INTEREST EXPENSE

| | REVENUE | |
|--------------------------------|-----------|----------|
| | AND | NET |
| | EXPENSES | INVESTME |
| DESCRIPTION | PER BOOKS | INCOME |
| | | |
| INVESTMENT INTEREST FROM K-1'S | 38,426. | 38, |
| | | |

| NET INVESTMENT INCOME | 38,426. | 38,426. |
|------------------------------|---------|---------|
| AND EXPENSES PER BOOKS | 38,426. | 38,426. |
| | 1 K-1'S | TOTALS |

FORM 990PF, PART I - TAXES

| | NET | INVESTMENT | INCOME | 790. | 1,542. | 3,261. | | | 5,593. |
|---------|-----|------------|-------------|------------------------|------------------------|--------------------------|---------------|--------------------|---------|
| REVENUE | AND | EXPENSES | PER BOOKS | 790. | 1,542. | 3,261. | 32,177. | 1,291. | 39,061. |
| | | | DESCRIPTION | FOREIGN TAXES-BESSEMER | FOREIGN TAXES-FIDELITY | FOREIGN TAXES FROM K-1'S | FEDERAL TAXES | RHODE ISLAND TAXES | TOTALS |

05-0475089

| NET INVESTMENT | INCOME 10 542 | . 7, 0, 4 | 27,038. | 4. | 75,158. | 138. | 678. | 1,024. | | | 127,907. | | | 242,493. |
|----------------------------|---------------------------------------|----------------------------|-------------------------|--------------------|--------------------|---------------|--------------------|--------------|-----------|-----------------------|--------------------------|---------------------------|-------------|----------|
| REVENUE AND EXPENSES | PER BOOKS | . 5 . 0 . 4 4 | 27,038. | 4. | 75,158. | 138. | 678. | 2,047. | 324. | 368. | 127,907. | 639. | 70. | 244,917. |
| | DESCRIPTION ADV /MANAG FEES-ATT.ANTIC | FOREIGN CONVERSION EXPENSE | ADV/MANAG FEES-BESSEMER | OTHER MISC EXPENSE | ADV/MANAG FEES-BOA | BANK FEES-BOA | ADV/MANAG FEES-UBS | PAYROLL FEES | INSURANCE | PRINTING/PUBLICATIONS | OTHER DEDUCTIONS - K-1'S | NONDEDUCTIBLE EXP - K-1'S | FILING FEES | TOTALS |

CHARITABLE PURPOSES

1,023.

70.

ATTACHMENT 5 PAGE 24

| ATT | ACHMENT | 6 |
|-----|---------|---|
| | | |

FORM 990PF, PART II - RECEIVABLES DUE FROM OFFICERS, ETC.

| BORROWER: PAULA MCNAMARA ORIGINAL AMOUNT: | | | | |
|---|----------------------------|---|---------|----|
| REPAYMENT TERMS: SECURITY PROVIDED: | AS SOON AS POSSIBLE | | | |
| PURPOSE OF LOAN: DESCRIPTION AND FMV | PAYMENT OF EXPENSES FO | R DISQUALIFIED | PERSONS | |
| OF CONSIDERATION: | | | | |
| BEGINNING BALANCE DUE | | • | 688 | • |
| | | | | |
| ENDING BALANCE DUE | | | | _ |
| ENDING FAIR MARKET VALUE | | | | |
| | | | | |
| TOTAL BEGINNING RECEIVA | BLES DUE FROM OFFICERS. | ET <i>C</i> | 688 | |
| TOTAL BEGINNING REGELVAL | Jacob Boll Tron Off Tobro, | | | ÷ |
| TOTAL ENDING BOOK - RECE | EIVABLES DUE FROM OFFIC | ERS, ETC. | | == |
| | | | | |
| TOTAL ENDING FMV - RECEI | (VABLES DUE FROM OFFICE | RS, ETC | | |

