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.

Department of the Treasury ► Go to www irs.gov/Form990PF for instructions and the latest information. For calendar year 2018 or tax year beginning and ending A Employer identification number Name of foundation 05-6003415 ABRAMS-BELL FOUNDATION Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 401-272-2856 2 LINDEN DRIVE City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check her 02906 PROVIDENCE, RI Initial return of a former public charity G Check all that apply: Initial return D 1. Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization: E. If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust — Other taxable private foundation under section 507(b)(1)(A), check here " I Fair market value of all assets at end of year J Accounting method: X Cash Accrual F If the foundation is in a 60-month termination (from Part II, col. (c), line 16) Other (specify) under section 507(b)(1)(B), check here (Part I, column (d) must be on cash basis.) (d) Disbursements or charitable purposes (cash basis only) Part I Analysis of Revenue and Expenses (c) Adjusted net (b) Net investment (a) Revenue and (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) expenses per books income income N/A Contributions, gifts, grants, etc., received Phairi (1171-1145) (1145) (1146) (1146) (1146) (1146) (1146) (1146) Check X if the foundation is required treat treatment. Interest on savings and cash investments 101 101. STATEMENT 1 3 Dividends and interest 4.635. 4,635. STATEMENT 2 form \$400/19/tie **2 0** 2019 5a Gross rents 81,574 6a Net gain or (loss) from Gross sales price for all 85,059. 81.574. 7 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications Groso sales less returno 10a and allowances b Less Cost of goods sold c Gross profit or (loss) 20 20. STATEMENT 11 Other income 330. 330. Total Add lines 1 through 11 0. 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees STMT 4 1.150 0. 0. **b** Accounting fees c Other professional fees 17 Interest 18 Jaxes 19 Depreciation and depletion 205Occupancy 2 Travel, conferences, and meetings Printing and publications STMT 5 150 150 0. Other expenses Total operating and administrative 1,300 150 expenses. Add lines 13 through 23 433. 433. Contributions, gifts, grants paid Total expenses and disbursements. 15,733 14,433 Add lines 24 and 25 27 Subtract line 26 from line 12: 70.597. 3 Excess of revenue over expenses and disbursements 86,180 b Net investment income (if negative, enter -0-)

LHA For Paperwork Reduction Act Notice, see instructions 823501 12-11-18

C Adjusted net income (if negative, enter -0-)

