# Form **990-PF** Department of the Treasury Internal Revenue Service

202094910090561 EXTENDED TO NOVEMBER 16, 202
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.

	ror	calendar year 2019 of tax year beginning		, and ending		
	Nar	me of foundation			A Employer identification	number
	_G	GRACE K AND WESLEY S ALPERT				
	F	FOUNDATION	45-6592383			
		mber and street (or P O box number if mail is not delivered to street as	ddress)	Room/suite	B Telephone number	<del></del>
	1	1000 CHAPEL VIEW BLVD.		220	401.455.98	00
		ty or town, state or province, country, and ZIP or foreign po	etal code		C If exemption application is pe	
	-	CRANSTON, RI 02920	Star Code		il exemption application is pe	ending, check here
			Instal return of a fe	rmar nublia abariti	D 1. Foreign organizations	chook bara
	G (	Check all that apply: initial return		ormer public charity	L Toreigh organizations	, check here
		Final return	Amended return		Foreign organizations med check here and attach col	eting the 85% test,
		Address change	Name change	A1/	check here and attach co	mputation
	<u>H_C</u>	Check type of organization: X Section 501(c)(3) exe		04	E If private foundation stat	
	上		Other taxable private founda	ition	under section 507(b)(1)	(A), check here
	I Fa	air market value of all assets at end of year   J   Accounting		Accrual	F If the foundation is in a 6	60-month termination
	(fr	from Part II, col. (c), line 16)	er (specify)		under section 507(b)(1)	(B), check here $ ightharpoonup$
		\$ 59,739,400. (Part I, column	n (d), must be on cash bas	ıs.)		
	Pa	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
		necessarily equal the amounts in column (a) )	expenses per books	income	income	(cash basis only)
		1 Contributions, gifts, grants, ctc., received	61,652,704.	1		
		2 Check If the foundation is not required to attach Sch. 8	1			
2		3 Interest on savings and temporary cash investments			***	
5,		4 Dividends and interest from securities	18,798.	18,798.		STATEMENT 1
/\		5a Gross rents	10,750.	10,130.		<u> </u>
$\mathcal{N}$		· · · · · · · · ·				
	•	h Net rental income or (loss)	12 022			<del></del>
	ě	63 Net gain or floss) from sale of assets not on line 10 . Gross sales price for all	13,833.			
	Revenue	b Gross sales price for all 231,197.				
		7 Capital gain net income (from Part IV, tine 2)		13,833.		
		8 Net snort-term capital gain			PEC!	EIVED —
		9 Income modifications Gross sales less returns			1 1	
		10a and anowances		.=	NOV &	3 2020
		b Less Cost of goods som			B MOA (S	/   (6)
		c Gross profit or (loss)				
		11 Other income			OGDE	N UT
		12 Total Add lines 1 through 11	61,685,335.	32,631.	0.	
		13 Compensation of officers, directors, trustees, etc	75,000.	37,500.	0.	37,50 <u>0</u> .
		14 Other employee salaries and wages				
		15 Pension plans, employee benefits				
	es					·
	Sue	b Accounting fees STMT 2	7,000.	3,500.	0.	3,500.
	Expenses	c Other professional fees STMT 3	834.	834.	0.	0.
2021			031.		<u> </u>	
72	and Administrative	18 Taxes STMT 4	83.	83.	0.	0.
<u>ಲ</u>	stra	18 Taxes STMT 4	03.	03.	<u> </u>	
0	Ë	19 Depreciation and depletion				
FEB	퉏	20 Occupancy				<del></del>
ш	Υp	21 Travel, conferences, and meetings				<del></del>
	aŭ	22 Printing and publications		···-		
	ju					
7	ati	24 Total operating and administrative				
SCANNEN	j je	expenses Add lines 13 through 23	82,917.	41,917.	0.	41,000. 2,057,612.
7	0	25 Contributions, gifts, grants paid	2,057,612.			<u>2,057,612.</u>
Ċ,		26 Total expenses and disbursements				
		Add lines 24 and 25	2,140,529.	41,917.	0.	2,098,612.
		27 Subtract line 26 from line 12				i
		a Excess of revenue over expenses and disbursements	59,544,806.			,
		b Net investment income (if negative, enter -0-)		0.	-	<del></del>
	į	·		•	0.	
		c Adjusted net income (if negative, enter -0-)				

GRACE K AND WESLEY S ALPERT CHARITABLE Form 990-PF (2019) FOUNDATION **45-6592383** Page 2 Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only Beginning of year End of year (c) Fair Market Value (a) Book Value (b) Book Value 1 Cash - non-interest-bearing 14,572. 1,727,059. 1,727,059. 2 Savings and temporary cash investments 3 Accounts receivable Less: allowance for doubtful accounts 4 Pledges receivable ▶ Less' allowance for doubtful accounts 5 Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons 7 Other notes and toans receivable Less: allowance for doubtful accounts 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments - U.S. and state government obligations 90,881. 25,512,370. 25,591,244. STMT 5 b Investments - corporate stock STMT 6 73,602. 72,911. c Investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans 32,337,228. STMT 7 32,348,186. 13 Investments - other 14 Land, buildings, and equipment: basis Less accumulated depreciation 15 Other assets (describe ▶ 16 Total assets (to be completed by all filers - see the 105,453. 59,650,259. 59,739,400. instructions Also, see page 1, item I) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe > \_ 23 Total liabilities (add lines 17 through 22)  $\triangleright X$ Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30 **Fund Balances** 105,453. 59,650,259 24 Net assets without donor restrictions 25 Net assets with donor restrictions Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30 26 Capital stock, trust principal, or current funds Net Assets or 27 Paid-in or capital surplus, or land, bldg., and equipment fund 28 Retained earnings, accumulated income, endowment, or other funds 105,453. 59,650,259. 29 Total net assets or fund balances 59,650,259 30 Total liabilities and net assets/fund balances 105,453.

