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## Form 990-PF

Department of the Treasury

## Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052 2009

Internal Revenue Service For calendar year 2009, or tax year beginning , and ending Initial return of a former public charity G Check all that apply Initial return Final return Amended return Address change Name change Name of foundation A Employer identification number Use the IRS THE PERICLES FOUNDATION label. C/O PIERCE ATWOOD Otherwise. 20-1364959 print Number and street (or P.O. box number if mail is not delivered to street address) Room/suite B Telephone number or type. ONE MONUMENT SOUARE 207-791-1353 See Specific City or town, state, and ZIP code C if exemption application is pending, check nere instructions. PORTLAND, ME 04101 D 1. Foreign organizations, check here Foreign organizations meeting the 85% test, check here and attach computation Check type of organization: Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt charitable trust \_\_\_\_\_ Other taxable private foundation If private foundation status was terminated I Fair market value of all assets at end of year | J | Accounting method: under section 507(b)(1)(A), check here X Cash Accrual Other (specify) (from Part II, col. (c), line 16) If the foundation is in a 60-month termination , 076 . (Part I, column (d) must be on cash basis.) ▶\$ under section 507(b)(1)(B), check here Analysis of Revenue and Expenses (d) Disbursements for charitable purposes (cash basis only) Part I (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) ) expenses per books income income 3,000.Contributions, gifts, grants, etc., received N/A Check X if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 176. STATEMENT Dividends and interest from securities 5a Gross rents Net rental income or (loss) <1,403. 6a Net gain or (loss) from sale of assets not on line 10 11,895. 0. 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain Income modifications. 10a and allowances D Less Cost of goods sold c Gross profit or (loss) 11 Other income Total. Add lines 1 through 11 773. 176 0 Compensation of officers, directors, trustees, etc ... 0. Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees RECEIVED b Accounting fees c Other professional fees 0 119 2010 NUV 17 Interest ď Taxes 19 Depreciation and depletion OGDEN. UT 20 Occupancy Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23 0 14,000. Contributions, gifts, grants paid Ċ 14,000 26 Total expenses and disbursements. 14,000 0 Add lines 24 and 25 000 27 Subtract line 26 from line 12 <12,227 3 Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 176 c Adjusted net income (if negative, enter -0-) N/A LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions. Form 990-PF (2009)

C/O PIERCE ATWOOD

| Relance Sheets Attached schedules and amounts in the description   | Beginning of year  | End o                 | f year                      |
|--|--|-----------------------|-----------------------------|
| Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only.  | (a) Book Value   | (b) Book Value        | (c) Fair Market Value       |
| 1 Cash - non-interest-bearing.   |  |                       |                             |
| 2 Savings and temporary cash investments   | 5.   | 1,076.                | 1,076.                      |
| 3 Accounts receivable ►  |  | J. V. Sh. Sh. 2 2     | 20 m 1 1 10 1.              |
| Less allowance for doubtful accounts   |  | ·····                 |                             |
| 4 Pledges receivable ►   |  | Be Land With Good in  | Starting Some in Street Com |
| Less allowance for doubtful accounts   |  |                       |                             |
| 5 Grants receivable  |  |                       |                             |
| 6 Receivables due from officers, directors, trustees, and other  |  |                       |                             |
| disqualified persons   |  |                       |                             |
| 7 Other notes and loans receivable   |  | 1200 CON 1200         | 5 75 XMC 15                 |
| Less allowance for doubtful accounts   |  |                       |                             |
| 8 Inventories for sale or use  |  |                       |                             |
| 8 Inventories for sale or use 9 Prepaid expenses and deferred charges  |  |                       |                             |
| 10a Investments - U.S. and state government obligations  |  |                       | <del></del>                 |
| b investments - corporate stock  |  |                       | <del></del>                 |
| c Investments - corporate bonds  |  |                       | <u> </u>                    |
| 11 Investments - land, buildings, and equipment basis  | The section was to the   |                       | 25/2014/2016/19             |
| Less: accumulated depredation  | <u> </u>   |                       |                             |
| 12 Investments - mortgage loans  | 12 202   |                       |                             |
| 13 Investments - other STMT 2  | 13,298.  | 0.                    | 0.                          |
| 14 Land, buildings, and equipment basis  | → (%) \( \lambda \) \( \la | 1 ( ) ( ) ( ) ( ) ( ) |                             |
| Less accumulated depreciation  |  |                       | <u> </u>                    |
| 15 Other assets (describe ►  | )  |                       |                             |
|  | 12 202   | 1 076                 | 1 076                       |
| 16 Total assets (to be completed by all filers)  | 13,303.  | 1,076                 | 1,076.                      |
| 17 Accounts payable and accrued expenses   |  |                       | 4                           |
| 18 Grants payable  |  |                       | ٠,                          |
| 19 Deferred revenue  |  |                       | <b>↓</b>                    |
| 20 Loans from officers, directors, trustees, and other disqualified persons  |  |                       | -l'                         |
| 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable   |  |                       | 4                           |
| 22 Other liabilities (describe ►   | )  |                       | 4                           |
|  | 0.   | . 0                   |                             |
| 23 Total liabilities (add lines 17 through 22)   | <u> </u>   | U U                   | 4                           |
| Foundations that follow SFAS 117, check here   |  |                       | ′                           |
| and complete lines 24 through 26 and lines 30 and 31.  |  |                       |                             |
| 8 24 Unrestricted  |  |                       | ┥ , `, ` ,                  |
| 7 Temporarily restricted   |  |                       |                             |
| 26 Permanently restricted Foundations that do not follow SFAS 117, check here  |  |                       |                             |
| Foundations that do not follow SFAS 117, check here  |  |                       |                             |
| and complete lines 27 through 31   | 0.   | . 0                   | , ,                         |
| 27 Capital stock, trust principal, or current funds  | 0.   | _l                    | <b>1</b>                    |
| 28 Paid-in or capital surplus, or land, bldg., and equipment fund  | 13,303   | <u> </u>              | <u></u>                     |
| 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted 27 Foundations that do not follow SFAS 117, check here and complete lines 27 through 31 28 Paid-in or capital surplus, or land, bldg., and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances | 13,303   |                       |                             |
| 2 30 Total net assets or fund balances   | 13,303   | 1,076                 |                             |
| 24 Tatal liabilities and not exacts found belonged   | 13,303   | 1,076                 |                             |
| 31 Total liabilities and net assets/fund balances  |  | 1,070                 | <u>•L</u>                   |
| Part III Analysis of Changes in Net Assets or Fund   | Balances   |                       |                             |
| Total net assets or fund balances at beginning of year - Part II, column (a), li   | ne 30  |                       |                             |
| (must agree with end-of-year figure reported on prior year's return)   | <del></del>  | 1                     | 13,303.                     |
| 2 Enter amount from Part I, line 27a   | • • •  |                       |                             |
| 3 Other increases not included in line 2 (itemize)   | •  |                       | <del></del>                 |
| 4 Add lines 1, 2, and 3  |  | <u>  3</u>            | 1 0 - 6                     |
| 5 Decreases not included in line 2 (itemize)   | •  |                       |                             |
| 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II   | . column (b) line 30   |                       |                             |
|  | ,  |                       | Form <b>990-PF</b> (2009)   |