N/A

Гъ	N 6 7 1	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End	of year
Rartill Balance Sheets Attached schedules and amounts in the description column should be for end-of year amounts only		column should be for end-of year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	١;	Savings and temporary cash investments	13,789.	60,589.	60,589.
	2				
	3	Accounts receivable	166. D. 206. 197. 196. 196. 206. 206. 206. 206. 206. 206. 206. 20		25/40 58/25/49/2012 BLANCE BLA
	1	Less: allowance for doubtful accounts ▶	COLUMN TO STATE OF THE STATE OF	MANUAL PROPERTY IN THE SAME OF THE SAME OF	P CARROLI Z O MARCOLORY VAPPILLOS AND ARROLANAS
	4	Pledges receivable			
		Less: allowance for doubtful accounts			ŀ
	5	Grants receivable			
		Receivables due from officers, directors, trustees, and other			
	"				
		disqualified persons	2.492035573632.4000 9.400.400670866.0006		September 2017 Street September 2017
- •	. 7.	Other notes and loans receivable			
		Less: allowance for doubtful accounts			
s	8	Inventories for sale or use			
ssets	9	Prepaid expenses and deferred charges			
Ass	100	Investments - U.S. and state government obligations			
_			46,614.	70,411.	117,028.
		Investments - corporate stock STMT 6	40,014.	70,411.	117,028.
	C	Investments - corporate bonds	Carried Control of the Control of th		
	11	Investments - land, buildings, and equipment basis			
	1	Less accumulated depreciation	· ·	!	
	12	Investments - mortgage loans			
	ı	Investments - other			
	13	_		A.1444(18/20-19/19/19/19/19/19/19/19/19/19/19/19/19/1	
	14	Land, buildings, and equipment: basis	99707X2338668873887722	5.9% (MAIN XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
		Less accumulated depreciation			
	15	Other assets (describe)		·····	
	16	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	60,403.	131,000.	177,617.
_	17	Accounts payable and accrued expenses			
	l	Grants payable	····		
	18			<u> </u>	100 A 1 100 A
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ap	21	Mortgages and other notes payable			
≔	22	Other liabilities (describe)			
	1				
	23	Total liabilities (add lines 17 through 22)	0.	0.	
_	-	Foundations that follow SFAS 117, check here			
		·			
	Ī	and complete lines 24 through 26, and lines 30 and 31.			
ĕ	24	Unrestricted			
ä	25	Temporarily restricted			
3al	26	Permanently restricted	İ		
Net Assets or Fund Balances		Foundations that do not follow SFAS 117, check here			
.≒		and complete lines 27 through 31			
7			. 0.	0.	
ţ	27	Capital stock, trust principal, or current funds	0.	0.	Martin Color
Se	28	Paid-in or capital surplus, or land, bldg., and equipment fund			2003074 2004 400 750 2006 400 CC CO 200 200408 50 2000 200 442 2074 20 F
ğ	29	Retained earnings, accumulated income, endowment, or other funds	60,403.	131,000.	
é	30	Total net assets or fund balances	60,403.	131,000.	
_	ŀ				
	31	Total liabilities and net assets/fund balances	60,403.	131,000.	
Ξ					
įР	ăřtš	Analysis of Changes in Net Assets or Fund Ba	alances		
_	Tatat	not consta or fund halances at haganages of user. Dort II. solume (a) line	20		Γ''
		net assets or fund balances at beginning of year - Part II, column (a), line	3 0		60 402
	•	t agree with end-of-year figure reported on prior year's return)		1	60,403.
2	Enter	amount from Part I, line 27a		2	70,597.
3	Othe	increases not included in line 2 (itemize)		3	0.
4	Add i	ines 1, 2, and 3		4	131,000.
		eases not included in line 2 (itemize)		5	0.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (h) line 30	6	131,000.
<u> </u>	· otal	The access of fama data nood at one of year finite 4 finitios into 0/ 1 art in or	John Lott Inio oo	<u> </u>	Form 990-PF (2018)
					Ullin

	2011	,			
	2016	9,365.	179,461.		.052184
	2015	8,971.	181,564.		.049410
	2014	1,805.	190,867.		.009457
Ξ	2013	2,913.	184,374.		.015799
2	, , , , , , , , , , , , , , , , , , , ,			2	.179768
3	Average distribution ratio for the 5-year bathe foundation has been in existence if less	•	O, or by the number of years	3	.035954
4	Enter the net value of noncharitable-use as	ssets for 2018 from Part X, line 5		4	193,362.
5	Multiply line 4 by line 3			5	6,952.
6	Enter 1% of net investment income (1% of	Part I, line 27b)		6	862.
7	Add lines 5 and 6			7	7,814.
8	Enter qualifying distributions from Part XII	, line 4		_8	14,433.

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

See the Part VI instructions.

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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)

Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addressing the contributors during the tax year?

year 2018 or the tax vear beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV.

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

8a Enter the states to which the foundation reports or with which it is registered. See instructions.

of each state as required by General Instruction G? If "No," attach explanation

F	Part VII A Statements Regarding Activities (continued)			
_			Yes	No
1	1 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		Х
12	and the second of the second o			
	If "Yes," attach statement. See instructions	12		x
44	and the second of the second o	13	Х	
13	Website address ► N/A		- 11	<u> </u>
	DEDODAU DELL	8-6	906	
14	Located at \triangleright 221 HILLSIDE AVE, PAWTUCKET, RI	860	700	
	· · · · · · · · · · · · · · · · · · ·	.000		
18	5 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	3.7	/A	• []
	and enter the amount of tax-exempt interest received or accrued during the year.			Ala.
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank,		Yes	_
	securities, or other financial account in a foreign country?	16	90294656	X
•	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
re	foreign country	3823	***	\$3000 \$4000
į	art VII:B Statements Regarding Activities for Which Form 4720 May Be Required	Tarata Mar		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1	1a During the year, did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person? Yes X No			
	(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 the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	\$ 500 mg		
	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.)			
	b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A	1b		
	Organizations relying on a current notice regarding disaster assistance, check here	300		
	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 2018?	1c	,.,	X
2	? Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	77.00	\$2000 A	£388
_	defined in section 4942(j)(3) or 4942(j)(5)):			
•	a At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning		7	
	before 2018? Yes X No			
	If "Yes," list the years \blacktriangleright			
	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			
	av / a	2b	~ ⊕,≎~90.⊀	5.895.9326V
	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	***	****
	th the provisions of section 4342(a)(2) are being applied to any of the years listed in 2a, list the years here.			
,	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
3				
	- -			
	b If "Yes," did it have excess business holdings in 2018 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,	52.87.832		激%激
	Form 4720, to determine if the foundation had excess business holdings in 2018). N/A	3b		- V
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	50,6953.4	X 3888731
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	200 (A)	\$3,8937°	*** *********************************
	had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b		<u> X</u>