#### Part III Analysis of Changes in Net Assets or Fund Balances

L.			
1	Total net assets or fund balances at beginning of year - Part II, column (a), line 29		
	(must agree with end-of-year figure reported on prior year's return)	1	105,453.
2	Enter amount from Part I, line 27a	2	59,544,806.
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4	59,650,259.
5	Decreases not included in line 2 (itemize)	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	59,650,259.

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Part IV Capital Gains	and Lo	osses for Tax on In	vestmen	t Income					<u> </u>	2000	<u> </u>
(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)					How ac - Purcl - Dona	quired hase ition	(c) Date : (mo., d		(d) Date sold (mo , day, yr.)		
1a 9161 SHRS FIDELITY ADV MID CAP VALUE FD							06/2	1/17	12/31/19	<u></u>	
b CAPITAL GAIN DISTRIBUTION										_	
c 140 SHRS ABBVI						_			9/15	01/15/19	
d 51 SHRS LILLY	ELI	& CO						12/2	9/15	01/15/19	<u>'</u>
e (e) Gross sales price	(f)	Depreciation allowed (or allowable)		st or other basis expense of sale			l .		ain or (loss s (f) minus		
a 209,607.				206,49	3.					3,114	_
ь 3,886.										3,886	<u>.</u>
c 11,872.				7,70						4,170	١.
d 5,832.				3,16	9.					2,663	<u>.</u>
Complete and for accept above			tha faundatia	10/01/00							_
Complete only for assets shown			I		_				ol. (h) gaın ıot less thaı		
(1) FMV as of 12/31/69	1	(j) Adjusted basis as of 12/31/69		cess of col (i) col. (j), if any					(from col. (		
a										3,114	_
b										3,886	
C										4,170	
_d										2,663	
<u>e</u>											_
2 Capital gain net income or (net ca	pital loss	If gain, also enter If (loss), enter -0-			}	2				13,833	<u>.</u>
3 Net short-term capital gain or (los			ıd (6):		`						
If gain, also enter in Part I, line 8,	column (	c).			<b> </b>				<b>3</b> T / 7		
If (loss), enter -0- in Part I, line 8   Part V   Qualification U	nder S	Section 4940(e) for	Reduced	Tax on Net	Inv	estm	ent Inc	ome	N/A		—
(For optional use by domestic private		<del></del>									_
		•	10 10(4) 14/101	· not myodanone m		.,					
If section 4940(d)(2) applies, leave the	ns part bl	ank.									
Was the foundation liable for the secilif "Yes," the foundation doesn't qualif			, ,		iod?					Yes X N	0
1 Enter the appropriate amount in e	each colu	mn for each year; see the ir	nstructions be	fore making any e	ntries	S					_
(a) Base period years Calendar year (or tax year beginnii	ng in)	(b) Adjusted qualifying dist		Net value of no	(c) ncha	rıtable-ı			Distrib (col. (b) div	(d) oution ratio ided by col (c))	
2018			4,500.				9,947			3.77827	
2017			3,432.				$\frac{6,140}{2000}$			2.72069	
2016			9,918.				9,843			1.33061	
2015 2014			5,935. 1,355.				0,271 1,229		<del></del> -	.50084 .54808	
2014		34	1,333.			9,5.	1,223	•		.34000	<u> </u>
2 Total of line 1, column (d)								2		8.87850	5
3 Average distribution ratio for the	5-year bas	se period - divide the total o	on line 2 by 5.	0, or by the numbe	er of	years					_
the foundation has been in exister	-		•	•				3		1.77570	1
4 Enter the net value of noncharitab	le-use as:	sets for 2019 from Part X, I	line 5					4		2,919,2 <u>26</u>	<u>.</u>
5 Multiply line 4 by line 3								5		5,183,673	
5 Multiply line 4 by line 3					3						
6 Enter 1% of net investment incom	ie (1% of	Part I, line 27b)						6		0	<u>.</u>
7 Add lines 5 and 6								7		5,183,673	•
8 Enter qualifying distributions from								8		2,098,612	•
If line 8 is equal to or greater than See the Part VI instructions.	line 7, ch	eck the box in Part VI, line	1b, and comp	lete that part using	g a 1'	% tax ra	ate				
923521 12-17-19				<u> </u>			·		F	orm <b>990-PF</b> (20	— 19)

