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

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

For	caler	ndar year 2011 or tax year beginni	ng		, and ending		
		f foundation	7 I O'h	: 1 - h] - m	- 1	A Employer identification	number
		bert A & Iva B (St	04-6548277	,
	_	Heidi I. Marsha			Room/suite	-	
		Box 491	or delivered to street	aduressy	Noonvalle	B Telephone number 603-433-88	138
		own, state, and ZIP code		* *	L	C If exemption application is p	
	•	ter Conway, NH	03813			,	
G	Check	k all that apply Initial re	turn	Initial return of a fo	ormer public charity	D 1 Foreign organization	s, check here
		Final ret		Amended return		F	
		X Address		Name change		Foreign organizations made check here and attach co	omputation
H (_	••		empt private foundation		E If private foundation sta	_ 1 1
<u></u>		ection 4947(a)(1) nonexempt charita		Other taxable private founda		under section 507(b)(1)(A), check here
		arket value of all assets at end of ye		=	Accrual	F If the foundation is in a	
	rom : • \$	Part II, col (c), line 16)		her (specify) <i>mn (d) m</i> ust be on cash l	haere)	under section 507(b)(1)(B), check here
	art ((a) Advicted not	(d) Disbursements
	21 ()	(The total of amounts in columns (b), (c) necessarily equal the amounts in columns), and (d) may not	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for chantable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., re			NA TANTAS MARIANTA	N/A	, , , , , , , , , , , , , , , , , , , ,
	2	Check X If the foundation is not requi				,	.,
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securi	ities	1,842.	1,842.		Statement 1
	5a	Gross rents			··		
Revenue	b	Net rental income or (loss)		7 555			
	6a	Net gain or (loss) from sale of assets not Gross sales price for all		-7,555.			
	ן , נ	assets on line 6a	25,116.		0.		, , , , , , , , , , , , , , , , , , , ,
g.	7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain						
	9	Income modifications		.1'1,.11.1 1 1.111.11	TOTAL CONTROL OF THE STREET		
	1	Gross sales less returns and allowances					
	Ι.	Less Cost of goods sold					
	c	Gross profit or (loss)			41		
	11	Other income			1 040		
	12	Total. Add lines 1 through 11		-5,713. 0.	1,842.		0.
	13	Compensation of officers, directors, trus			0.		0.
	15	Other employee salaries and wage Pension plans, employee benefits	5			· · · · · · · · · · · · · · · · · · ·	
es	1	Legal fees					· · · ·
2 ens	1.00	Accounting fees	Stmt 2	715.	715.		0.
2012 Expense			Stmt 3	138.	138.		0.
	17	Interest					
MAY I 4	18	Taxes	Stmt 4	117.	22.		0.
inis	19	Depreciation and depletion			· · · · · · · · · · · · · · · · · · ·		
\$ ₹	20	Occupancy					
₩ ₹	21	Travel, conferences, and meetings	•				
CANNED perating and A	22	Printing and publications Other expenses	Stmt 5	13.	13.		0.
SCANNED MAY Operating and Adminis	24	Total operating and administrative		100			
3 a		expenses. Additines 1/3/th/fough, 2		983.	888.		0.
()	25	Contributions; gifts; grants-paid—		6,600.			6,600.
	26	Total expenses and disbursemen					
	_	Add 11765 24 and 25 0 7 201	12 3	7,583.	888.		6,600.
		Subtract line 26 from line 12		-13,296.			
	1 2	Excess of revertion over expensive and of the Net investment income (if negative)	spursements	-13,290.	954.		
) Net investment income (if negative; : Adjusted net income (if negative, en			934.	N/A	
1226	101	released not modifie in liedance, en					

Herbert A & Iva B Grant Charitable Trust

Trustee

04-6548277

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Form **990-PF** (2011)

c/o Heidi I. Marshall,

Form 990-PF (2011)