Part WII-B Statements Regarding Activities for Which F	orm 4720 May be R	equired (contin	ued)		
5a During the year, did the foundation pay or incur any amount to:				·Yε	s No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	ı 4945(e))?	Ye	es X No		1 .
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire		-	· -	
any voter registration drive?			es X No	.	
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section	ب	□		
4945(d)(4)(A)? See instructions			es X No	٠, ١	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or to		□	.	
the prevention of cruelty to children or animals?	1 1		es X No	•	
b If any answer is "Yes" to 5a(1) (5), did any of the transactions fail to qualify uni		n Regulations	N/A	56	
section 53.4945 or in a current notice regarding disaster assistance? See instru			N/A	5b	+ .
Organizations relying on a current notice regarding disaster assistance, check h		ned		- ,	. -
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		/A Ye	es 🗆 No	l	
expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d).	7,	/A	:5 NU		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	nav premijime on				
a personal benefit contract?	pay premiums on		es X No	ŀ	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal henefit contract?		,	6b	X
If "Yes" to 6b, file Form 8870.	organiar bonom contract			<u> </u>	
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	☐ Y€	es X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b	<u> </u>
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$			·		
excess parachute payment(s) during the year?		, Ye	s X No		
Part VIII Information About Officers, Directors, Truste	es, Foundation Mar	agers, Highly			
Paid Employees, and Contractors					
1 List all officers, directors, trustees, and foundation managers and the	·	1	(d) 0	1	
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid.	(d) Contributions to employee benefit plans and deferred	(e) t	xpense int, other
	to position	(If not paid, enter -0-)	compensation	allo	wances
DEBORAH BELL	TRUSTEE				
221 HILLSIDE AVE	0.00				•
PAWTUCKET, RI 02860	0.00	0.	0.	 	0.
JONATHAN J. BELL	TRUSTEE			1	
2 LINDEN DRIVE	0 00		_	i	0
PROVIDENCE, RI 02906	0.00	0.	0.	 	0.
				 	
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none, e	enter "NONE."			
	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred compensation	(e) E	xpense
(a) Name and address of each employee paid more than \$50,000	devoted to position	(c) Compensation	and deferred compensation	accou	xpense int, other wances
NONE					
				·	
				L	
				ļ	
			<u> </u>	<u> </u>	
Total number of other employees paid over \$50,000				200	0
			Form	990-P	F (2018)

Total. Add lines 1 through 3

All other program-related investments. See instructions.

R	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	dations, see	instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
	Average monthly fair market value of securities	1a	173,138.
	Average of monthly cash balances	1b	173,138. 23,169.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	196,307.
е	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	196,307.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	2,945.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	193,362.
6	Minimum investment return Enter 5% of line 5	6	9,668.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an	d certain	•
	foreign organizations, check here 🕨 🔃 and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	9,668.
2a	Tax on investment income for 2018 from Part VI, line 5		
b	Income tax for 2018. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	862.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	8,806.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	8,806.
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	8,806.
P	art 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	14,433.
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:		
а	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	14,433.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	862.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	13,571.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation q	ualifies for the	section