| Part IV Capital Gains  | and Los                        | ses for Tax on Ir                                  | vestment   | Income                             |              |  |          |                                    | · · · · · · · · · · · · · · · · · · · |
|--|--------------------------------|--|--|------------------------------------|--------------|--|----------|------------------------------------|---------------------------------------|
| (a) List and desi<br>2-story brick w   | onbe the kind<br>varehouse, or | d(s) of property sold (e g<br>common stock, 200 sh | , real estate,<br>s. MLC Co.)                    |                                    | `P·          | low acquired<br>- Purchase<br>- Donation | ` (m     | Date acquired<br>o., day, yr )     | (d) Date sold<br>(mo., day, yr.)      |
| 1a 400 PENNICHUCI  |                                |  |  |                                    |              | P  |          | /14/08                             | 07/01/09                              |
| b 100 PENNICHUCE   | CORP                           |  |  |                                    |              | P  | 03       | /07/08                             | 07/01/09                              |
| <u> </u>   |                                |  | <del></del>                                      |                                    | _            | <del></del>                              |          | <del></del>                        |                                       |
| d  |                                |  |  |                                    | -            |  |          |                                    | <del> </del>                          |
| <u>e</u>   | (0.0                           |  | (5) (5)  | t a - athar basis                  |              |  |          | h) Com as /leas                    | <u></u>                               |
| (e) Gross sales price  |                                | epreciation allowed<br>(or allowable)              | plus ex  | t or other basis<br>epense of sale |              |  |          | h) Gain or (loss<br>plus (f) minus | (g)                                   |
| a 9,516.   |                                |  | <del> </del>                                     | 10,86                              |              |  |          |                                    | <1,344.                               |
| b 2,379.   | •                              |  | <del> </del>                                     | 2,43                               | 0 -          |  |          |                                    | <59.                                  |
| <u>c</u>   | +                              |  | <del> </del>                                     |                                    |              |  |          |                                    |                                       |
| <u>(†                                    </u>                                |                                | <del></del>  | <del>                                     </del> |                                    |              |  |          |                                    |                                       |
| Complete only for assets show  | ring gain in ci                | olumn (h) and owned by                             | the foundation                                   | on 12/31/69                        |              |  | (I) Gau  | ns (Col. (h) gair                  | minus                                 |
|  |                                | Adjusted basis                                     | T  | cess of col (i)                    |              |  | òľ (k),  | but not less tha                   | ın -0-) or                            |
| (i) F M.V as of 12/31/69   |                                | as of 12/31/69                                     |  | col. (j), if any                   | ]            |  | Lo       | sses (from col.                    | (h))                                  |
| a  |                                |  |  |                                    |              |  |          |                                    | <1,344.                               |
| b  |                                |  |  |                                    |              |  |          |                                    | <59.                                  |
| C  |                                |  | <u> </u>   |                                    |              | ····                                     |          |                                    | · · · · · · · · · · · · · · · · · · · |
| <u>d</u>   |                                |  | <del> </del>                                     |                                    |              |  |          |                                    |                                       |
| 8  |                                |  | <u> </u>   | <del>,</del>                       |              | т  |          |                                    | <del></del>                           |
| 0 Cantal a.u. a.t inanna ar /act /   |                                | If gain, also ente                                 |  |                                    | •            | 2  |          |                                    | <1,403.                               |
| 2 Capital gain net income or (net o  | ,                              | f (loss), enter -                                  |  |                                    | )            |  |          |                                    | 1,403.                                |
| 3 Net short-term capital gain or (in   | ,                              | , ,  | nd (6)   |                                    | ٦            |  |          |                                    |                                       |
| If gain, also enter in Part I, line & If (loss), enter -0- in Part I, line & |                                |  |  | _                                  | <b> </b>     | 3  |          | N/I                                | 4                                     |
|  |                                | ection 4940(e) fo                                  | r Reduced  | Tax on Net                         | linv         | estment Ir                               | ncom     |                                    |                                       |
| (For optional use by domestic priva  | ite foundation                 | ns subject to the section                          | 4940(a) tax on                                   | net investment in                  | ncome        | 8 }                                      |          |                                    |                                       |
| If section 4940(d)(2) applies, leave   | thin part blac                 | nb   |  |                                    |              |  |          |                                    |                                       |
| 11 Section 4340(0)(2) applies, leave   | tins bait bia                  | iir.   |  |                                    |              |  |          |                                    |                                       |
| Was the foundation liable for the se   |                                |  |  | •                                  | riod?        | -  | -        |                                    | Yes X No                              |
| If "Yes," the foundation does not qu  1 Enter the appropriate amount in      |                                |  |  |                                    | iae          | <del></del>                              |          |                                    |                                       |
| (a)  | each colum                     |  | incliniz pernie                                  | making any enti                    |              | <del></del>                              |          |                                    | (d)                                   |
| Base periód years<br>Calendar year (or tax year begini                       | מוחמ וח/                       | (b)<br>Adjusted qualifying di                      | stributions                                      | Net value of no                    | (c)<br>oncha | ı<br>ntable <del>-</del> use asse        | ets      | Distr<br>(col. (b) d               | ibùtión ratio<br>ivided by col. (c))  |
| 2008   | imig iii)                      |  | 12,993.  |                                    | _            | 16,47                                    | 75.      | (001. (5) 0                        | .788649                               |
| 2007   |                                |  | 12,493.  |                                    |              | 16,85                                    |          |                                    | .741248                               |
| 2006   |                                |  | 5,500.   |                                    |              | 18,07                                    |          | 4                                  | .304321                               |
| 2005   |                                |  | 5,500.   |                                    |              | 16,32                                    | 25.      |                                    | .336907                               |
| 2004   |                                |  | 0.   |                                    |              |  | 0.       |                                    | .000000                               |
|  |                                |  |  |                                    |              |  | - 1      |                                    |                                       |
| 2 Total of line 1, column (d)  |                                |  |  | -                                  |              | •  | L        | 2                                  | 2.171125                              |
| 3 Average distribution ratio for the   | •                              | ·  | I on line 2 by 5,                                | or by the numbe                    | r of ye      | ears                                     | j        | j                                  | 42422                                 |
| the foundation has been in exist   | tence if less t                | han 5 years .                                      |  |                                    |              | •  | ·  -     | 3                                  | .434225                               |
| 4. Fakaraha  | -61                            |  | · 1 ·  |                                    |              |  |          |                                    | 7 227                                 |
| 4 Enter the net value of noncharit   | adie-use ass                   | ets for 2009 from Part X                           | , line 5   | •                                  | -            |  | -        | 4                                  | 7,337.                                |
| 5 Multiply line 4 by line 3  |                                |  |  |                                    |              |  |          | 5                                  | 3,186                                 |
| o manpy me a by me s   | •                              | • •  |  | -                                  |              | •  | •        | -                                  | 3/100/                                |
| 6 Enter 1% of net investment inco  | ome (1% of F                   | Part I. line 27h)                                  |  |                                    |              |  |          | 6                                  | 2                                     |
| I de line interesse interesse  | (                              |  |  |                                    |              |  | <b>†</b> |                                    |                                       |
| 7 Add lines 5 and 6  |                                |  | _  |                                    |              |  |          | 7                                  | 3,188                                 |
| •  |                                | •  | •  | - •                                |              |  | ·        |                                    | ,                                     |
| 8 Enter qualifying distributions fro   | om Part XII, I                 | ine 4  |  |                                    |              | -  | - 1      | 8                                  | 14,000                                |
| If line 8 is equal to or greater tha   | an line 7, che                 | eck the box in Part VI, lin                        | e 1b, and com                                    | olete that part usi                | ng a 1       | % tax rate                               | _        |                                    |                                       |
| See the Part VI instructions.  | an une 7, CN6                  | ock the box in Part VI, lin                        | ie 10, and comp                                  | piete that part usi                | ng a 1       | % tax rate                               |          |                                    |                                       |