End of year Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only Beginning of year (a) Book Value (b) Book Value (c) Fair Market Value 904 838. 838. 1 Cash - non-interest-bearing 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 loans 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 b Investments - corporate stock c Investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans 120,462. 131,900. 118,530. Stmt 6 13 Investments - other 14 Land, buildings, and equipment basis Less accumulated depreciation 15 Other assets (describe ▶ 132,804. 119,368. 121,300. 16 Total assets (to be completed by all filers) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable 22 Other liabilities (describe 0. 0. 23 Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. Net Assets or Fund Balances 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted $\triangleright X$ Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. 132,489 27 Capital stock, trust principal, or current funds 0. 28 Paid-in or capital surplus, or land, bldg, and equipment fund -5,408315 29 Retained earnings, accumulated income, endowment, or other funds 132,804. 30 Total net assets or fund balances 119,368 132,804. 31 Total liabilities and net assets/fund balances Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 132,804. (must agree with end-of-year figure reported on prior year's return) -13,296.2 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 119,508. 4 Add lines 1, 2, and 3 140. Decreases not included in line 2 (itemize) > Other 119,368. Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

Part IV Capital Gains a	and Losses for Tax o	n Investment	t Income			<u></u> .		
(a) List and descr 2-story brick wa	ibe the kind(s) of property sold rehouse, or common stock, 20	l (e g , real estate, 0 shs MLC Co)		` Þ	How ac - Purcl - Dona	hase ition	c) Date acquired (mo , day, yr)	(mo , day, yr)
1a Publicly traded	d securities]	2/15/00	09/22/11
b Capital Gains 1	Dividends							
C		····						
<u>d</u>				_				
<u>e</u>	 			<u>l</u> ,	_			
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				(h) Gain or (le) plus (f) min	us (g)
a 124,958.			132,67	1.				-7,71 <u>3</u> .
b 158.			•					158.
<u>C</u>								
<u>d</u>			····					
e Consiste and to see to all ours	a coup in column (b) and ourse	d by the foundation	on 12/21/60				C (Col. (b) o	
Complete only for assets showin						(I)	Gains (Col. (h) g (k), but not less	am minus than -0-) or
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col (i) col (j), if any				Losses (from c	ol (h))
<u>a</u>								-7,71 <u>3</u> .
<u>b</u>							,	158.
C								
<u>d</u>						-	-	····
<u>e</u>								
2 Capital gain net income or (net ca		enter in Part I, line er -0- in Part I, line		}	2			-7,555.
3 Net short-term capital gain or (los If gain, also enter in Part I, line 8,		5) and (6)		J				
If (loss), enter -0- in Part I, line 8				Ĵ	3			'A
Part V Qualification U	nder Section 4940(e)	for Reduced	Tax on Net	Inv	estm	nent Inco	ome	
If section 4940(d)(2) applies, leave the Was the foundation liable for the sect If "Yes," the foundation does not qual 1. Enter the appropriate amount in 6	ion 4942 tax on the distributab	ot complete this pa	ırt					Yes X No
(a) Base period years	(b)		Net value of no	(c)		use assets		(d) stribution ratio divided by col (c))
Calendar year (or tax year beginnir	ig in) Adjustes qualifyin	6,580.				9,364		•050864
2010 2009		6,232.				$\frac{5,531}{1,573}$.055856
2008		4,250.				5,575		.031348
2007		9,614.				0,001		.056553
2006		9,396.				9,160		.059035
2 Total of line 1, column (d)	•						2	.253656
3 Average distribution ratio for the 5 the foundation has been in exister		total on line 2 by 5,	or by the number	r of ye	ears		3	.050731
4 Enter the net value of noncharitab	le-use assets for 2011 from Pa	ırt X, line 5					4	137,998.
5 Multiply line 4 by line 3							5	7,001.
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)						6	10.
7 Add lines 5 and 6							7	7,011.
8 Enter qualifying distributions from	n Part XII, line 4						8	6,600.
If line 8 is equal to or greater than See the Part VI instructions		i, line 1b, and comp	plete that part usin	ng a 1	% tax ı	rate		
123521 12-02-11		·						Form 990-PF (2011)