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
Distributable amount for 2018 from Part XI, line 7				8,806.
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only			8,345.	
b Total for prior years:			0,343.	
g rotal for prior years.		0.		
3 Excess distributions carryover, if any, to 2018:				
a From 2013				
b From 2014				
· · · · · · · · · · · · · · · · · · ·				
c From 2015				
d From 2016				
e From 2017	0.			
f Total of lines 3a through e	· · · · · · · · · · · · · · · · · · ·			
4 Qualifying distributions for 2018 from				
Part XII, line 4: ► \$ 14,433.			0 245	
a Applied to 2017, but not more than line 2a			8,345.	
b Applied to undistributed income of prior		_		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	0		,	
(Election required - see instructions)	0.			6 000
d Applied to 2018 distributable amount	^			6,088.
e Remaining amount distributed out of corpus	0.			0.
5 Excess distributions carryover applied to 2018 (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:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
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 2017. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2018. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2019				2,718.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by		diffuit (u v z z	· interest	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
section 170(b)(1)(F) or 4942(g)(3) (Election		Sant Control of the first	y i επισοξησι _ζ ί	tandar.e-
may be required - see instructions)	0.		n · · .	
8 Excess distributions carryover from 2013				
not applied on line 5 or line 7	0.		1	
9 Excess distributions carryover to 2019	_	construct to a , , , , 1:	11 2 Andree 7	######################################
Subtract lines 7 and 8 from line 6a	0.		· · · · · · · · · · · · · · · · · · ·	
O Analysis of line 9:				
a Excess from 2014				
b Excess from 2015				
c Excess from 2016				
d Excess from 2017				
e Excess from 2018				

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	BELL FOUNDA'				003415 Page 10
Part XIV Private Operating F				N/A	
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective fo			▶ ∟	7	
b Check box to indicate whether the found		g foundation described		4942(j)(3) or4	1942(1)(5)
2 a Enter the lesser of the adjusted net	Tax year	(1) 0047	Prior 3 years	743 0045	- 15 Tabal
income from Part I or the minimum	(a) 2018	(b) 2017	(c) 2016	(d) 2015	(é) Total
investment return from Part X for					
each year listed					<u> </u>
b 85% of line 2a					
c Qualitying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					İ
used directly for active conduct of			/		
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the		<u> </u>		•	
alternative test relied upon:					
a "Assets" alternative test - enter:(1) Value of all assets					
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter		<u> </u>			
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest, dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt organizations as provided in		1			
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					\
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info			if the foundation	had \$5,000 or mo	re in assets
		actions.)			
1 Information Regarding Foundation	-				
a List any managers of the foundation wh			tributions received by the	foundation before the clos	se of any tax
year (but only if they have contributed r	nore man \$5,000). (See Se	scrion 507 (a)(2).)			
NONE					
b List any managers of the foundation who other entity) of which the foundation ha			(or an equally large portion	on of the ownership of a p	artnership or
- '	Sa 10 % OF Greater filleres	l .			
NONE					
2 Information Regarding Contributi		· ·	=		
Check here I if the foundation of					ests for funds. If
the foundation makes gifts, grants, etc.,					
a The name, address, and telephone num		e person to whom appli	cations should be address	sed:	
DEBORAH BELL, 816-67					
221 HILLSIDE AVE, PA	WTUCKET, RI	02860			
b The form in which applications should to WRITTEN PROPOSAL WIT		_	hould include:		
c Any submission deadlines:			· · · · · · · · · · · · · · · · · · ·		
d Any restrictions or limitations on award	s, such as by geographica	l areas, charitable fields	kinds of institutions or o	other factors:	
EACH YEAR APPLICATION					
					- 000 DE (0040)

3 Grants and Contributions Paid During the Ye	ear or Approved for Future F	Payment		
Recipient	If recipient is an individual,	Foundation	Purpose of grant or	
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				
SEE ATTACHED SCHEDULE			CHARITABLE	
SEE ATTACHED SCHEDULE				44 422
SEE ATTACHED SCHEDULE, RI 02906				14,433.
				•
	,			
				
	,			
Total	 		▶ 3a	14,433.
b Approved for future payment		e≱.		
NONE		3 g*****		
		*		
Total			▶ 3b	0.
4500	 		F	orm 990-PF (2018)