| 20 | -1 | 36 | 49 | 59 |
|----|----|----|----|----|
|    | _  |    |    | ~  |

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| Pε | ert 💔 Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see in   | nstru | ction       | s)          |
|----|--|-------|-------------|-------------|
| 1a | Exempt operating foundations described in section 4940(d)(2), check here and enter N/A* on line 1.   | ` , ' |             | - /         |
|    | Date of ruling or determination letter (attach copy of letter if necessary-see instructions)   | · ,   |             | ,           |
| b  | Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗓 and enter 1%                                       |       |             | 2.          |
|    | of Part I, line 27b  |       | ,           | 7           |
| 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  | Add lines 1 and 2  |       |             | 2.          |
| 4  | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                  |       |             | 0.          |
| 5  | Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-   |       |             | 2.          |
| 6  | Credits/Payments Credits/Payments  |       |             |             |
| а  | 2009 estimated tax payments and 2008 overpayment credited to 2009 6a 36.   | W.    | , ,         | ,           |
| b  | Exempt foreign organizations - tax withheld at source  |       | ,,          |             |
| C  | Tax paid with application for extension of time to file (Form 8868)  |       |             |             |
| d  | Backup withholding erroneously withheld 6d 5   |       |             |             |
| 7  | Total credits and payments. Add lines 6a through 6d  |       |             | 36.         |
| 8  | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8   |       |             |             |
| 9  | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed  |       |             |             |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  |       |             | 34.         |
| 11 |  |       |             | 0.          |
|    | art VII-A Statements Regarding Activities  |       |             |             |
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in | ļ     | Yes         |             |
|    | any political campaign?  | 1a    |             | <u>X</u>    |
| b  | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?       | 16    | ļ           | Х           |
|    | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or                 | 1     |             |             |
|    | distributed by the foundation in connection with the activities.   |       |             |             |
|    | Did the foundation file Form 1120-POL for this year?   | 10    |             | X           |
| ٥  | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year  |       |             |             |
|    | (1) On the foundation > \$ 0.  | 1     |             |             |
| е  | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers > \$ 0. |       |             |             |
| 2  | Has the foundation engaged in any activities that have not previously been reported to the IRS?  | 2     |             | х           |
| _  | If "Yes," attach a detailed description of the activities.   |       |             |             |
| 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     | 1           | Х           |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year?  | 4a    |             | X           |
|    | If "Yes," has it filed a tax return on Form 990-T for this year?   | 4b    |             |             |
| 5  | Was there a liquidation, termination, dissolution, or substantial contraction during the year?   | 5     |             | X           |
|    | If "Yes," attach the statement required by General Instruction T.  |       |             |             |
| 6  | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either   |       |             |             |
|    | By language in the governing instrument, or  |       |             |             |
|    | By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law       |       |             |             |
|    | remain in the governing instrument?  | 6     |             | X           |
| 7  | Did the foundation have at least \$5,000 in assets at any time during the year?  | 7     | X           |             |
|    | If "Yes," complete Part II, col. (c), and Part XV.   | 1     | ,           |             |
| 8a | Enter the states to which the foundation reports or with which it is registered (see instructions)   |       |             |             |
|    | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)                  |       |             |             |
| u  | of each state as required by General Instruction G? If "No," attach explanation  | 0 m   | ű.          |             |
| 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      | 8b    | <u> </u>    | -           |
| •  | year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV                                 | 9     | 1           | X           |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses           | 10    | <b>-</b>    | X           |
|    |  |       | <del></del> | <del></del> |

THE PERICLES FOUNDATION Form 990-PF (2009) Page 5 C/O PIERCE ATWOOD 20-1364959 Part VII-A Statements Regarding Activities (continued) 11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of X section 512(b)(19)? If "Yes," attach schedule (see instructions) 11 12 Did the foundation acquire a direct or indirect interest in any applicable insurance contract before Х August 17, 2008? 12 X Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 13 13 Website address ► N/A Telephone no ▶207-791-1353 The books are in care of ▶ ORGANIZATION Located at DONE MONUMENT SQUARE, PORTLAND, ME **▶**04101 15 Section 4947(a)(1) nonexempt chantable trusts filing Form 990-PF in lieu of Form 1041 - Check here N/A and enter the amount of tax-exempt interest received or accrued during the year Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required Yes File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. No 1a During the year did the foundation (either directly or indirectly) Yes X No (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) Yes X No a disqualified person? . . Yes X No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No (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 Yes X No for the benefit or use of a disqualified person)? (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 Yes X No 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 N/Asection 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? 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 Х before the first day of the tax year beginning in 2009? 10 . . 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)) a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning Yes X No before 2009? If "Yes," list the years 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 N/A statement - see instructions ) 2b c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time 🗌 Yes 🗓 No during the year?

b If Yes," did it have excess business holdings in 2009 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,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could reopardize its charitable purpose that