	. Herbert A & Iva B Grant Charitable Trust					
F <u>or</u> m			5482			Page 4
Pa	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 494	48 - :	see in:	stru	ıctio	ns)
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%	1				<u> 19.</u>
	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-)	2				0.
3	Add lines 1 and 2	3				19.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
5	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-	5				19.
6	Credits/Payments					
а	2011 estimated tax payments and 2010 overpayment credited to 2011 6a					
b	Exempt foreign organizations - tax withheld at source 6b					
C	Tax paid with application for extension of time to file (Form 8868) 6c					
d	Backup withholding erroneously withheld 6d					
	Total credits and payments Add lines 6a through 6d	7				0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
		9				19.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
11	Enter the amount of line 10 to be Credited to 2012 estimated tax ▶ Refunded ▶	11				
	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				Yes	No
	any political campaign?			1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?			1b		X
	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					
C	Did the foundation file Form 1120-POL for this year?			1 c		Х
	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 ▶ \$ 0 •					
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		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?	N/		4b		T
	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		ľ			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state lateral state in the stat	w				
	remain in the governing instrument?			6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year?			7	Х	
-	If "Yes," complete Part II, col. (c), and Part XV.		<u> </u>	-		
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
-	NH		_			
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
	of each state as required by General Instruction G? If "No," attach explanation			8b	X	1
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendary	ar		- -		
-	year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		х

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

Herbert A & Iva B Grant Charitable Trust c/o Heidi I. Marshall, Trustee Form 990-PF (2011)

	04	-6	5	4	8	2	7	7	
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,	11		_ <u>x</u> _
	12 13	Х	<u>X</u>
-43	3-8		
▶ 03	801		
	N	/A_	
	16	Yes	No X
		Yes	No
No			
No			
Α	1b		
	טו		111-11
	4.		х
	10		
No			
Α	2b		
No			

Pa	irt 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							
	section 512(t)(13)? If "Yes," attach schedule (see instructions)	11		X				
12	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)								
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	_13	X					
	Website address ► N/A	3 0	000					
14	The books are in care of ► Albert P. Stowe, CPA, PLLC Telephone no ►603-43		838					
	Located at ► 200 Marcy Street, Portsmouth, NH ZIP+4 ► 03	901						
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	NT.	/A	'Ш				
	and enter the amount of tax-exempt interest received or accrued during the year		Yes	No				
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank,	16	162	X				
	securities, or other financial account in a foreign country?	10.1						
	See the instructions for exceptions and filling requirements for Form TD F 90-22 1. If "Yes," enter the name of the foreign							
D:	country Int VII-B Statements Regarding Activities for Which Form 4720 May Be Required							
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No				
12	During the year did the foundation (either directly)							
10	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No							
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)							
	a disqualified person?							
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?							
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?							
	(5) Transfer any income or assets to a disqualified person (or make any of either available							
	for 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							
	termination of government service, if terminating within 90 days)							
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations							
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b						
	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			v				
	before the first day of the tax year beginning in 2011?	10		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))							
a	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning hefore 2011? Yes X No							
ь	If "Yes," list the years ▶							
_	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 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							
	during the year?							
t	If "Yes," did it have excess business holdings in 2011 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,							
	Form 4720, to determine if the foundation had excess business holdings in 2011)	3b		<u></u>				
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	:	X				
t	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			v				
	had not been removed from jeopardy before the first day of the tax year beginning in 2011?	4b		<u> X</u>				