GRACE K AND WESLEY S ALPERT CHARITABLE Page 4 Form 990-PF (2019) FOUNDATION Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions 1a Exempt operating foundations described in section 4940(d)(2), check here \( \bigs \) and enter "N/A" on line 1. Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) b Domestic foundations that meet the section 4940(e) requirements in Part V, check here I and enter 1% 0. of Part I, line 27b c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b) 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 0. 3 3 Add lines 1 and 2 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 5 Tax based on investment income Subtract line 4 from line 3 If zero or less, enter -0-6 Credits/Payments: 3,096. a 2019 estimated tax payments and 2018 overpayment credited to 2019 0. b Exempt foreign organizations - tax withheld at source 6h 0. c Tax paid with application for extension of time to file (Form 8868) 6с 0 6d d Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here \_\_\_\_\_ if Form 2220 is attached 8 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed 9 3,096. 10 10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 3,096 • Refunded ▶ 11 Enter the amount of line 10 to be: Credited to 2020 estimated tax Part VII-A | Statements Regarding Activities Yes No 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in 1a X any political campaign? b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition X 1b 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. X c Did the foundation file Form 1120-POL for this year? 1c d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year. (1) On the foundation. ▶ \$ 0. (2) On foundation managers. ▶ \$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation 0. X 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? 2 If "Yes," attach a detailed description of the activities 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 4a 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? N/A b If "Yes," has it filed a tax return on Form 990-T for this year? 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 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? Х 7 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 8a Enter the states to which the foundation reports or with which it is registered. See instructions. RI

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)

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

year 2019 or the tax year beginning in 2019? 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

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

8ь

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Pa	rt VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			_
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		Х
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		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			
14	The books are in care of ▶ THE FOUNDATION Telephone no. ▶ 401-4	55-9	800	
	Located at ▶ 1000 CHAPEL VIEW BLVD., SUITE 220, CRANSTON, RI ZIP+4 ▶0	2920		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		<b>&gt;</b>	•
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A_	
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
_	foreign country			<u> </u>
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required	1		N1-
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	-	Yes	No
1a	During the year, did the foundation (either directly or indirectly):	1		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			l ,
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?  Yes X No			۱ ۱
				{
		ŀ		
	(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)?  Yes X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			,
	If the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			İ
h	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	16	_	- '
	Organizations relying on a current notice regarding disaster assistance, check here			
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 2019?	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 2019, did the foundation have any undistributed income (Part XIII, lines			i
	6d and 6e) for tax year(s) beginning before 2019? Yes X No		_	i ,
	If "Yes," list the years ▶,,,			
b	Are there any years listed in 2a for which the foundation is <b>not</b> 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 ) N/A	2b		
C	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.			
٥-	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
3a				
	during the year?  Yes X No  If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after			
U	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 Form 4720,			٠.
	Schedule C, to determine if the foundation had excess business holdings in 2019.)  N/A	3b		·
42	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		x
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
Ī	had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		X
		orm <b>99</b> 0	)-PF	(2019)

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Part VII-B Statements Regarding Activities for Which I	-Offin 4720 Iviay be i	nequired (contin	uea)	Yes	No	
<ol> <li>During the year, did the foundation pay or incur any amount to:</li> <li>Carry on propaganda, or otherwise attempt to influence legislation (section)</li> </ol>	1.4045(0)\2		es 🗶 No		<del>                                     </del>	
(2) Influence the outcome of any specific public election (see section 4955); or			ואו בבו מ:			
any voter registration drive?	i to carry on, unectiy or mun	ectly,	es X No		1	
(3) Provide a grant to an individual for travel, study, or other similar purposes	s X No		1			
(4) Provide a grant to an organization other than a charitable, etc., organization	.3 (22.100		;			
4945(d)(4)(A)? See instructions	es X No		!			
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational nurnoses, or		.5		i	
the prevention of cruelty to children or animals?						
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the excentions described		.0		į	
section 53.4945 or in a current notice regarding disaster assistance? See instructions  N/A						
Organizations relying on a current notice regarding disaster assistance, check l			<b>▶</b>	5b		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		uned			;	
expenditure responsibility for the grant?		√ I/A	s 🔲 No		i	
If "Yes," attach the statement required by Regulations section 53.4945-5(d).	_				!	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				,	
a personal benefit contract?	•	Y6	s X No			
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b	X	
If "Yes" to 6b, file Form 8870.					Ţ,	
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye	es X No		į	
b If "Yes," did the foundation receive any proceeds or have any net income attribu	Itable to the transaction?		N/A	7b		
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$	31,000,000 in remuneration o	r			,	
excess parachute payment(s) during the year?			s X No			
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	anagers, Highly	1			
1 List all officers, directors, trustees, and foundation managers and t	heir compensation.					
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Exp	oense	
(a) Name and address	nours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account	i, other inces	
BENJAMIN G PASTER	CO-TRUSTEE	1				
1000 CHAPEL VIEW BLVD. STE 220						
CRANSTON, RI 02920	12.00	0.	0		0.	
NICOLE CAMPBELL	CO-TRUSTEE					
1009 PERSIFER STREET						
FOLSOM, CA 95815	15.00	75,000.	0 .	,	0.	
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Contributions to	/a) Evr		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Exp account allowa	, other	
NONE	devoted to position	-	compensation	allowa	inces_	
NONE						
		<u> </u>				
				<del>                                     </del>		
<u></u>						
			<u>.</u>	<del>                                     </del>		
Total number of other employees paid over \$50,000		··			0	
			Forn	990-PF	(2019)	