Form 4720, to determine if the foundation had excess business holdings in 2009.)

had not been removed from jeopardy before the first day of the tax year beginning in 2009?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

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Х

3h

4a

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Total number of other employees paid over \$50,000

# THE PERICLES FOUNDATION

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C/O PIERCE ATWOOD

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| 3 Five highest-paid independent contractors for professional services. If none, en  | ter "NONE."                                     | <del></del>      |
|---|---|------------------|
| (a) Name and address of each person paid more than \$50,000   | (b) Type of service                             | (c) Compensation |
| NONE  |   |                  |
|   |   |                  |
|   |   |                  |
|   |   |                  |
| Total number of others receiving over \$50,000 for professional services  Part IX-A   Summary of Direct Charitable Activities   |   | ▶ 0              |
| List the foundation's four largest direct charitable activities during the tax year include relevant stanumber of organizations and other beneficiaries served, conferences convened, research papers p | itistical information such as the roduced, etc. | Expenses         |
| 1 N/A   |   |                  |
| 2   |   |                  |
| 3   |   |                  |
|   |   |                  |
| 4   |   |                  |
| Part IX-B Summary of Program-Related Investments  |   |                  |
| Describe the two largest program-related investments made by the foundation during the tax year $N/A$   | on lines 1 and 2                                | Amount           |
| 2   |   |                  |
|   |   |                  |
| All other program-related investments. See instructions.  3   |   |                  |
| Total. Add lines 1 through 3  |   | 0.               |

C/O PIERCE ATWOOD

| P      | Minimum Investment Return (All domestic foundations must complete this part. Foreign four  | ndations    | , see instructions.) |
|--------|--|-------------|----------------------|
| 1      | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes   | 37          |                      |
| а      | Average monthly fair market value of securities  | 1a          | 5,455.               |
| b      | Average of monthly cash balances   | 1b          | 5,455.<br>1,994.     |
| C      | Fair market value of all other assets  | 16          |                      |
| đ      | Total (add lines 1a, b, and c)   | 1d          | 7,449.               |
| е      | Reduction claimed for blockage or other factors reported on lines 1a and   | 17          |                      |
|        | 1c (attach detailed explanation) 1e 0.   |             |                      |
| 2      | Acquisition indebtedness applicable to line 1 assets   | 2           | 0.                   |
| 3      | Subtract line 2 from line 1d   | 3           | 7,449.               |
| 4      | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)  | 4           | 112.                 |
| 5      | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.  | 5           | 7,337.               |
| 6      | Minimum Investment return. Enter 5% of line 5  | 6           | 367.                 |
| P      | 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 ) | d certain   |                      |
| 1      | Minimum investment return from Part X, line 6  | 1           | 367.                 |
| 2a     | Tax on investment income for 2009 from Part VI, line 5   |             |                      |
| b      | Income tax for 2009 (This does not include the tax from Part VI.)  |             |                      |
| ε      | Add lines 2a and 2b  | 20          | 2.                   |
| 3      | Distributable amount before adjustments. Subtract line 2c from line 1  | 3           | 365.                 |
| 4      | Recoveries of amounts treated as qualifying distributions  | 4           | 0.                   |
| 5      | Add lines 3 and 4  | 5           | 365.                 |
| 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           | 365.                 |
| P      | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes  |             |                      |
| 1      | Expenses, contributions, gifts, etc total from Part I, column (d), line 26   |             | 14,000.              |
| a      | Program-related investments - total from Part IX-B   | 18          | 14,000.              |
| 2<br>2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes  | 1b 2        |                      |
| 3      | Amounts set aside for specific charitable projects that satisfy the  | -           |                      |
| a      | Suitability test (prior IRS approval required)   |             |                      |
| a<br>b | Cash distribution test (attach the required schedule)  | 3a   3b     |                      |
| 4      | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4   | 4           | 14,000.              |
| 5      | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment   | <del></del> | 14,000.              |
| J      | Income. Enter 1% of Part I, line 27b   |             | າ                    |
| 6      | Adjusted qualifying distributions. Subtract line 5 from line 4   | 5           | 13,998.              |
| U      | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation   |             |                      |
|        | 4940(e) reduction of tax in those years  | quaiiiies i | טו נווס פטננוטוו     |

Form **990-PF** (2009)

Part XIII Undistributed Income (see instructions)

| ,  | (a)<br>Corpus                  | (b)<br>Years prior to 2008              | (c)<br>2008                            | (d)<br>2009 |
|--|--------------------------------|---|--|-------------|
| 1 Distributable amount for 2009 from Part XI,  |                                |   |  |             |
| line 7   |                                |   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 365.        |
| 2 Undistributed income, if any, as of the end of 2009,   |                                |   | 11 11 11 11                            |             |
| a Enter amount for 2008 only   | <del></del>                    | <del></del>                             | 0.                                     |             |
| b Total for pnor years   | ,                              | ,                                       |  | * , * ,     |
| 3 Excess distributions carryover, If any, to 2009.   |                                | 0.                                      |  |             |
| 1  | /                              |   |  |             |
| a From 2004  |                                | ,                                       | ,                                      |             |
| b From 2005 4,743.<br>c From 2006 4,596.   | ,                              |   | ,                                      | , ,         |
| 33.554   |                                | :                                       | ,                                      | , ,         |
| 10 100   |                                |   |  | , .         |
| e From 2008 12, 183.  † Total of lines 3a through e  | 33,186.                        |   |  | ,           |
| 4 Qualifying distributions for 2009 from   | 33,100.                        |   | ,                                      |             |
| Part XII, line 4 > \$ 14,000.  |                                | ,                                       |  | ,           |
|  |                                |   | 0.                                     |             |
| a Applied to 2008, but not more than line 2a b Applied to undistributed income of prior  | <del></del>                    |   | 0.                                     |             |
| years (Election required - see instructions)   |                                | 0.                                      |  |             |
| c Treated as distributions out of corpus   |                                | · · · · · · · · · · · · · · · · · · ·   |  |             |
| (Election required - see instructions)   | 0.                             |   |  |             |
| d Applied to 2009 distributable amount   |                                | ······································  |  | 365.        |
| e Remaining amount distributed out of corpus   | 13,635.                        |   |  | 305.        |
| 5 Excess distributions carryover applied to 2009   | 13,033.                        | .,                                      |  | 0.          |
| (If an amount appears in column (d), the same amount must be shown in column (a),)   | <u> </u>                       |   |  | 0.          |
| 6 Enter the net total of each column as<br>indicated below:  |                                |   |  |             |
| & Corpus Add lines 3f, 4c, and 4e, Subtract line 5   | 46,821.                        |   |  |             |
| 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<br>deficiency has been issued, or on which<br>the section 4942(a) tax has been previously |                                | _                                       |  |             |
| assessed .   | ****************************** | 0.                                      |  |             |
| d Subtract line 6c from line 6b. Taxable   | <b>x x</b>                     |   |  |             |
| amount - see instructions  | ·<br>·                         | 0.                                      |  |             |
| e Undistributed income for 2008 Subtract line  |                                |   |  |             |
| 4a from line 2a Taxable amount - see instr   |                                | ,                                       | 0.                                     |             |
| 1 Undistributed income for 2009. Subtract  |                                |   |  |             |
| lines 4d and 5 from line 1. This amount must   |                                |   |  |             |
| be distributed in 2010 7 Amounts treated as distributions out of   |                                |   |  | 0.          |
|  |                                | , , ,                                   | ` .                                    |             |
| corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)   | 0.                             | ( , , , , , , , , , , , , , , , , , , , |  |             |
| 8 Excess distributions carryover from 2004   |                                | <del>````</del>                         | <u> </u>                               |             |
| not applied on line 5 or line 7  | 0.                             | ,                                       |  |             |
| 9 Excess distributions carryover to 2010   |                                | <del></del>                             | ```                                    | <u> </u>    |
| Subtract lines 7 and 8 from line 6a  | 46,821.                        |   |  |             |
| O Analysis of line 9   | ,021.                          | 4 1 13                                  |  |             |
| a Excess from 2005 4,743.  |                                |   |  |             |
| b Excess from 2006 4,596.  |                                |   |  |             |
| c Excess from 2007 11,664.   | , · · · · ·                    |   | Little of the second                   |             |
| d Excess from 2008 12,183.   |                                |   |  |             |
| B Excess from 2009 13,635.   | 11 11 11 11 11 11              |   |  | Service S.  |