ter gross amounts unless otherwise indicated.	Unrelated t	ousiness income		d by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	Exclu- sion	(d) Amount	Related or exempt function income
Program service revenue:	code		code	711100111	TOTAL TITLE OF THE PARTY OF THE
a	_		+ +		
<u> </u>	i		++	·	
C	_				
	i		 		·
e	_		+		
			┼		
Fees and contracts from government agencies	-		+		
Membership dues and assessments			╂┼-	-	·
nterest on savings and temporary cash			14	101	
nvestments			14	101. 4,635.	
Dividends and interest from securities	1		 	4,033.	
let rental income or (loss) from real estate:			1 1		
Debt-financed property	-		 		
Not debt-financed property			╂		
let rental income or (loss) from personal	ĺ		i l		
roperty			14	20.	
other investment income	-		 _ 4	20.	
Sain or (loss) from sales of assets other			18	81,574.	
han inventory	 		10	01,3/4.	
et income or (loss) from special events			+ +		
iross profit or (loss) from sales of inventory	 		++		
Other revenue:					
	1		+		
	1 1		+ +		
	1 1		 		
i			 		
	1 1			86,330.	
	_	0.		00/0000	
s Subtotal. Add columns (b), (d), and (e)		0.			86 3
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e)		0.	<u> </u>	13	86,3
oubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations				13	86,3
ubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations				13	86,3
ubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activities	s to the Accom	plishment of Ex	empt P	13 Purposes	
ubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activities a No. Explain below how each activity for which it	s to the Accom	plishment of Ex	empt P	13 Purposes	
ubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activities	s to the Accom	plishment of Ex	empt P	13 Purposes	
ubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activities No. Explain below how each activity for which in	s to the Accom	plishment of Ex	empt P	13 Purposes	
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ubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activities a No. Explain below how each activity for which it	s to the Accom	plishment of Ex	empt P	13 Purposes	
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ubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activities a No. Explain below how each activity for which it	s to the Accom	plishment of Ex	empt P	13 Purposes	
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subtotal. Add columns (b), (d), and (e) fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations ITT XVI-B Relationship of Activities e No. Explain below how each activity for which in	s to the Accom	plishment of Ex	empt P	13 Purposes	
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subtotal. Add columns (b), (d), and (e) fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations ITT XVI-B Relationship of Activities e No. Explain below how each activity for which in	s to the Accom	plishment of Ex	empt P	13 Purposes	

823621 12-11-18

Si	gnature of officer or trustee	Date	Title	<u> </u>	
	Print/Type preparer's name	Preparer's signature	Date	Check if PTIN self- employed	
Paid Prepare	JAMES SINMAN Firm's name ► MARCUM LI	JAMES SINMAN	5/14/19	P00 Firm's EIN ► 11-19	0182252 986323
Jse Only	Firm's address ► 155 SOUT				
	PROVIDE	NCE, RI 02903		Phone no (401)	457-6700

FORM 990-PF INTERE	ST ON SAVI	NGS AND 7	EMPOR	ARY	CASH	IN	VESTMENTS	SI	PATEMENT 1
SOURCE			(A) EVENUE BOOK		NET	IN	(B) VESTMENT COME	N	(C) ADJUSTED IET INCOME
MERRILL LYNCH			1	01.			101.		
TOTAL TO PART I, LI	NE 3		1	01.			101.		
FORM 990-PF	DIVIDEND	rni dna s	EREST	FRO	M SEC	UR	ITIES	Si	CATEMENT 2
SOURCE	GROSS AMOUNT	CAPIT GAIN DIVIDE	IS	RE	(A) VENUE BOOK		(B) NET INVES MENT INCO		(C) ADJUSTED NET INCOME
MERRILL LYNCH	4,635	•	0.		4,63	5.	4,63	5.	
TO PART I, LINE 4	4,635	•	0.		4,63	5.	4,63	5.	
FORM 990-PF		OTHER	l INCO	ME				SI	PATEMENT 3
DESCRIPTION			RE	(A) VENU BOO			(B) ET INVEST- ENT INCOME		(C) ADJUSTED NET INCOME
NONDIVIDEND DISTRIB	UTIONS				20.		20	•	
TOTAL TO FORM 990-P	F, PART I,	LINE 11		·	20.		20	 - =	
FORM 990-PF		ACCOUN	TING	FEES				SI	'ATEMENT 4
DESCRIPTION		(A) EXPENSES PER BOOK) VEST- NCOME		(C) ADJUSTED NET INCOM		(D) CHARITABLE PURPOSES
ACCOUNTING FEES		1,15	0.		0	•			0.
TO FORM 990-PF, PG	 1, LN 16B	1,15	0.		0				0.

FORM 990-PF	OTHER E	XPENSES	STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
INVESTMENT EXPENSE	150.	150.		0.	
TO FORM 990-PF, PG 1, LN 23	150.	150.		0.	