Herbert A & Iva B Grant 'Form 990-PF (2011)	rustee		04-65482	277 Page 6
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be I	Required (contin	nued)	· · · · · • • · · · · · · · · · · · · ·
5a During the year did the foundation pay or incur any amount to				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			es X No	
(2) Influence, the outcome of any specific public election (see section 4955),	or to carry on, directly or indir		□	
any voter registration drive?		=	es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes		Y	es X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	on described in section			
509(a)(1), (2), or (3), or section 4940(d)(2)?		es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or i			
the prevention of cruelty to children or animals?		es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un		in Regulations	/-	
section 53 4945 or in a current notice regarding disaster assistance (see instri			N/A	5b
Organizations relying on a current notice regarding disaster assistance check				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption to		,		
expenditure responsibility for the grant?		I/A Y	es 📖 No 📗	
If "Yes," attach the statement required by Regulations section 53.494				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			
a personal benefit contract?		Yı	es X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?		ļ.,	6b X
If "Yes" to 6b, file Form 8870				
7a At any time during the tax year, was the foundation a party to a prohibited tax		Y ₁	es X No	
b If "Yes," did the foundation receive any proceeds or have any net income attrib				7b
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	nagers, Highly	У	
Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their				
List all officers, directors, trustees, foundation managers and their	(b) Title, and average	(c) Compensation	(d) Contributions to	(-) F
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Heidi I Marshall	hours per week devoted	(If not paid,	employee benefit plans and deferred compensation	account, other allowances
Heidi I Marshall PO Box 491	hours per week devoted to position Trustee	(If not paid, enter -0-)	compensation	allowances
Heidi I Marshall PO Box 491 Center Conway, NH 03813	hours per week devoted to position Trustee 1.00	(If not paid,	employee benefit plans and deferred compensation	allowances
Heidi I Marshall PO Box 491 Center Conway, NH 03813 Barbara Chick	hours per week devoted to position Trustee	(If not paid, enter -0-)	compensation	allowances
Heidi I Marshall PO Box 491 Center Conway, NH 03813 Barbara Chick 230 Piscassic Road	hours per week devoted to position Trustee 1.00 Trustee	(If not paid, enter -0-)	ompensation 0 .	allowances 0 .
Heidi I Marshall PO Box 491 Center Conway, NH 03813 Barbara Chick	hours per week devoted to position Trustee 1.00	(If not paid, enter -0-)	compensation	allowances 0 .
Heidi I Marshall PO Box 491 Center Conway, NH 03813 Barbara Chick 230 Piscassic Road	hours per week devoted to position Trustee 1.00 Trustee	(If not paid, enter -0-)	ompensation 0 .	allowances 0 .
Heidi I Marshall PO Box 491 Center Conway, NH 03813 Barbara Chick 230 Piscassic Road	hours per week devoted to position Trustee 1.00 Trustee	(If not paid, enter -0-)	ompensation 0 .	allowances 0 .
Heidi I Marshall PO Box 491 Center Conway, NH 03813 Barbara Chick 230 Piscassic Road	hours per week devoted to position Trustee 1.00 Trustee	(If not paid, enter -0-)	ompensation 0 .	allowances 0 .
Heidi I Marshall PO Box 491 Center Conway, NH 03813 Barbara Chick 230 Piscassic Road	hours per week devoted to position Trustee 1.00 Trustee	(If not paid, enter -0-)	ompensation 0 .	allowances 0 .
Heidi I Marshall PO Box 491 Center Conway, NH 03813 Barbara Chick 230 Piscassic Road	hours per week devoted to position Trustee 1.00 Trustee	(If not paid, enter -0-)	ompensation 0 .	allowances 0 .
Heidi I Marshall PO Box 491 Center Conway, NH 03813 Barbara Chick 230 Piscassic Road Newfields, NH 03856	hours per week devoted to position Trustee 1.00 Trustee 1.00	(If not paid, enter -0-)	ompensation 0 .	allowances 0 .
Heidi I Marshall PO Box 491 Center Conway, NH 03813 Barbara Chick 230 Piscassic Road	hours per week devoted to position Trustee 1.00 Trustee 1.00	(If not paid, enter -0-)	O .	allowances O.
Heidi I Marshall PO Box 491 Center Conway, NH 03813 Barbara Chick 230 Piscassic Road Newfields, NH 03856	hours per week devoted to position Trustee 1.00 Trustee 1.00	(If not paid, enter -0-)	ompensation 0 .	allowances 0 .
Heidi I Marshall PO Box 491 Center Conway, NH 03813 Barbara Chick 230 Piscassic Road Newfields, NH 03856	hours per week devoted to position Trustee 1.00 Trustee 1.00 cluded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-) O . O .	(d) Contributions to employee benefit plans and deterred	(e) Expense account, other
Heidi I Marshall PO Box 491 Center Conway, NH 03813 Barbara Chick 230 Piscassic Road Newfields, NH 03856 2 Compensation of five highest-paid employees (other than those incomplete in the complete incomplete in the complete incomplete in the complete incomplete incomplete in the complete incomplete incomple	hours per week devoted to position Trustee 1.00 Trustee 1.00 cluded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-) O . O .	(d) Contributions to employee benefit plans and deterred	(e) Expense account, other
Heidi I Marshall PO Box 491 Center Conway, NH 03813 Barbara Chick 230 Piscassic Road Newfields, NH 03856 2 Compensation of five highest-paid employees (other than those incomplete in the complete incomplete in the complete incomplete in the complete incomplete incomplete in the complete incomplete incomple	hours per week devoted to position Trustee 1.00 Trustee 1.00 cluded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-) O . O .	(d) Contributions to employee benefit plans and deterred	(e) Expense account, other
Heidi I Marshall PO Box 491 Center Conway, NH 03813 Barbara Chick 230 Piscassic Road Newfields, NH 03856 2 Compensation of five highest-paid employees (other than those incomplete in the complete incomplete in the complete incomplete in the complete incomplete incomplete in the complete incomplete incomple	hours per week devoted to position Trustee 1.00 Trustee 1.00 cluded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-) O . O .	(d) Contributions to employee benefit plans and deterred	(e) Expense account, other
Heidi I Marshall PO Box 491 Center Conway, NH 03813 Barbara Chick 230 Piscassic Road Newfields, NH 03856 2 Compensation of five highest-paid employees (other than those incomplete in the complete incomplete in the complete incomplete in the complete incomplete incomplete in the complete incomplete incomple	hours per week devoted to position Trustee 1.00 Trustee 1.00 cluded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-) O . O .	(d) Contributions to employee benefit plans and deterred	(e) Expense account, other
Heidi I Marshall PO Box 491 Center Conway, NH 03813 Barbara Chick 230 Piscassic Road Newfields, NH 03856 2 Compensation of five highest-paid employees (other than those incomplete in the complete incomplete in the complete incomplete in the complete incomplete incomplete in the complete incomplete incomple	hours per week devoted to position Trustee 1.00 Trustee 1.00 cluded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-) O . O .	(d) Contributions to employee benefit plans and deterred	(e) Expense account, other
Heidi I Marshall PO Box 491 Center Conway, NH 03813 Barbara Chick 230 Piscassic Road Newfields, NH 03856 2 Compensation of five highest-paid employees (other than those incomplete in the complete incomplete in the complete incomplete in the complete incomplete incomplete in the complete incomplete incomple	hours per week devoted to position Trustee 1.00 Trustee 1.00 cluded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-) O . O .	(d) Contributions to employee benefit plans and deterred	(e) Expense account, other
Heidi I Marshall PO Box 491 Center Conway, NH 03813 Barbara Chick 230 Piscassic Road Newfields, NH 03856 2 Compensation of five highest-paid employees (other than those incomplete in the complete incomplete in the complete incomplete in the complete incomplete incomplete in the complete incomplete incomple	hours per week devoted to position Trustee 1.00 Trustee 1.00 cluded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-) O . O .	(d) Contributions to employee benefit plans and deterred	(e) Expense account, other