# THE PERICLES FOUNDATION

C/O PIERCE ATWOOD Form 990-PF (2009) 20-1364959 Page 10 Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling 4942(|)(5) b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or Tax year Prior 3 years 2 a Enter the lesser of the adjusted net (a) 2009 (b) 2008 (d) 2006 (c) 2007 (e) Total income from Part I or the minimum investment return from Part X for each year listed h 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 Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c Complete 3a, b, or c for the 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 2/3 of minimum investment return shown in Part X, line 6 for each year listed 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 section 4942(j)(3)(B)(iii) (3) Largest amount of support from an exempt organization Gross investment income Part XV | Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see the instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2)) PETER H. JACOBS b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: 🔟 if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d a The name, address, and telephone number of the person to whom applications should be addressed SEE STATEMENT 4 b The form in which applications should be submitted and information and materials they should include c Any submission deadlines d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

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| 3 Grants and Contributions Paid During the Y  | ear or Approved for Future F   | Payment                        |                                  |        |
|---|--|--------------------------------|----------------------------------|--------|
| Recipient Name and address (home or business) | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| ivanie and address (none or busiless)         | or substantial contributor   | recipient                      |                                  |        |
| a Paid during the year                        |  |                                |                                  |        |
|   |  |                                |                                  |        |
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|   |  |                                |                                  |        |
| SEE STATEMENT 5                               |  |                                |                                  | <br>   |
| Total   |  |                                | . ▶ 3a                           | 14,000 |
| b Approved for future payment                 |  |                                |                                  |        |
|   |  | 1                              |                                  |        |
|   |  |                                |                                  |        |
| NONE  |  |                                |                                  |        |
|   |  |                                |                                  |        |
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|   |  |                                |                                  |        |
| Total .                                       | <u> </u>   | 1                              | <b>▶</b> 3h                      | 0      |
|   |  |                                |                                  |        |

Part XVI-A Analysis of Income-Producing Activities

| Enter gross amounts unless otherwise indicated   | Unrelate        | d business income                     | Exclud   | led by section 512, 513, or 514       | (8)                                      |
|--|-----------------|---------------------------------------|--|---------------------------------------|--|
| •  | (a)<br>Business | (b)<br>Amount                         | Exclu-<br>sion<br>code                           | (d)<br>Amount                         | Related or exempt function income        |
| 1 Program service revenue:   | code            |                                       | Code   |                                       |  |
| a  |                 | <u> </u>                              | <del>  </del>                                    |                                       |  |
| b  |                 |                                       |  |                                       |  |
| C  |                 |                                       |  |                                       |  |
| đ  |                 |                                       | 1 1  |                                       |  |
| e  |                 | <u> </u>                              |  |                                       |  |
| 1  |                 |                                       | 1  |                                       |  |
| g Fees and contracts from government agencies  |                 | <del> · · · · · ·</del>               | <del>                                     </del> |                                       |  |
| 2 Membership dues and assessments  |                 |                                       | + +  | · · · · · · · · · · · · · · · · · · · |  |
|  |                 |                                       | <del>11</del>                                    |                                       |  |
| 3 Interest on savings and temporary cash   |                 |                                       | } }  |                                       |  |
| investments  | ļ               |                                       | +  | 176                                   |  |
| 4 Dividends and interest from securities   |                 | <del>,</del>                          | 14   | 176.                                  |  |
| 5 Net rental income or (loss) from real estate   | 77 /            | 2.5                                   | 4  |                                       | 7.7                                      |
| a Debt-financed property   |                 |                                       |  |                                       |  |
| b Not debt-financed property   |                 |                                       | 1 1  |                                       |  |
| 6 Net rental income or (loss) from personal  |                 |                                       |  |                                       |  |
| property   | ]               |                                       |  |                                       |  |
| 7 Other investment income  |                 |                                       | 11   |                                       |  |
| 8 Gain or (loss) from sales of assets other  |                 |                                       | <del> </del>                                     |                                       |  |
| than inventory   |                 |                                       | 18   | <1,403.                               |  |
|  |                 | · <del></del>                         | 10   | VI/403.                               |  |
| 9 Net income or (loss) from special events   |                 |                                       |  |                                       |  |
| 10 Gross profit or (loss) from sales of inventory  |                 |                                       |  |                                       |  |
| 11 Other revenue:  |                 |                                       |  |                                       |  |
| a  |                 |                                       |  |                                       |  |
| b  |                 |                                       |  |                                       |  |
| C  |                 |                                       |  | _                                     |  |
| d  |                 |                                       |  |                                       |  |
| e  |                 |                                       |  |                                       |  |
| 12 Subtotal Add columns (b), (d), and (e)  |                 | 0                                     |  | <1,227.                               | > 0.                                     |
| 13 Total. Add line 12, columns (b), (d), and (e)   | <del></del>     |                                       |  | . 13_                                 |  |
| (See worksheet in line 13 instructions to verify calculations.)  |                 | •                                     |  |                                       |  |
| Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which inc the foundation's exempt purposes (other than | ome is reported | ın column (e) of Part XVI-            |  |                                       | nplishment of                            |
|  |                 | , , , , , , , , , , , , , , , , , , , |  |                                       |  |
|  |                 |                                       |  |                                       |  |
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#### 20-1364959 Page 13 Form 990-PF (2009) C/O PIERCE ATWOOD Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations Part XVII