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Total. Add lines 1 through 3

All other program-related investments. See instructions

P	art X Minimum Investment Return (All domestic foundations must complete this part Foreign foundations	ndations, s	see instructions )
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	2,531,229.
b	Average of monthly cash balances	1b	432,452.
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	2,963,681.
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	2,963,681.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	44,455.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,919,226.
6	Minimum investment return Enter 5% of line 5	6	145,961.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations, check here ▶ ☐ and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	145,961.
2a	Tax on investment income for 2019 from Part VI, line 5	]	
b	Income tax for 2019. (This does not include the tax from Part VI.)	]	
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	145,961.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	145,961.
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	145,961.
P	art 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	2,098,612. 0.
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	2,098,612.
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	0.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	2,098,612.
	Note: The amount on line 6 will be used in Part V. column (b), in subsequent years when calculating whether the foundation (	qualifies for	the section

Form **990-PF** (2019)

4940(e) reduction of tax in those years.

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	( <b>d)</b> 2019
1 Distributable amount for 2019 from Part XI,				
line 7				145,961.
2 Undistributed income, if any, as of the end of 2019				
a Enter amount for 2018 only			0.	
<b>b</b> Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2019:				-
<b>a</b> From 2014 <b>475</b> , 284.				ļ
b From 2015 428,601.				į į
c From 2016 1,510,926.				<b> </b>
d From 2017 2,824,505.	'			
e From 2018 1,938,503.				
f Total of lines 3a through e	7,177,819.			-
4 Qualifying distributions for 2019 from	.,			-
Part XII, line 4: ►\$ 2,098,612.				!
a Applied to 2018, but not more than line 2a			0.	•
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		<u> </u>
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			,
d Applied to 2019 distributable amount				145,961.
e Remaining amount distributed out of corpus	1,952,651.			7 1
5 Excess distributions carryover applied to 2019	1,552,652,			
(If an amount appears in column (d), the same amount must be shown in column (a) )	0.	,		0.
6 Enter the net total of each column as indicated below.				, , 
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	9,130,470.			
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 2018. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2019. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2020				0.
7 Amounts treated as distributions out of		,		1, 1 1
corpus to satisfy requirements imposed by				Į
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2014		1 "	11	- 1, "
not applied on line 5 or line 7	475,284.			1
9 Excess distributions carryover to 2020.	27072011			)
Subtract lines 7 and 8 from line 6a	8,655,186.			
Analysis of line 9:		•-	<del></del>	i
a Excess from 2015 428,601.				
b Excess from 2016 1,510,926.				,
c Excess from 2017 2,824,505.	The Colonia	July to the state of the	in the contract	■ n 1 n7 1
d Excess from 2018 1,938,503.				
e Excess from 2019 1,952,651.				

923581 12-17-19

Form **990-PF** (2019)

	AND WESLEY	S ALPERT (	HARITABLE	45 65	
Form 990-PF (2019) FOUNDAT  Part XIV Private Operating F		structions and Part VI	I.A. question 9)		592383 Page 10
			-A, question 9)	N/A	
1 a If the foundation has received a ruling of foundation, and the ruling is effective for					
<b>b</b> Check box to indicate whether the found		<del>-</del>	in section	4942(j)(3) or 4	9,42(1)(5)
2 a Enter the lesser of the adjusted net	Tax year	ig roundation document	Prior 3 years		1
income from Part I or the minimum	(a) 2019	(b) 2018	(c) 2017	(d) 2016/	(e) Total
investment return from Part X for					
each year listed			1		
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4, for each year listed					
d Amounts included in line 2c not					,
used directly for active conduct of					`
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets		<i></i>		-	<del> </del>
(2) Value of assets qualifying		ĺ			
under section 4942(j)(3)(B)(i)  b "Endowment" alternative test - enter					<del> </del>
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					İ
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or môre exempt organizations as provided in					
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization			,		
(4) Gross investment income					<u></u>
Part XV Supplementary Info			if the foundatio	n had \$5,000 or m	ore in assets
at any time during t		uctions.)			
1 Information Regarding Foundation					
a List any managers of the foundation wh year (but only if they have contributed n			ributions received by tr	ne toundation before the clo	se of any tax
NONE	1010 than \$0,000). (000 b	30.10.1 30. (4)(2).)			
b List any managers of the foundation wh	o own 10% or more of th	e stock of a cornoration	for an equally large nor	tion of the ownership of a n	 artnership or
other entity) of which the foundation has			(or arrequarry large por	tion of the ownership of a p	artificianip of
NONE	,				
2 Information Regarding Contributi	on, Grant, Gift, Loan,	Scholarship, etc., Pi	ograms:		
Check here ▶ 🗓 if the foundation o				not accept unsolicited requ	uests for funds. If
the foundation makes gifts, grants, etc.,	to individuals or organiza	tions under other condit	ions, complete items 2	a, b, c, and d.	
a The name, address, and telephone num	ber or email address of th	e person to whom applic	ations should be addre	essed:	
<b>b</b> The form in which applications should b	e submitted and informat	ion and materials they s	nould include:		
c Any submission deadlines:					
d Any restrictions or limitations on awards	s, such as by geographica	l areas, charitable fields	kinds of institutions. o	r other factors:	
y	.,				
20002 10 17 10					Form <b>990-PF</b> (2019)
923601 12-17-19					- ruini <b>330-r r</b> (2019)