Form **990-PF** (2011)

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

Herbert A & Iva B Grant Charitable Trust c/o Heidi I. Marshall, Trustee

Form 990-PF(2011) c/o Heidi I. Marshall, Trustee	04-65	48277 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	n Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "N	ONE."	_
(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		<u>▶</u> 0
<u> Vandada anno del</u>		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical number of organizations and other beneficiaries served, conferences convened, research papers produced		Expenses
1 N/A		
2		<u> </u>
3		
4		
	.,.	
Port IV.R Comment of Decrees Deleted Investments		
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines	1 and 2	Amount
1 N/A		
2		
All other program-related investments. See instructions		
3		

0.

Total. Add lines 1 through 3

Pέ	Int X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	dation	s, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
	Average monthly fair market value of securities	1a	128,851. 11,249.
b	Average of monthly cash balances	1b	11,249.
	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1d	140,100.
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	140,100.
	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	2,102. 137,998.
	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	137,998.
6	Minimum investment return Enter 5% of line 5	6	6,900.
Pa	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part)	d certai	n
1	Minimum investment return from Part X, line 6	1	6,900.
	Tax on investment income for 2011 from Part VI, line 5		
	Income tax for 2011 (This does not include the tax from Part VI)		
	Add lines 2a and 2b	2c	19.
-	Distributable amount before adjustments Subtract line 2c from line 1	3	6,881.
	Recoveries of amounts treated as qualifying distributions	4	0.
	Add lines 3 and 4	5	6,881.
6	Deduction from distributable amount (see instructions)	6	0.
	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	6,881.
	rt XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	6,600.
	Program-related investments - total from Part IX-B	1b	0.
	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
	Amounts set aside for specific charitable projects that satisfy the		
	Suitability test (prior IRS approval required)	3a	
	Cash distribution test (attach the required schedule)	3b	
	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	6,600.
	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.
	Adjusted qualifying distributions Subtract line 5 from line 4	6	6,600.
	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 (2011)