| í      | Did th                         | e organization directly or indir | rectly engage in any of the followir   | ng with any other organization      | described in section  | 501(c) of                        |           | Yes    | NO       |
|--------|--------------------------------|----------------------------------|--|-------------------------------------|-----------------------|----------------------------------|-----------|--------|----------|
|        | the Co                         | ode (other than section 501(c)   | )(3) organizations) or in section 52   | 27, relating to political organiz   | ations?               |                                  |           |        |          |
| а      | Trans                          | fers from the reporting founda   | ation to a noncharitable exempt or   | ganization of:                      |                       |                                  |           |        |          |
|        | (1)                            | ash                              |  |                                     |                       |                                  | 1a(1)     |        | <u>X</u> |
|        | (2)                            | Other assets                     |  |                                     |                       |                                  | 1a(2)     |        | X_       |
| b      | Other                          | transactions:                    |  |                                     |                       |                                  | ł         |        |          |
|        | (1) S                          | ales of assets to a noncharital  | ble exempt organization  |                                     |                       |                                  | 1b(1)     |        | <u>X</u> |
|        | (2) F                          | urchases of assets from a nor    | ncharitable exempt organization  |                                     |                       |                                  | 1b(2)     |        | X        |
|        | (3) F                          | Rental of facilities, equipment, | or other assets  |                                     |                       |                                  | 1b(3)     |        | X        |
|        | (4) F                          | Reimbursement arrangements       |  |                                     |                       |                                  | 1b(4)     |        | X        |
|        | (5) L                          | oans or loan guarantees          |  |                                     |                       |                                  | 1b(5)     |        | X        |
|        | (6) F                          | erformance of services or me     | mbership or fundraising solicitation   | ons                                 |                       |                                  | 1b(6)     |        | X        |
| c      | Shari                          | ng of facilities, equipment, mai | iling lists, other assets, or paid em  | ployees                             |                       |                                  | 1c        |        | X        |
|        |                                |                                  | "Yes," complete the following sche   |                                     | ays show the fair mar | ket value of the goods, oth      | er asse   | ets,   |          |
|        |                                | <u>-</u>                         | oundation. If the foundation receiv  | • •                                 |                       |                                  |           |        |          |
|        |                                |                                  | other assets, or services received.  |                                     |                       |                                  |           |        |          |
| a)     | Line no                        | (b) Amount involved              | (c) Name of noncharitable  | e exempt organization               | (d) Description of    | ransfers, transactions, and sha  | ring arra | angeme | nts      |
|        |                                | <u> </u>                         | N/A  |                                     | "-                    |                                  |           |        |          |
|        |                                |                                  |  |                                     |                       |                                  |           |        |          |
|        |                                |                                  |  |                                     |                       |                                  |           |        |          |
|        |                                |                                  |  |                                     |                       |                                  |           |        |          |
| _      |                                |                                  |  |                                     |                       |                                  |           |        |          |
| _      |                                |                                  |  |                                     |                       |                                  |           |        |          |
|        |                                |                                  |  |                                     | +                     |                                  |           |        |          |
|        |                                |                                  |  |                                     |                       |                                  |           |        |          |
|        |                                |                                  |  |                                     |                       | -                                |           |        |          |
|        |                                |                                  |  |                                     |                       |                                  |           |        |          |
|        |                                |                                  |  |                                     |                       |                                  |           |        |          |
|        |                                |                                  |  |                                     |                       |                                  |           |        |          |
|        |                                |                                  |  |                                     |                       |                                  |           |        |          |
|        |                                |                                  |  | <del></del>                         | -                     |                                  |           |        |          |
|        |                                |                                  |  |                                     |                       |                                  |           |        |          |
|        |                                |                                  |  |                                     | _                     |                                  |           |        |          |
|        |                                |                                  | <u> </u>   |                                     | <u> </u>              |                                  |           |        |          |
| 2 a    |                                | •                                | tly affiliated with, or related to, one  | , ,                                 | itions described      |                                  | ı         |        | ,        |
|        |                                |                                  | r than section 501(c)(3)) or in sect   | tion 527?                           |                       |                                  | Yes       | X      | ] No     |
| t      | ) If Ye                        | s," complete the following sch   |  | 1 0 1 7                             |                       |                                  |           |        |          |
|        |                                | (a) Name of org                  | anization  | (b) Type of organization            | (c)                   | Description of relationship      |           |        |          |
|        |                                | N/A                              |  |                                     |                       |                                  |           |        |          |
|        |                                |                                  |  |                                     |                       |                                  |           |        |          |
|        |                                |                                  |  |                                     |                       |                                  |           |        |          |
| _      |                                |                                  |  |                                     |                       |                                  |           |        |          |
| _      |                                | <del> </del>                     |  |                                     |                       |                                  |           |        |          |
|        |                                |                                  | ave examined this return, including according taxpayer or fiduciary) is based on |                                     |                       | knowledge and belief, it is true | correc    | t,     |          |
|        | and con                        |                                  |  | all linormation of which prepare in |                       |                                  |           |        |          |
|        | L                              | MYKW                             | ma, 1/easure   | <u> </u>                            | DIRECTO               | R                                |           |        |          |
| כוכ    | S                              | gnature of officer or trustee    |  | ₩Ďate                               | Title                 |                                  |           |        |          |
| :      |                                | Preparer's                       | 1. 2 12.   | <b>V</b> Da                         | te Check              | Preparer's                       | identify  | ng num | ber      |
| ה<br>ה | ا ''د                          | signature 🔻 ////                 | hd 11  |                                     | 8/10 self-            | oyed 🕨 🔲                         |           |        |          |
| •      | Paid<br>Preparer's<br>Use Only | Firm's name (or yours LITM       | AN GERSON ASSOC  | CIATES, LLP                         |                       | IN ►                             |           |        |          |
|        | ret<br>Use                     | l                                | W. CUMMINGS PAR  |                                     |                       |                                  |           |        |          |
|        | "-                             | address, and ZIP code WOBU       |  |                                     |                       | hone no 781 - 93                 | 33-9      | 966    | 0        |
| _      |                                |                                  |  |                                     |                       |                                  | 990       |        |          |
|        |                                |                                  |  |                                     |                       | *****                            |           | •      | ,        |

### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

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

OMB No 1545-0047

2009

Employer identification number

THE PERICLES FOUNDATION C/O PIERCE ATWOOD 20-1364959 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 49.47(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules For a section 501(c)(3) organization 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), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, chantable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 line 2 of its Form 990-PF, to certify

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

THE PERICLES FOUNDATION

C/O PIERCE ATWOOD

20-1364959

Employer identification number

| Part I | Contributors | (see instructions) |
|--------|--------------|--------------------|
|--------|--------------|--------------------|

| 4 441 6 5  | ••••••  |                             |   |
|------------|---|-----------------------------|---|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Aggregate contributions | (d)<br>Type of contribution   |
| 1          | PETER H. JACOBS C/O PIERCEATWOOD LLC, ONE MONUEMENT SQUARE PORTLAND, ME 04104 | \$3,000.                    | Person X Payroll  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Aggregate contributions | (d) Type of contribution  |
|            |   | \$                          | Person Payroli Oncash Ocomplete Part II if there is a noncash contribution.)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Aggregate contributions | (d)<br>Type of contribution   |
|            |   | \$                          | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Aggregate contributions | (d)<br>Type of contribution   |
|            |   | -  <br>  \$                 | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Aggregate contributions | (d)<br>Type of contribution   |
|            |   | \$                          | Person Payroli Noncash (Complete Part II if there is a noncash contribution.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Aggregate contributions | (d)<br>Type of contribution   |
|            |   | -<br>-<br>-<br>-            | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |

| ORM                            | 990-PF                        |         | DIVIDEN             | IDS  | AND        | INTEREST             | FROM        | SECURITIES                 | STATEMENT           | 1  |
|--------------------------------|-------------------------------|---------|---------------------|------|------------|----------------------|-------------|----------------------------|---------------------|----|
| OURC                           | CE                            |         |                     |      |            | GROSS AM             | OUNT        | CAPITAL GAINS<br>DIVIDENDS | COLUMN (A<br>AMOUNT | .) |
|                                | ELLS FARGO 175. ELLS FARGO 1. |         | 0.                  | 1    | 75.<br>1.  |                      |             |                            |                     |    |
| 'OTAI                          | TO FM                         | 990-PF, | PART I,             | LN   | 4          |                      | 176.        | 0.                         | 176.                |    |
| 'ORM                           | 990-PF                        |         |                     |      | отн        | ER INVEST            | MENTS       |                            | STATEMENT           | 2  |
| )ESCRIPTION                    |                               |         | VALUATION<br>METHOD |      | BOOK VALUE | FAIR MARKET<br>VALUE |             |                            |                     |    |
| FARGO                          |                               |         | cos                 | ST   | 0.         |                      | 0.          |                            |                     |    |
| 'OTAL TO FORM 990-PF, PART II, |                               |         | TIN                 | p 12 |            | 0.                   | <del></del> | 0.                         |                     |    |

|   | 990-PF . PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS |                   |                                 |    |
|---|---|-------------------|---------------------------------|----|
| IAME AND ADDRESS  | TITLE AND<br>AVRG HRS/WK  | COMPEN-<br>SATION | EMPLOYEE<br>BEN PLAN<br>CONTRIB |    |
| NNE SWIFT-KAYATTA 4 STONE BRIDGE ROAD :APE ELIZABETH, ME 04107                      | PRESIDENT 1.00  | 0.                | 0.                              | 0. |
| ACKSON F. MORRILL<br>1900 CONNECTICUT AVENUE NW APT<br>06-G<br>NASHINGTON, DC 20008 | VICE PRESIDENT  | 0.                | 0.                              | 0. |
| IICHAEL R. CURRIE<br>:35 FORESIDE ROAD<br>'ALMOUTH, ME 04015                        | TREASURER   | 0.                | 0.                              | 0. |
| IILLIAM J. KAYATTA JR NE MONUMENT SQUARE ORTLAND, ME 04101                          | SECRETARY<br>1.00   | 0.                | 0.                              | 0. |
| 'ETER H. JACOBS<br>4 CRANBROOK DRIVE<br>'APE ELIZABETH, ME 04107                    | DIRECTOR<br>1.00  | 0.                | 0.                              | 0. |
| LLA BROWN 41 FORESIDE ROAD 'ALMOUTH FORESIDE, ME 04105                              | DIRECTOR<br>1.00  | 0.                | 0.                              | 0. |
| OTALS INCLUDED ON 990-PF, PAGE 6  | , PART VIII   | 0.                | 0.                              | 0. |

'ORM 990-PF

. GRANT APPLICATION SUBMISSION INFORMATION STATEMENT PART XV, LINES 2A THROUGH 2D

IAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

'ETER JACOBS, ESQ. :/O PIERCE ATWOOD - ONE MONUMENT SQUARE ORTLAND, ME 04101

'ELEPHONE NUMBER

207-791-1353

'ORM AND CONTENT OF APPLICATIONS

'HERE ARE NO FORMAL APPLICATION GUIDELINES.

## NY SUBMISSION DEADLINES

HERE ARE NO SUBMISSION DEADLINES. GRANT DECISIONS ARE MADE AT TWO EETINGS ANNUALLY. ANY REQUESTS MADE ARE DISCUSSED AT THE NEXT MEETING.

### ESTRICTIONS AND LIMITATIONS ON AWARDS

HE ORGANIZATION PROVIDES GRANTS TO ESTABLISHED 501(C)3 ORGANIZATIONS WHICH ROVIDE AID TO THE NEEDY. DIRECT CONTRIBUTIONS TO INDIVIDUALS ARE ROHIBITED. THE ORGANIZATION IS REQUIRED TO PROVIDE THE MAJORITY OF ITS UNDS TO PORTLAND, ME AREA ORGANIZATIONS BUT SOME AWARDS MUST BE IN EVELOPING COUNTRIES.