Form 990-PF (2019) FOUNDATION

Part XV | Supplementary Information (continued)

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Part XV Supplementary Information	n (continued)			
3 Grants and Contributions Paid During the	Year or Approved for Future	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	**	
a Paid during the year				<del>-</del>
ADODUTON BUODE TO AND	NONE	₽C	CHARITABLE DONATION	
ADOPTION RHODE ISLAND 2 BRADFORD STREET	NOME	FC	CHARITABLE DONATION	
PROVIDENCE RI 02903				5,000
ALZHEIMER'S ASSOCIATION	NONE	PC	PROVIDE CARE AND	
225 N. MICHIGAN AVE FL. 17			RESEARCH TOWARDS	1 500
CHICAGO, IL 60601			ALZHEIMER'S	1,500
AMERICAN HEART ASSOCIATION	NONE	PC	TO IMPROVE THE	
7272 GREENVILLE AVE			CARDIOVASCULAR HEALTH	
DALLAS, TX 75231			OF ALL AMERICANS	
			THROUGH RESEARCH AND	05.000
			EDUCATION	25,000
DANA FARBER CANCER INSTITUTE	NONE	PC PC	CARE TO CHILDREN AND	
450 BROOKLINE AVENUE			ADULTS WITH CANCER	
BOSTON, MA 02215				10,000
DOCTORS WITHOUT BORDERS USA, INC.	NONE	₽C	PROVIDING LIFESAVING	
40 RECTOR ST. 16TH FLOOR			MEDICAL HUMANITARIAN	
NEW YORK NY 10006	NIMINITAMION CUE		CARE	1,500
Total SEE CC b Approved for future payment	ONTINUATION SHE	1(5)	<b>▶</b> 3a	2,057,612
NONE				
Total			<b>&gt;</b> 3b	0 m <b>990-PF</b> (2019

## GRACE K AND WESLEY S ALPERT CHARITABLE FOUNDATION

45-6592383

Part XV Supplementary Informatio  3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual,	Farradation	Durance of avert ov	-
Name and address (home or business)	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Trains and address (name at beamisse)	or substantial contributor	recipient		
EDGEWOOD SAILING SCHOOL	NONE	PC	SAFETY OF STUDENT	
P.O. BOX 25641			SAILORS	40.00
CRANSTON, RI 02905		<del>                                     </del>		10,000
JEWISH COLLABORATIVE SERVICES OF RI 1165 NORTH MAIN STREET	NONE	PC	HELP PEOPLE OF ALL RELIGIONS NAVIGATE	
PROVIDENCE RI 02904			SOCIAL SERVICES	500,00
NOVEDENCE, NE CESOT				
LUTHERAN CHURCH OF THE GOOD SHEPHERD	NONE	PC	COMMUNITY SERVICES	
383 OLD NORTH ROAD				
KINGSTON, RI 02881				5,000
MD ANDERSON CANCER CENTER	NONE	PC	INTEGRADES PATIENT	
7007 BERTNER AVE STE 10			CARE, RESEARCH, AND	
HOUSTON, TX 77030			EDUCATION TO ELIMINATE	
			CANCER.	1,50
MOFFITT CANCER CENTER	NONE	PC	CONTRIBUTE TO THE	
12902 USF MAGNOLIA DRIVE			PREVENTION AND CURE OF	
TAMPA FL 33612			CANCER	500
NEWBURGH ROWING CLUB INC	NONE	PC	TO TEACH, AND EDUCATE ROWING ON THE HUDSON	
PO BOX 227 NEWBURGH NY 12551			FOR THE GENERAL PUBLIC	10,000
				•
PAWTUCKET PACERS - SPECIAL OLYMPICS	NONE	PC	CHARITABLE DONATION	
15 HARDING STREET				
PAWTUCKET, RI 02861			<u> </u>	5,000
PROVIDENCE CHILDREN'S MUSEUM	NONE	₽C	INSPIRE AND CELEBRATE	
100 SOUTH STREET			LEARNING	20.00
PROVIDENCE, RI 02903				30,00
NAME TO THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST O	MONTE	nc.	MEDITAL MUE NEDDO OF	
RHODE ISLAND FOUNDATION ONE UNION STATION	NONE	PC	MEETING THE NEEDS OF THE PEOPLE OF RI	
PROVIDENCE RI 02903				1,254,41
SANDRA BORNSTEIN HOLOCAUST EDUC	NONE	PC	TEACH THE HISTORY OF	
401 ELMGROVE AVENUE			THE HOLOCAUST	
PROVIDENCE, RI 02906		<u> </u>		5,000
Total from continuation sheets				2 014 612