Part XIII Undistributed Income (see instructions)

		(a)	(b)	(c)	(d)
		Corpus	Years prior to 2010	2010	2011
1 Distributable amount fi	for 2011 from Part XI,				6,881.
2 Undistributed income, if a	ny, as of the end of 2011		14- 11011		, , , , , , , , , , , , , , , , , , ,
a Enter amount for 2010	O only			0.	
b Total for prior years					
	_ '		0.		
3 Excess distributions c	arryover, if any, to 2011				
a From 2006					
b From 2007	1,181.				
c From 2008	-500				
d From 2009	689.				
e From 2010	152.	2 222			
f Total of lines 3a throu	-	2,022.			······
4 Qualifying distribution	1				
Part XII, line 4 ► \$_				_	
a Applied to 2010, but n	1	····		0.	
b Applied to undistribute			0		
years (Election require	· .		0.	 	110117 1 100
c Treated as distribution		.			
(Election required - se		0.	· · · · · · · · · · · · · · · · · · ·	1HH27 / 2**********************************	6,600.
d Applied to 2011 distril		0.			0,000.
e Remaining amount dis		281.	'	, , , , , , , , , , , , , , , , , , , ,	281.
5 Excess distributions carry (If an amount appears in c must be shown in column	olumn (d), the same amount	201.			201.
6 Enter the net total of indicated below	each column as				
2 Corpus Add lines 3f, 4c,	and 4e Subtract line 5	1,741.			
b Prior years' undistribu	ited income. Subtract				
line 4b from line 2b			0.		
c Enter the amount of p					
undistributed income					
deficiency has been is the section 4942(a) ta				ي	
assessed	,		0.		
d Subtract line 6c from	line 6b Taxable				
amount - see instructi	ons		0.		
e Undistributed income	for 2010 Subtract line				
4a from line 2a Taxab	ole amount - see instr			0.	***************************************
f Undistributed income					
	ne 1 This amount must				0
be distributed in 2012				Hillion	0.
7 Amounts treated as di					
corpus to satisfy requ		0.			
section 170(b)(1)(F) o		0.			······································
8 Excess distributions c	=	0.			
not applied on line 5 o					
9 Excess distributions (1,741.			
Subtract lines 7 and 8	нот ше ба	1,/41.	······································		
10 Analysis of line 9	900.				
a Excess from 2007	300.				
b Excess from 2008 c Excess from 2009	689.				
d Excess from 2010	152.				
e Excess from 2011	152				
		1		·	· ·, · · · - , · · · · · · · · · · · · ·

Herbert A & Iva B Grant Charitable Trust Form 990-PF (2011) c/o Heidi I. Marshall, Trustee 04-6548277 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 2011, enter the date of the ruling b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5) Tax year Prior 3 years 2 a Enter the lesser of the adjusted net (a) 2011 (b) 2010 (c) 2009 (d) 2008 (e) Total income from Part I or the minimum investment return from Part X for each year listed **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 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 c "Support" alternative test - enter (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) (3) Largest amount of support from an exempt organization (4) Gross investment income Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see 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)) 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 Hiedi I. Marshall, Trustee, c/o Albert P. Stowe, CPA, PLLC, 603-433-8838 200 Marcy Street, Portsmouth, NH 03801

there is no set application format.

c Any submission deadlines

None

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

No restrictions, but the areas of Newfields, Exeter and Newmarket, NH take precedence.