ORM 990-PF GRANTS AND CONTRIBUTIONS

PAID DURING THE VEAR

STATEMENT 5

| RECIPIENT NAME AND ADDRESS  | RECIPIENT RELATIONSHIP<br>AND PURPOSE OF GRANT                |         | AMOUNT       |  |  |  |
|---|---|---------|--------------|--|--|--|
| THE PREBLE STREET RESOURCE<br>SENTER<br>8 PORTLAND STREET PORTLAND, ME<br>14104       | N/A TO FURTHER THE ORGANIZATION'S TAX EXEMPT PURPOSE          | 501(C)3 | 5,000.       |  |  |  |
| ENTRAL ASIA INSTITUTE O BOX 7209 BOZEMAN, MT 59771                                    | N/A<br>TO FURTHER THE<br>ORGANIZATION'S TAX<br>EXEMPT PURPOSE | 501(C)3 | 2,000.       |  |  |  |
| EAVITT'S MILL FREE HEALTH<br>ENTER<br>3 MAIN STREET, PO BOX 47 BAR<br>HILLS, ME 04004 | N/A<br>TO FURTHER THE<br>ORGANIZATION'S TAX<br>EXEMPT PURPOSE | 501(C)3 | 1,250.       |  |  |  |
| 'ATHOLIC CHARITIES MAINE 'O BOX 10660 PORTLAND, ME 04104                              | N/A<br>TO FURTHER THE<br>ORGANIZATION'S TAX<br>EXEMPT PURPOSE | 501(C)3 | 1,250.       |  |  |  |
| EEDS OF INDEPENDANCE O BOX 8 FREEPORT, ME 04032                                       | N/A<br>TO FURTHER THE<br>ORGANIZATION'S TAX<br>EXEMPT PURPOSE | 501(C)3 | 1,000.       |  |  |  |
| SUSTAINABLE HARVEST<br>NTERNATIONAL<br>179 NORTH BEND ROAD SURRY, ME<br>14684         | N/A<br>TO FURTHER THE<br>ORGANIZATION'S TAX<br>EXEMPT PURPOSE | 501(C)3 | 750 <b>.</b> |  |  |  |
| 'AMPAIGN FOR JUSTICE<br>0 WATER STREET HALLOWELL, ME<br>4347                          | N/A<br>TO FURTHER THE<br>ORGANIZATION'S TAX<br>EXEMPT PURPOSE | 501(C)3 | 750 <b>.</b> |  |  |  |
| AFE PASSAGE<br>1 BRIDGE STREET, SUITE 104<br>ARMOUTH, ME 04096                        | N/A<br>TO FURTHER THE<br>ORGANIZATION'S TAX<br>EXEMPT PURPOSE | 501(C)3 | 500.         |  |  |  |

PAID DURING THE YEAR

| THE PERICLES FOUNDATION C/O PIE   | RCE ATWOO   |         | 20-1364959 |
|---|---|---------|------------|
| OTARY CLUB OF SOUTH ORTLAND-CAPE ELIZABETH 16 OAKHURST ROAD CAPE LIZABETH, ME 04107 | N/A<br>TO FURTHER THE<br>ORGANIZATION'S TAX<br>EXEMPT PURPOSE | 501(C)3 | 500.       |
| 'RIENDS OF KAKAMEGA<br>1 HUNTER RAOD FREEPORT, ME<br>4032                           | N/A<br>TO FURTHER THE<br>ORGANIZATION'S TAX<br>EXEMPT PURPOSE | 501(C)3 | 500.       |
| OUTH PORTLAND FOOD CUPBOARD 9 ASPEN AVENUE SOUTH PORTLAND, IE 04106                 | N/A<br>TO FURTHER THE<br>ORGANIZATION'S TAX<br>EXEMPT PURPOSE | 501(C)3 | , 500.     |
| OTAL TO FORM 990-PF, PART XV, LI  | NE 3A   |         | 14,000.    |
|   |   |         | \          |

| Form 88                 | 68 (Rev 4-2009)   |          |                  | Page 2        |  |  |  |
|-------------------------|---|----------|------------------|---------------|--|--|--|
| • If you                | are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this bo   | X        |                  | <b>▶</b> X    |  |  |  |
| •                       | Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed   |          | 3868.            |               |  |  |  |
|                         | are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).  |          |                  |               |  |  |  |
| Part                    | Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no c  | opies n  | eeded).          |               |  |  |  |
| _                       | Name of Exempt Organization   | Empl     | oyer identifica  | tion number   |  |  |  |
| Type o                  | THE PERICLES FOUNDATION   |          |                  |               |  |  |  |
| print                   | C/O PIERCE ATWOOD   | 2        | 0-1364 <u>95</u> | 59            |  |  |  |
| File by the<br>extended | Number, street, and room or suite no. If a P.O. box, see instructions.  | For IF   | RS use only      |               |  |  |  |
| due date                | ONE MONUMENT SQUARE   |          |                  |               |  |  |  |
| return Se               |   |          |                  |               |  |  |  |
| Check                   | type of return to be filed (File a separate application for each return):   |          |                  |               |  |  |  |
| F                       | orm 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A  | Fo       | rm 5227          | Form 8870     |  |  |  |
| □ F                     | orm 990-BL X Form 990-PF Form 990-T (trust other than above) Form 4720  | Fo       | rm 6069          |               |  |  |  |
| STOP!                   | Do not complete Part II if you were not already granted an automatic 3-month extension on a previou   | sly file | d Form 8868.     | ·             |  |  |  |
|                         | ORGANIZATION  |          |                  |               |  |  |  |
| • The                   | books are in the care of ► ONE MONUMENT SQUARE - PORTLAND, ME 0410  | 1        |                  |               |  |  |  |
|                         | phone No. ► 207-791-1353 FAX No. ►  |          | ·                |               |  |  |  |
|                         | e organization does not have an office or place of business in the United States, check this box  |          |                  | <b>&gt;</b>   |  |  |  |
|                         | s is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)   | Is is fo | r the whole aro  | up check this |  |  |  |
| box ►                   | . If it is for part of the group, check this box . and attach a list with the names and EINs of all   |          |                  |               |  |  |  |
|                         | request an additional 3-month extension of time until NOVEMBER 15, 2010.  |          | <u> </u>         |               |  |  |  |
|                         | For calendar year 2009, or other tax year beginning, and ending   |          |                  |               |  |  |  |
|                         | If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period                                    |          |                  |               |  |  |  |
| <b>7</b> S              | tate in detail why you need the extension   |          | J                |               |  |  |  |
| ]                       | NFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE  | TAX      | RETURN           | IS NOT        |  |  |  |
|                         | ET AVAILABLE.   |          |                  |               |  |  |  |
| 8a lf                   | this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any  |          |                  |               |  |  |  |
| <u>n</u>                | onrefundable credits. See instructions.   | 8a       | \$               | 36.           |  |  |  |
| b II                    | this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated   | . ,      |                  |               |  |  |  |
| ta                      | ex payments made. Include any prior year overpayment allowed as a credit and any amount paid  |          |                  |               |  |  |  |
|                         | previously with Form 8868.  | 8b       | \$               | 36.           |  |  |  |
|                         | alance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit  |          |                  | _             |  |  |  |
|                         | of the FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions   | 8c       | \$               | 0.            |  |  |  |
|                         | Signature and Verification enalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the |          |                  |               |  |  |  |
| Hadar n                 |   |          |                  |               |  |  |  |

Title ► CPA

Form **8868** (Rev 4-2009)

Date 🕨

Signature 🕨