### GRACE K AND WESLEY S ALPERT CHARITABLE FOUNDATION

45-6592383

3 Grants and Contributions Paid During the Y	-,-	_		
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
SOUTHEASTERN GUIDE DOGS, INC.	NONE	PC	CREATING AND NURTURING	
4210 77TH STREET EAST			EXTRAORDINARY	
PALMETTO, FL 34221			PARTNERSHIPS BETWEEN	
			PEOPLE AND DOGS	5,00
ST VARTANANTZ ARMENIAN APOSTOLIC	NONE	₽C	COMMUNITY SERVICES	
CHURCH				
402 BROADWAY				
PROVIDENCE, RI 02909				5.00
ST. JUDE CHILDREN'S RESEARCH HOSPITAL	NONE	PC	TO FIND CURES AND	
501 ST. JUDE PLACE			MEANS OF CHILDHOOD	
MEMPHIS, TN 38105			DISEASES THROUGH	
,			RESEARCH AND TREATMENT	1,50
THE JIMMY FUND	NONE	PC	SUPPORTS THE FIGHT	
10 BROOKLINE PL			AGAINST CANCER	
BROOKLINE MA 02445				5,00
				•
THE TOMORROW FUND	NONE	PC	SUPPORT FOR CHILDREN	
593 EDDY STREET			WITH CANCER AND THEIR	
PROVIDENCE, RI 02903			FAMILIES	50,00
TIDEWELL HOSPICE, INC.	NONE	PC	PROVIDING CARE,	
5955 RAND BLVD			COMFORT, AND	
SARASOTA, FL 34238			COMPASSION TO PATIENTS	
			LIVING WITH ADVANCED	
			ILLNESS AND THEIR	1,00
WOUNDED WARRIOR PROJECT INC.	NONE	PC	TO HONOR AND EMPOWER	
1899 BELFORT ROAD SUITE 300			WOUNDED WARRIORS	
JACKSONVILLE FL 32256				20
YAD EZRA V'SHULAMIT	NONE	PC	FIGHTING POVERTY IN	
3470 WILSHIRE BLVD. SUITE 1020			ISRAEL, ASSISTING	10.00
LOS ANGELES, CA 90010	NONE	ng.	THOSE IN NEED.	10,00
WRIGHT WAY RESCUE	NONE	PC	NO-KILL ANIMAL	
5915 LINCOLN AVE			SHELTER, HELPING SOLVE PET OVERPOPULATION	
MORTON GROVE, IL 60053			THROUGH ADOPTION AND	
			EDUCATION AND	3,60
				<u> </u>
JEWISHGEN INC	NONE	₽C	TO SUPPORT JEWISH	
36 BATTERY PLACE			GENEOLOGY	
NEW YORK, NY 10280				3,60
Total from continuation sheets	· · · · ·			

45-6592383

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount contribution status of any foundation manager Name and address (home or business) recipient or substantial contributor AMERICAN RED CROSS NONE ÞС TO BE A RELENTLESS 431 18 ST NW FORCE FOR A WORLD OF DALLAS, TX 75231 LONGER, HEALTHIER 700. LIVES ÞС NONE TO PROVIDE PROVIDENCE PUBLIC LIBRARY INFORMATION. 225 WASHINGTON ST FACILITATE EDUCATION, PROVIDENCE, RI 02903 AND ADVOCATE LIBRARY 50,000. SERVICES RONALD MCDONALD HOUSE OF PROVIDENCE NONE PC DEVELOPING AND 45 GAY ST PROVIDING PROGRAMS THAT DIRECTLY IMPROVE PROVIDENCE, RI 02905 THE HEALTH AND WELL-BEING OF CHILDREN 5,000. THE TREVOR PROJECT NONE ÞС TO END SUICIDE AMONG THE LGBTQ YOUNG PO BOX 69232 2,000. WEST HOLLYWOOD, CA 90069 PEOPLE. NONE ÞС EDUCATION AND OUTREACH CHABAD OF SARASOTA AND MANATEE WITH PHILOSOPHY OF COUNTIES INC 7700 BENEVA RD LOVING AND EDUCATING SARASOTA, FL 34238 JEWS REGARDLESS OF BACKGROUND OR 25,000. NEWPORT CHILDRENS THEATRE NONE РC ENRICHING LIVES AND PO BOX 144 OFFERING OPPORTUNITIES TO YOUNG PEOPLE 10,000. NEWPORT, RI 02840 SALVATION ARMY NONE PC AN INTERNATIONAL 440 WEST NYACK ROAD MOVEMENT WITH THE WEST NYACK, NY 10994 CHRISTIAN CHURCH TO MEET HUMAN NEEDS IN THE NAME OF JESUS 200. ÞС GENERAL SUPPORT OF NONE JEWISH FAMILY & CHILDREN'S SERVICES 2688 FRUITVILLE ROAD ACTIVITIES SARASOTA, FL 24237 15,000. NONE РC GENERAL SUPPORT HABITAT FOR HUMANITY 285 PEACHTREE CENTER AVE. NE. SUITE 2700 ATLANTA GA 30303 200. PC GENERAL SUPPORT AMERICAN CANCER SOCIETY NONE 250 WILLIAMS STREET NW 200. ATLANTA GA 30303 Total from continuation sheets