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c/o Heidi I. Marshall, Trustee

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or contribution show any relationship to Foundation Amount any foundation manager status of Name and address (home or business) or substantial contributor recipient a Paid during the year Childhood Cancer Lifeline 501(c)(3) For the exempt purpose of the organization P.O. Box 395 750. Hillsboro, NH 03244-0395 501(c)(3) Cocheco Valley SPCA For the exempt purpose of the organization 262 Country Farm Road 250. Dover, NH 03820 Epping Elementary School 501(c)(3) For the exempt purpose of the organization 350. Epping, NH Epping Food Pantry 501(c)(3) For the exempt purpose of the organization Epping, NH 400. 501(c)(3) For the exempt purpose New Generation Shelter of the organization Greenland, NH 1,000. See continuation sheet(s) ▶ 3a 6,600. Total b Approved for future payment None **▶** 3b Total

Form 990-PF (2011)	arshall,	Trustee		04-6	548277 Page 1
Part XVI-A Analysis of Income-Produ					
Enter gross amounts unless otherwise indicated	(a)	business income (b)	(C) Exclu-	section 512, 513, or 514 (d)	(e) Related or exempt
1 Program service revenue	Business code	Amount	sion	Amount	function income
b	·				
C					
d		<u></u>			
e	-				
Foot and contracts from government agencies	-				
 g Fees and contracts from government agencies 2 Membership dues and assessments 					· · · · · · · · · · · · · · · · · · ·
3 Interest on savings and temporary cash				-	· · · · · · · · · · · · · · · · · · ·
investments					
4 Dividends and interest from securities			14	1,842.	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
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	-7,555.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a	_				
b	-				
<u> </u>			 	-	
d	-		- 		
12 Subtotal Add columns (b), (d), and (e)	-	(5.	-5,713.	0
13 Total. Add line 12, columns (b), (d), and (e)				13	-5,713
(See worksheet in line 13 instructions to verify calculations)				· · ·	
Part XVI-B Relationship of Activities	to the Accon	nplishment of	Exempt Pu	rposes	
Line No. Explain below how each activity for which inc				mportantly to the accomp	lishment of
the foundation's exempt purposes (other than 8 Sale of investments for				ailable for	
8 contributions.	T Desc I	scurii or i	Lunas av	dilabic for	
					
					
			· · · · · · · · · · · · · · · · · · ·		
					·
					
1					

Par	XVII	Information Re Exempt Organ		sfers To a	and Transactions	and Relations	hips With No	ncharitable	9	
1 [id the or			of the followin	g with any other organizati	on described in sect	tion 501(c) of		Yes	No
		•			?7, relating to political orga				100	
		from the reporting founda								
	1) Cash	, , , , , , , , , , , , , , , , , , ,						1a(1)	[[Х
Ċ	2) Other	assets						1a(2)		X
b C	ther tran	sactions								
(1) Sales	of assets to a noncharital	ble exempt organizat	ion				1b(1)		<u>X</u>
(2) Purct	nases of assets from a noi	ncharitable exempt o	rganization				1b(2)		X
(3) Renta	il of facilities, equipment,	or other assets			1b(3)		X		
(-	4) Reimi	bursement arrangements						1b(4)		X
	•	s or loan guarantees						1b(5)		X
	•	rmance of services or me		=				1b(6)	\vdash	X
	-	f facilities, equipment, ma	-					<u> 1c</u>		Х
0	r service	s given by the reporting fo	oundation If the four	dation receive	dule Column (b) should a ed less than fair market val				seis,	
) the value of the goods, (b) Amount involved			exempt organization	(d) December	a of transfers transaction	and shares as		
(a) Line	e no	(b) Amount involved	(c) Name of	N/A	exempt organization	(u) Description	n of transfers, transaction	ns, and snaring ar	rangeme	nts
				N/A						
				-						
										
										
Iſ	section	ndation directly or indirect 501(c) of the Code (other complete the following sche	than section 501(c)		or more tax-exempt organ ion 527?	izations described		Yes	X	No
		(a) Name of org			(b) Type of organization		(c) Description of re	lationship		
	·	N/A								
Sign Here	and be	elief, it is true, correct, and con	nplete Declaration of pre	eparer (other tha	g accompanying schedules and n taxpayer) is based on all inform	Truste	r has any knowledge	May the IRS return with the shown below X Yes	e prepare (see inst	er :
	Sigr	nature of officer or trustee		D •	Date	Title	Charle Fel 4	DTIN		
		Print/Type preparer's na		Preparer's s	gnature	Date	Check X If	PTIN		
Dair		Albert P.	stowe,	B	un	04/25/12	self- employed	D01212	51 <i>c</i>	
Paid	o parer	CPA	ort D CH	OWO C	PA, P.L.L.C.	04/25/12	Firm's EIN ► 0	P01312		
-	Only	rimis name PAID	CIC P. DC	owe, c	TAL TODODOC	•	Finit S EIN P U.	2-03130	, ,	
J36	~:.ij	Firm's address ▶ 20	0 Marcy S	treet			1			
			rtsmouth,		801		Phone no (603)433	-88	38
								Form 990		

