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Form **990-PF**

Department of the Treasury
Internal Revenue Service

# 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

**2018**

**Open to Public Inspection**

**For calendar year 2018, or tax year beginning 01-01-2018 , and ending 12-31-2018**

Name of foundation
CHARLES SAMDPERIL HUMANITARIAN
MEMORIAL FOUNDATION

**A Employer identification number**
05-0397612

Number and street (or P O box number if mail is not delivered to street address) Room/suite
C/O ROSENSTEIN 27 DRYDEN LANE

**B** Telephone number (see instructions)
(561) 483-6705

City or town, state or province, country, and ZIP or foreign postal code
PROVIDENCE, RI 02904

**C** If exemption application is pending, check here ▶ ☐

**G** Check all that apply ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

**D 1.** Foreign organizations, check here ▶ ☐
**2** Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

**H** Check type of organization ☑ Section 501(c)(3) exempt private foundation
☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

**E** If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐

**I** Fair market value of all assets at end of year (from Part II, col (c), *line 16*) ▶$ 756,912

**J** Accounting method ☐ Cash ☑ Accrual
☐ Other (specify)
*(Part I, column (d) must be on cash basis )*

**F** If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

**Part I** **Analysis of Revenue and Expenses** *(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )*

| | | | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|---|---|---|---|---|---|---|
| Revenue | 1 | Contributions, gifts, grants, etc , received (attach schedule) | | | | |
| | 2 | Check ▶ ☑ if the foundation is **not** required to attach Sch B | | | | |
| | 3 | Interest on savings and temporary cash investments | 1,394 | 1,394 | | |
| | 4 | Dividends and interest from securities | 26,146 | 26,146 | | |
| | 5a | Gross rents | | | | |
| | b | Net rental income or (loss) | | | | |
| | 6a | Net gain or (loss) from sale of assets not on line 10 | 79,132 | | | |
| | b | Gross sales price for all assets on line 6a 757,160 | | | | |
| | 7 | Capital gain net income (from Part IV, line 2) | | 79,132 | | |
| | 8 | Net short-term capital gain | | | | |
| | 9 | Income modifications | | | | |
| | 10a | Gross sales less returns and allowances | | | | |
| | b | Less Cost of goods sold | | | | |
| | c | Gross profit or (loss) (attach schedule) | | | | |
| | 11 | Other income (attach schedule) | 62 | 62 | | |
| | 12 | **Total.** Add lines 1 through 11 | 106,734 | 106,734 | | |
| Operating and Administrative Expenses | 13 | Compensation of officers, directors, trustees, etc | | | | |
| | 14 | Other employee salaries and wages | | | | |
| | 15 | Pension plans, employee benefits | | | | |
| | 16a | Legal fees (attach schedule) | | | | |
| | b | Accounting fees (attach schedule) | 1,150 | | | 1,150 |
| | c | Other professional fees (attach schedule) | | | | |
| | 17 | Interest | | | | |
| | 18 | Taxes (attach schedule) (see instructions) | 1,516 | 90 | | |
| | 19 | Depreciation (attach schedule) and depletion | | | | |
| | 20 | Occupancy | | | | |
| | 21 | Travel, conferences, and meetings | | | | |
| | 22 | Printing and publications | | | | |
| | 23 | Other expenses (attach schedule) | 10,010 | 9,859 | | 151 |
| | 24 | **Total operating and administrative expenses.** Add lines 13 through 23 | 12,676 | 9,949 | | 1,301 |
| | 25 | Contributions, gifts, grants paid | 53,498 | | | 53,498 |
| | 26 | **Total expenses and disbursements.** Add lines 24 and 25 | 66,174 | 9,949 | | 54,799 |
| | 27 | Subtract line 26 from line 12 | | | | |
| | a | **Excess of revenue over expenses and disbursements** | 40,560 | | | |
| | b | **Net investment income** (if negative, enter -0-) | | 96,785 | | |
| | c | **Adjusted net income** (if negative, enter -0-) | | | | |