FOUNDATION 45-6592363	
Part XV Supplementary Information	
3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution	_
NAME OF RECIPIENT - TIDEWELL HOSPICE, INC.	
PROVIDING CARE, COMFORT, AND COMPASSION TO PATIENTS LIVING WITH	_
ADVANCED ILLNESS AND THEIR FAMILIES	
NAME OF RECIPIENT - RONALD MCDONALD HOUSE OF PROVIDENCE	
DEVELOPING AND PROVIDING PROGRAMS THAT DIRECTLY IMPROVE THE HEALTH AND	
WELL-BEING OF CHILDREN AND THEIR FAMILIES.	
NAME OF RECIPIENT - CHABAD OF SARASOTA AND MANATEE COUNTIES INC	
EDUCATION AND OUTREACH WITH PHILOSOPHY OF LOVING AND EDUCATING JEWS	
REGARDLESS OF BACKGROUND OR EDUCATION.	
NAME OF RECIPIENT - SALVATION ARMY	
AN INTERNATIONAL MOVEMENT WITH THE CHRISTIAN CHURCH TO MEET HUMAN NEEDS	
IN THE NAME OF JESUS CHRIST.	
· · · · · · · · · · · · · · · · · · ·	

Part XVI-A **Analysis of Income-Producing Activities** 

iter gross amounts unless otherwise indicated.	Unrelate	d business income		ed by section 512, 513, or 514	(e)	
	(a) Business code	( <b>b)</b> Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income	
1 Program service revenue:	code	<del>.</del>	code			
a	-		+ +			
b	<del></del>		+ +	-	<del></del> -	
C	-			_		
d	-	<del></del>				
e	_	<u></u>	<del> </del>			
f	_		<del>  </del>	-		
g Fees and contracts from government agencies			-		,	
2 Membership dues and assessments			<del> </del>  -	-		
3 Interest on savings and temporary cash						
investments			1 1	10 500		
4 Dividends and interest from securities			14	18,798.		
5 Net rental income or (loss) from real estate:			1			
a Debt-financed property					11.93	
b Not debt-financed property		·				
6 Net rental income or (loss) from personal						
property					· · · · · ·	
7 Other investment income						
8 Gain or (loss) from sales of assets other						
than inventory			18	13,833.		
9 Net income or (loss) from special events			ļļ			
O Gross profit or (loss) from sales of inventory						
1 Other revenue:			1 1			
a		**	$\bot$			
b	_		1 1			
C						
d						
e	_					
2 Subtotal. Add columns (b), (d), and (e)	1	0.		32,631.	0.	
3 Total Add line 12, columns (b), (d), and (e)				13	32,631.	
See worksheet in line 13 instructions to verify calculations )						
Part XVI-B Relationship of Activities	to the Acco	omplishment of Ex	kempt	Purposes		
Line No. Explain below how each activity for which inc						
the foundation's exempt purposes (other tha			COMMIDA	ned importantly to the accomp	plisminent of	
•	-,,					
					.,	
					*-	
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				<u> </u>		
				<u> </u>		
		<u>-</u> .				
		<u>-</u>				
23621 12-17-19					Form <b>990-PF</b> (2019)	

FOUNDATION 45-6592383 Form 990-PF (2019) Page **13** Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable **Exempt Organizations** Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: X (1) Cash 1a(1) Х (2) Other assets 1a(2) **b** Other transactions 1b(1) (1) Sales of assets to a noncharitable exempt organization X 1b(2) (2) Purchases of assets from a noncharitable exempt organization 1b(3) (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements 1b(4) X 1b(5) (5) Loans or loan guarantees X (6) Performance of services or membership or fundraising solicitations 1b(6) X 1c c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (c) Name of noncharitable exempt organization (b) Amount involved (d) Description of transfers, transactions, and sharing arrangements (a) Line no N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described X No l Yes in section 501(c) (other than section 501(c)(3)) or in section 527? If "Yes," complete the following schedule: (c) Description of relationship (a) Name of organization (b) Type of organization Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and cor plete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge return with the preparer shown below? See instr Sign Here X Yes CO-TRUSTEE Signature of difficer or trustee Date Title PTIN Print/Type preparer's name Preparer's signature Date Check III If self- employed HELDER M. MEDEIROS **Paid** HELDER M. MEDEIRO P00033534 CPA, MST 11/09/20 **Preparer** Firm's EIN  $\triangleright 77 - 0601437$ Firm's name ► RESTIVO MONACELLI LLP

Form **990-PF** (2019)

(401) 273-7600

**Use Only** 

Phone no.

Firm's address ▶ 36 EXCHANGE TERRACE

PROVIDENCE, RI 02903

### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No 1545-0047

2019

Name of the organization

GRACE K AND WESLEY S ALPERT CHARITABLE

FOUNDATION

Employer identification number

45-6592383

Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule 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, 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, chantable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF),

but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization

Employer identification number

45-6592383

GRACE K AND WESLEY S ALPERT CHARITABLE FOUNDATION

T OOND	ATION	<u> </u>	0372303
Part I	Contributors (see instructions) Use duplicate copies of Part I if a	additional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WESLEY S ALPERT TRUST  1000 CHAPEL VIEW BLVD., #220  CRANSTON, RI 02920	\$ <u>12,059,700</u> .	Person X Payroll X Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	GRACE K. ALPERT MARITAL TRUST  1000 CHAPEL VIEW BLVD., #220  CRANSTON, RI 02920	\$ 49,593,004.	Person X Payroll
(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
		<b></b> \$	Person Payroll Oncash Complete Part II for noncash contributions.)