Part XV Supplementary Information	n			
3 Grants and Contributions Paid During the	Year (Continuation)	<u></u>		
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		
•				
ew Outlook		501(c)(3)	For the exempt purpose	
			of the organization	700,
xeter, NH		-		
ewfields Community Church		501(c)(3)	For the exempt purpose of the organization	
ewfields, NH				500
ewfields Fire and Rescue		501(c)(3)	For the exempt purpose	
E:-14- NW			of the organization	900
ewfields, NH				500
		501(c)(3)	For the exempt purpose	
ewfields Public Library		501(0)(3)	of the organization	
ewfields, NH		 		500
ewmarket Elementary School		501(c)(3)	For the exempt purpose	
ewmarket, NH			of the organization	400
ewmalket, Mn				<u>51.2.</u>
ewmarket Firefighters Association		501(c)(3)	For the exempt purpose	
ewmarket Firefighters Association		501(0/(3/	of the organization	
ewmarket, NH				500
ewmarket Food Pantry		501(c)(3)	For the exempt purpose	
ewmarket, NH			of the organization	350
				3,850
Total from continuation sheets				3,830

Form 990-PF Dividend	ds and	Inter	est	from	Secur	ities	Sta	tement	1
Source		Constant Constant			tal Gains vidends	Co	olumn (A Amount)	
Fidelity Pershing, LLC	-			770. 230.		0. 158.		7 1,0	70. 72.
Total to Fm 990-PF, Part I,	Ln 4		2,	000.		158.		1,8	42.
Form 990-PF	Acc	counti	ng F	ees			Sta	ntement	2
Description	Expe	a) nses Books		(b) Inve t Inc		(c) Adjusted Net Incom		(d) Charita Purpos	
Accounting fees		715.			715.				0.
To Form 990-PF, Pg 1, ln 16b		715.			715.				0.
Form 990-PF (other 1	Profes	sion	al Fe	ees		Sta	tement	3
Description	Expe	a) nses Books		(b) Inve t Inc		(c) Adjusted Net Incom		(d) Charita Purpos	
Management fees		138.			138.				0.
To Form 990-PF, Pg 1, ln 16c		138.			138.				0.
Form 990-PF		Tax	es				Sta	ıtement	4
Description	Expe	a) nses Books		(b) Inve t Inc		(c) Adjusted Net Incom		(d) Charita Purpos	
NH Annual report Federal tax Foreign tax		75. 20. 22.			0. 0. 22.				0. 0. 0.
-									

Form 990-PF	Other Expenses					Statement	5
Description	(a) Expenses Per Book		(b) Wet Invenent Inc		(c) Adjusted Net Incom		
Postage	13.		3.				0.
To Form 990-PF, Pg 1, ln 23	1	13.		13.			0.
Form 990-PF	Other I	Inves	tments			Statement	6
Description			ation hod	Вос	ok Value	Fair Marke Value	t
Fidelity Utilities Fidelity Value Fidelity Balanced Dreyfus Govt Cash Mngt Inv Sh Altria Group Inc Com Johnson & Johnson Com Kinder Morgan Energy Partners National Grid Plc Spon Adr Plains All Americsn Pipeline, Southern Co Com Ishares Tr Barclay Tips Bd FD Ishares Tr S&P Global SPDR Ser Tr Barclay Cap High Bd	, LP LP	CC CC CC CC CC CC CC CC CC CC	0ST 0ST 0ST 0ST 0ST 0ST 0ST 0ST 0ST		0. 0. 0. 1,423. 9,638. 9,840. 7,620. 10,053. 9,852. 8,647. 23,087. 14,832.	1,4 10,3 9,8 8,4 9,6 11,0 9,2 23,3 13,9	78. 37. 95. 96. 18. 58.
Total to Form 990-PF, Part II	, line 13	3			118,530.	120,4	62