FORM 990PF, PART II - OTHER INVESTMENTS

| ENDING ENDING BOOK VALUE FMV | 1,990,525. 2,149,067. 11,759,495. 16,614,847. 5,783,571. 6,613,891. 6,613,891. 6,13,785. 1,938,682. 2,844,330. 223,241. 1,080,256. 39,555. 283,838. 140,787. 112,068. 49,254. 356,652. 439,395. 296,155. 466,251. 72,204. 65,770. 329,978. 188,423. 384,417. 171,836. 384,417. 171,836. 384,417. 500,000. 164,793. 26,367,321. 34,526,639. |
|------------------------------|---|
| DESCRIPTION | INVEST- ATLANTIC TRUST INVEST- BANK OF AMERICA INVEST- BESSEMER TRUST INVEST- ELDELITY INVEST- COLDMAN SACHS HIGHFIELDS HIGHFIELDS NEWPORT GLOBAL (CAYMAN) ENERGY CAPITAL INVESTORS FIRST NEW ENGLAND GS CARITAL INVESTORS FIRST NEW ECQUITY PTNRS BALANCE FOUNT I BALANCE FOUNT II CHC CIP INVESTORS II NARRAGANSETT ACQUISITION PARKINGWAY ACQUISITIONS SNAKE RIVER GREAT PLAINS ACQUISITIONS SNAKE RIVER GREAT PLAINS ACQUISITIONS CHC CIP 2014 CENTERRA LAC CENTERRA LAND GS CAPITAL FYNRS AIV INVEST-UBS 7879 INVEST-UBS 7870 SAUGUS CP BROADWAY LLC |

| 2018 FORM | 990-PF | THE MURRA | Y FAMILY | CHARITABLE | FOUNDATION | 05-0475089 |
|-------------|----------------|-----------|----------|------------|------------|----------------------|
| • | | | | | | ATTACHMENT 8 |
| FORM 990PF, | PART II - OTHE | R LIABILI | CIES | | | |
| DESCRIPTION | | | | | | ENDING BOOK VALUE |
| | | | | | | |

TOTALS

| 2 | Λ1 | Ω | FORM | 990-PF | , |
|---|-----|---|-------|--------|---|
| _ | 111 | n | PURIN | 990-22 | |

2018 FORM 990-PF THE MURRAY FAMILY CHARITABLE FOUNDATION 05-0475089

ATTACHMENT 9

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

DESCRIPTION

OTHER ADJUSTMENTS 19.

> 19. TOTAL

AMOUNT

2018 FORM 990-PF THE MURRAY FAMILY CHARITABLE FOUNDATION 05-0475089

ATTACHMENT 10

FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION AMOUNT

PRIOR PERIOD ADJUSTMENTS APPRECIATION OVER DONOR'S COST

917. 532,466.

TOTAL

533,383.

| I - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES | TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION COMPENSATION COMPENSATION BENEFIT PLANS ALLOWANCES | PRESIDENT & TREASURER 75,000. 0. | EXECUTIVE VP 0. 0. | EXECUTIVE VP 0. 0. | EXECUTIVE VP 0. 0. | 22,500. 0. 0. | |
|---|--|----------------------------------|---|--|--|---------------|--|
| LIST OF OFFICERS, DI | r-1 | DENT & | TERRENCE MURRAY 91 MAIN ST STE 118 WARREN, RI 02885 | COLLEEN M. COGGINS 91 MAIN ST STE 118 WARREN, RI 02885 | MEGAN CRAIGAN 91 MAIN ST STE 118 WARREN, RI 02885 | | |

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| FAMILY |
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2018 FORM 990-PF

05-0475089

FORM \$90PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

V 18-7 6F

ATTACHMENT 12

19980303F1 3 21 42 PM

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

FOUNDATION STATUS OF RECIPIENT

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

ATTACHMENT 12

91 MAIN ST, STE 118 SEE ATTACHED LIST

RECIPIENT NAME AND ADDRESS

GENERAL CHARITABLE PURPOSES

WARREN, RI 02885

NONE

1,861,091

TOTAL CONTRIBUTIONS PAID

1,861,091

PAGE 31

400600 T73W 11/13/2019