Name of organization

GRACE K AND WESLEY S ALPERT CHARITABLE FOUNDATION

Employer identification number

45-6592383

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	UBLICLY TRADED SECURITIES (SEE TTACHED)		
	- CW-	\$ <u>11,770,386.</u>	12/13/19
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	UBLICLY TRADED SECURITIES (SEE TTACHED)		
		\$ 46,279,298.	12/27/19
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		     \$	
(a)			
No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_		_	
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		_	· <del></del> -
— I —			

Name of organization

Employer identification number

GRACE	K	AND	WESLEY	S	ALPERT	CHARITABLE

FOUNDA	ATION				45-6592383
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a	) through (e) and the follow	ing line entry. For a	organizations	
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of	\$1,000 or less for t	he year (Enter this info once	») ► \$
(a) No.	Use duplicate copies of Part III if additional	space is needed			
from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Desc	ription of how gift is held
-		(e) Trans	fer of gift		
	Transferee's name, address, a			elationship of trai	nsferor to transferee
( ) ( )					
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gıft	(d) Desc	ription of how gift is held
		(e) Trans	fer of gift		
	Transferee's name, address, a			elationship of trai	nsferor to transferee
Ī					
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Desc	ription of how gift is held
_	-				
		(e) Trans	_		
	Transferee's name, address, at	nd ZIP + 4		elationship of tran	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of (	gift	(d) Desci	ription of how gift is held
<u> </u>					
		(e) Trans	fer of gift		
-	Transferee's name, address, ar	nd ZIP + 4	Re	elationship of trar	sferor to transferee
					<del></del>

FORM 990-PF	DIVIDENI	OS AND INTER	EST FROM SECU	RITIES ST	ratement 1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	REVENUE	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
CHARLES SCHWAB - DIVIDENDS CHARLES SCHWAB -	17,407		0. 17,407	-	17,407.
INTEREST	1,391		0. 1,391.		1,391.
TO PART I, LINE 4	18,798	B .	18,798	18,798.	18,798.
FORM 990-PF		ACCOUNTI	NG FEES	Si	PATEMENT 2
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
PROFESSIONAL FEES	_	7,000.	3,500.	0.	3,500.
TO FORM 990-PF, PG	1, LN 16B	7,000.	3,500.	0.	3,500.
	=				<del></del>
FORM 990-PF	C	THER PROFES	SIONAL FEES	Si	PATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT FEES	_	834.	834.	0.	0.
TO FORM 990-PF, PG	1, LN 16C	834.	834.	0.	0.
	=	<del></del>			

FORM 990-PF		TAXI	S			ST	ATEMENT	4
DESCRIPTION		(A) (I EXPENSES NET IN PER BOOKS MENT			(C) ADJUSTED NET INCOME		(D) CHARITABLE PURPOSES	
FOREIGN TAXES PAID		83.		83.		0.		0.
TO FORM 990-PF, PG 1, LN 18		83.		83.		0.		0.
FORM 990-PF	CORPO	ORATE	STOCK			ST	ATEMENT	5
DESCRIPTION				вос	OK VALUE	FA	IR MARKE	r
CHARLES SCHWAB - EQUITIES				25	25,512,370.		25,591,244.	
TOTAL TO FORM 990-PF, PART I	25	25,512,370.		25,591,244.				
FORM 990-PF	CORPO	ORATE	E BONDS			ST	ATEMENT	6
DESCRIPTION				вос	OK VALUE	FA	IR MARKE	r
CHARLES SCHWAB - CORPORATE BO		73,602.		72,9	11.			
TOTAL TO FORM 990-PF, PART II		73,602.		72,93	11.			
FORM 990-PF	OTHER	INVE	ESTMENTS		7. T.	ST	ATEMENT	7
DESCRIPTION .			JUATION ETHOD	вос	OK VALUE	FA	IR MARKET	r
CHARLES SCHWAB - MONEY MARKET		UNDS C		2	2,595,000.		2,595,00	00.
CHARLES SCHWAB - EXCHANGE TRA FUNDS CHARLES SCHWAB - BOND MUTUAL	FUNDS				2,899,091. 2,461,475.		2,909,20 12,455,96	
CHARLES SCHWAB - EQUITY MUTUA FUNDS	7T	(	COST	14	14,381,662.		14,388,029.	
TOTAL TO FORM 990-PF, PART II, LINE 13					2,337,228.		32,348,18	36.

FORM 990-PF LIST OF SUE PART	STATEMENT	8	
NAME OF CONTRIBUTOR	ADDRESS		
WESLEY S ALPERT NOMINEE TRUST	1000 CHAPEL VIEW BLVD. #220 CRANSTON, RI 02920	)	
GRACE K. ALPERT MARITAL TRUST	1000 CHAPEL VIEW BLVD. #220 CRANSTON, RI 02920	)	
WESLEY S. ALPERT ESTATE	1000 CHAPEL VIEW BLVD. #220 CRANSTON, RI 02920	)	