FORM 990-PF CORPORATE STOCK		STATEMENT 6
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
SEE ATTACHED SCHEDULE	70,411.	117,028.
TOTAL TO FORM 990-PF, PART II, LINE 10B	70,411.	117,028.

Abrams-Bell Foundation 990PF 2018 05-6003415

Part II - Balance Sheet

Line10(a) Investments- US and State Government Obligations	Begin of Year Book Value	End of Year Book Value	End of Year <u>FMV</u>
investmente de una etate deverminent designatione	Book Value	<u>Boon value</u>	<u> </u>
	<u>-</u>		
	\$	\$	<u>\$</u>
	ı		
<u>Line10(b)</u>	Begin of Year	End of Year	End of Year
Investments- Corporate Stock	Book Value	Book Value	<u>FMV</u>
400 Aetna Inc New	3,475	_	_
800 Avon Products, Inc	2,489	2,489	1,216
48 Citigroup Inc	4,232	4,232	2,499
335 CVS	-,	27,040	21,949
56 Eastman Chemical Co	N/A	N/A	4,094
800 Exxon Mobil Corp	2,935	2,935	54,552
134 General Motors	16,128	16,128	4,482
20 Motors Lig Co	-	, -	181
76 WT07 19General Motors Co USD	4,799	4,799	1,208
26 Travelers Cos Inc	118	118	3,113
310 Excel Energy Inc	3,336	3,336	15,274
852 Pimco Total Return Fund	9,102	9,334	8,460
	<u>\$ 46,614</u>	<u>\$ 70,411</u>	<u>\$ 117,028</u>
Line 10(c)			
Investments- Corporate Bonds			
			N/A
	<u>\$</u>	<u>\$</u>	<u>\$</u>

Abrams-Bell Foundation 990PF 2018 05-6003415

Part XV, 3(a) Grants Contributions Paid

<u>Payee</u>	<u>Ck#</u>	<u>Amount</u>
Rhode Island PBS Foundation	Debit	100.00
Dana Farber - Jimmy Fund	Debit	400 00
American Society For YAD	Debit	500.00
Lawyers For Good	Debit	90 00
Feeding America	Debit	100 00
Crossroads Rhode Island	Debit	300 00
Heifer International	Debit	500 00
Obama Foundation	Debit	12 00
Shriners Hospitals	Debit	250 00
WSBE RI PBS	Debit Debit	200 00 300 00
Brown University Gifts Hadassah WZOA	Debit	100 00
Lawyers For Good	Debit	310.00
Doctors W/O Border	Debit	400 00
RI Comm Food Bank	Debit	600 00
The Brown Hillel Foundation	Debit	200 00
HopeHealth	Debit	200 00
Ovarian Cancer Reseach	Debit	300 00
Childrens Friend RI	Debit	200 00
Network for Good	Debit	206 00
Wellesley College	Debit	100 00
National MS Society	Debit	400 00
American Jewish Historic	Debit	100 00
UNICEF USA	Debit	300 00
Stand Up to Cancer Wikimedia	Debit Debit	500.00 300 00
St Jude International	Debit	400 00
Simmons College	Debit	75 00
Brown University Gifts	Debit	150 00
Court House	Debit	120 00
TPS 893FM	Debit	120 00
Make a Wish America	Debit	500 00
Austism Society	Debit	200.00
Planned Parenthood	Debit	400 00
PPS	Debit	50 00
ALSA Rhode Island Chapter	Debit	100 00
Jewish Family Service	Debit	100 00
Network for Good	Debit	100 00
Save the Bay	Debit	100 00
CHSAA PPS	Debit Debit	100 00 100.00
ProvidenceA	Debit	1,000.00
WhoWhatWhy Org	Debit	1,000 00
Trinity Repertory Company	Debit	200 00
Amos House	Debit	600 00

Abrams-Bell Foundation 990PF 2018 ' 05-6003415

Part XV, 3(a) Grants Contributions Paid

<u>Payee</u>	<u>Ck#</u>	Amount
RI Zoo Logical Society	Debit	300 00
Meeting Street	Debit	100 00
Sojourner House Inc	Debit	100 00
Mother Jones FNP	Debit	500 00
Rhode Island Wind Ensemble	593 ¯	100 00
Little Rhody Rescue	594	200 00
American Friends of Hospice Upper	595	500 00
Amal US Inc	596	250 00
		\$14,433.00